ACT-for-Pregnancy After Loss: A pilot study of an ACT based group intervention

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1. Introduction

Pregnancy after loss is often marked by heightened emotional distress, anxiety and fear. The death of a baby is associated with significantly increased rates of mental health difficulties, including post-traumatic stress, depression and anxiety (Cuenca, 2023; Hutti et al., 2017). Furthermore, previous pregnancy loss has been identified as a risk factor for more severe psychological difficulties during subsequent pregnancies (Chojenta et al., 2014), which can negatively impact maternal wellbeing, attachment and outcomes for both parent and baby (Cote-Arsenault & Donato, 2011).

Despite this, mental health support tailored specifically to the needs of women pregnant after loss remains limited and often under-accessed (Donegan et al., 2023). Acceptance & Commitment Therapy (ACT) has shown promise in the perinatal context and has been found to be safe, feasible and effective in supporting individuals with moderate to severe mood and anxiety difficulties (Bonacquisiti et al., 2017; Waters et al., 2020), including those coping with grief and trauma-related experiences (Twohig & Levin, 2017).

This intervention aimed to evaluate the feasibility, acceptability and safety of an adapted group Acceptance & Commitment Therapy (ACT) for women who are currently pregnant after experiencing a prior pregnancy loss.

Figure 1. ADAPT Framework for ACT-PAL

Step 1. Consultation with advisory group and literature review to assess rationale and consider intervention-context fit

Step 2. Adaptations made to original ACT-PNMH Manual to fit PAL context

Step 3. Run pilot group with multiple avenues for feedback and share the findings with original advisory group

Step 4. Run group multiple times for effectiveness

2. Method

Participants: 5 women accessing a psychology-led bereavement service. All attendees were currently pregnant and had experienced prior pregnancy loss.

Design & Procedure: Mixed methods open-label pilot study with 10 consecutive sessions delivered in-person. Clinical outcome measures were completed pre- and post-group. Outcome measures included the CORE-10, GAD-7, CompACT, and the 'Despair' subscale of the Perinatal Grief Scale. At the post-measure, seven likert-scale items (7-point) were completed, each followed by an open-ended question inviting participants to elaborate on their ranking.

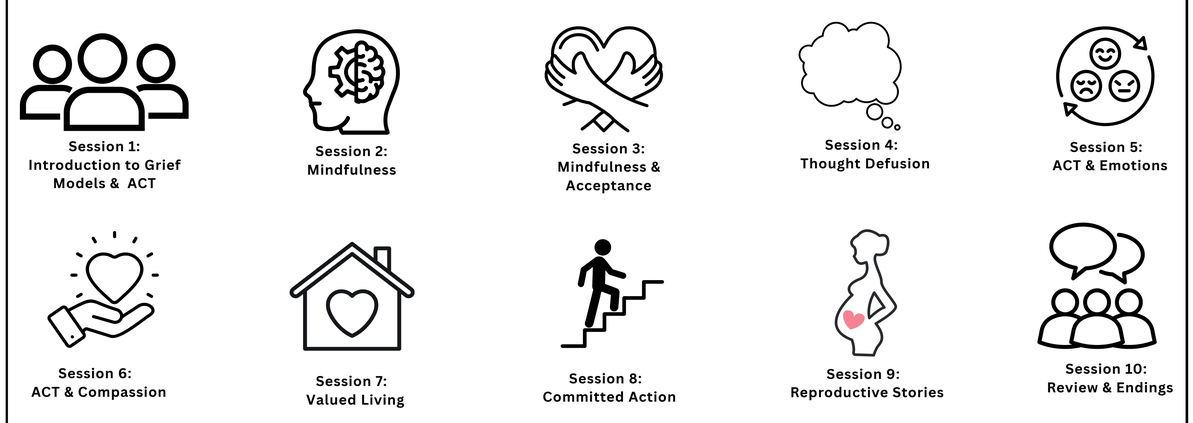
Analysis: Descriptive analyses were performed (see Figure 3 and 4) to summarise and present the data. Thematic analysis (Braun & Clarke, 2006) was performed on open-ended questions.

Ethics: This service evaluation gained R&D approval from the local healthboard. Consent was also gained from all participants to anonymously disseminate findings.

2.1. Intervention Adaptation

This intervention was developed through the adaptation of the ACT for Perinatal Mental Health (ACT-PNMH) Manual (Waters et al., 2020). To adapt to the context of pregnancy after loss, the ADAPT Framework was used (see Figure 1 and QR code). Key changes included: addition of content on grief models and reproductive stories, removal of unsuitable language, omission of videos and exercises, discussions of babies who died.

Figure 2. ACT-PAL Group Content



3. Results

Of the 5 women who began the intervention, four women completed the group. Reason for not completing was due to earlier delivery. Of those who completed, mean number of sessions attended was eight. No women required crisis support or were hospitalised as an in-patient. No onward referrals for perinatal mental health support in secondary care was required.

3.1. Pre and Post-Measures:

Scores for the CORE-10, GAD-7 and Perinatal Grief Scale were calculated by summing the scores. The CompACT was scored using three subscales: Openness to Experiencing (OE), Behavioural Awareness (BA) and Valued Action (VA).

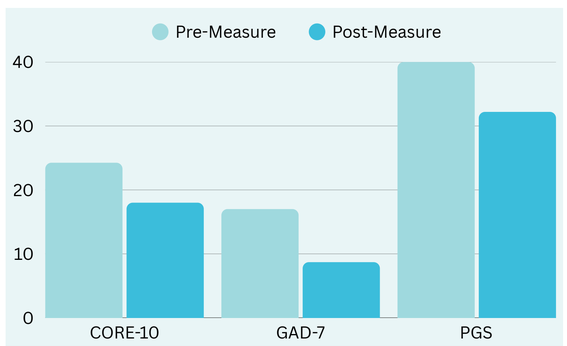


Figure 3. *Grouped Bar Graph illustrating average pre and post-intervention scores.*

**The CORE-10, GAD-7 and PGS scales are negatively scored, such that lower scores reflect greater wellbeing*

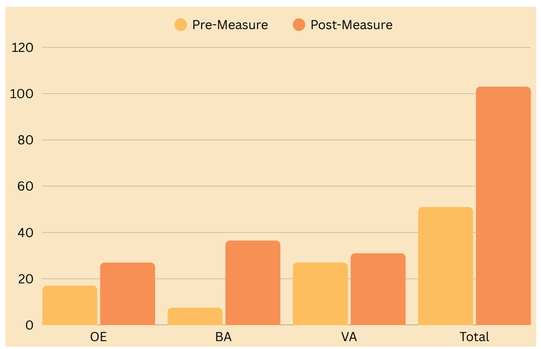
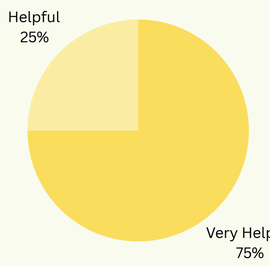


Figure 4. *Grouped Bar Graph illustrating average pre and post-scores for the CompACT Subscales.*

**The CompACT scale is positively scored, such that higher socres reflect greater wellbeing*

3.2 Evaluation of Group:

How helpful has the group been for you?



"Connecting with others in my position"

"Having the oppurtunity to speak and feel heard"

How did you feel about the balance between the focus on learning new skills and the opportunity to get support and feedback?

"Always keen to learn something practical but the discussion was equally important"

3.3. In-Session Qualitative Feedback:

Session 1: Introduction to Grief Models & ACT

"The strength in others' perspectives as I'm not alone in my thoughts"

"Acknowledging fears and hopes for the group and baby names"

Session 6: ACT & Compassion

"Hearing others perspectives gives some reassurance that challenges are not in isolation... the positives to looking ahead and how it can shape the future."

End-of-Intervention Qualitative Feedback:

"Personally very helpful for the time of pregnancy and wouldn't have gotten to where I am without the stability and comfort of the group"

Conclusions

Descriptive summaries of all pre- and post-intervention scores indicate positive change in psychological distress, anxiety, perinatal grief, and psychological flexibility. Qualitative feedback further suggested that participants found the group both beneficial and well-balanced, offering a combination of practical skill development and opportunities for meaningful discussion. However, these findings are based on a small sample thus limits their generalisability. Next steps include feeding back to the consultation group, making the final adaptations and running the group multiple times to increase sample size and explore effectiveness.

Finally, we would like to thank the women who attended the group for their participation, and both the attendees and consultation group for their invaluable feedback.

References

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