# [Parental reactions, distress, and sense of coherence after prenatal versus postnatal diagnosis of complex congenital heart disease.](https://www.ncbi.nlm.nih.gov/pubmed/31522698)

Bratt EL, Järvholm S, Ekman-Joelsson BM, Johannsmeyer A, Carlsson SÅ, Mattsson LÅ, Mellander M.

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**Take Home Points:**

* Parents with babies born with congenital heart disease have a high level of anxiety and depression than their matched control groups. There was no difference between the anxiety scores of parents with prenatal vs postnatal diagnosis.
* Life Satisfaction was lower in the parents in the prenatal group and it decreased further during follow up testing after birth, suggesting this group remained vulnerable to poor psychological health.
* Parents in the prenatal group had a lower sense of coherence when compared to controls and upon follow up testing continued to remain so.
* Parents in the postnatal group scored satisfaction with the relationship significantly higher than parents in the control group. The factors underlying this are not clear but may relate to parents coming together and making their life comprehensible, manageable and meaningful.( as evidenced by an increased sense of coherence ).
* Given the risk of adverse psychological health, efforts should focus on improving counseling and support during pregnancy for parents with a fetal diagnosis of congenital heart disease.



**Commentary from Dr. Venugopal Amula (Salt Lake City, UT), section editor of Pediatric Cardiology Journal Watch:** It is well known that parental stress during pregnancy negatively affects neonatal outcomes and can hamper infant development. In the current study, investigators from the University of Gothenburg, Sweden, study the impact of timing of diagnosis of Congenital Heart Disease (prenatal vs postnatal ) on the psychological health of pregnant women and their partners. Specifically, depression and anxiety, sense of coherence, life satisfaction and satisfaction with partner relationship were studied. Three study groups were included those with a prenatal diagnosis of CHD in offspring (prenatal group), those with a postnatal diagnosis (post-natal group), and a group with uncomplicated pregnancies and deliveries (controls). Patients in the prenatal group were recruited after 22 completed weeks of pregnancy so as not to interfere with the decision to terminate the pregnancy ( the upper limit of GA to allow termination being 22 completed weeks in Sweden). Matching of the groups based on parental age, sex and parity and complexity of CHD was done. Previously validated instruments such as Hospital Anxiety and Depression scale, Sense of Coherence Scale, Life Satisfaction scale and Dyadic Adjustment scale were used. Testing at Time 1 included prenatal group and healthy controls. All three groups were tested at follow up (Time 2) between 2-6 months after delivery.

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