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Short Communication

Therapeutic Termination of Pregnancy and Paternal Mental Outcomes

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Abstract

Therapeutic termination of pregnancy (TToP) is performed for maternal health risks or severe fetal malformations. Research focuses on women's psychopathological outcomes after TToP, noting that 10-22% of women experience psychiatric disorders, especially depressive symptoms and post-traumatic stress disorder (PTSD). However, little is known about paternal mental outcomes. This study analyzed biological fathers' mental health at a 1-year follow-up after TToP. Results indicate biological fathers show no alarming psychiatric outcomes one-year post-TToP, with no signs of PTSD. Resilience might be a protective factor, but further research is needed. Furthermore, the high percentage of paternal emotional neglect during childhood should interfere with the conclusions. Additional analysis is mandatory and it is essential to highlight that 30% of the original male sample refused to complete the

questionnaires due to emotional distress in recalling. Still, their data are missing, and it is not possible to make inferences from them. However, mental health support should be offered on a regular basis to both men and women.

Keywords
Paternal mental health; therapeutic termination of pregnancy; child abuse

1. Background

The therapeutic termination of pregnancy (TToP) is an elective abortion due to fetaòl malformation or maternal health risk during late pregnancy. According to Italian Law 194/78 [1], TToP is guaranteed to avoid the risk of harm to the pregnant women or in cases of fetal unviability. It is permitted after 90 days of gestation if fetal illness or the pregnancy may cause maternal physical danger or severe mental distress. A psychiatrist working in a public mental health service must evaluate that latter situation.

Research has always been focused on possible women's psychopathological outcomes after TToP. A significant minority of women (10-22%) show psychological distress or the onset of a psychiatric disorder after TToP, especially depressive symptoms and post-traumatic stress disorder (PTSD) [2, 3]. Adverse mental outcomes after TToP were more frequent in women with previous psychiatric history [4-6].

Currently, little is known about the psychopathological consequences of biological fathers of aborted fetuses, also considering that, according to most legislations [7], they are not legally involved in the choice of terminating the pregnancy. There are few studies on the mental health consequences of voluntary termination of pregnancy (VToP) in men. They report men seem to experience greater control over the expression of painful emotions, intellectualizing grief and coping alone, and are more likely to experience chronic grief compared to women [8]. Furthermore, four out of ten men experience PTSD symptoms, with an average latency of 15 years after the VToP and most of them report grief and sadness, a sense of guilt, anger, anxiety, isolation, helplessness, and sexual problems [9].

There is currently no specific study on the possible paternal mental consequences of TToP.

2. Aims and Methods

The aim of this research is to evaluate paternal mental health outcomes following a TToP, with the hypothesis it may result in a more significant traumatic burden compared to VToP. The study was conducted in the Liason Psychiatric Department of the IRCCS San Gerardo de Tintori Foundation (Italy), from January 2012 to December 2016.

We recruited all the partnered couples (n = 45) referred for psychiatric evaluation before TtoP (T0). After one year after the event, all partnered couples were administered several questionnaires (Beck Depression Inventory, BDI-II; Post-Traumatic Stress Disorder Checklist, PCL-5; Connor-Davidson Resilience Scale 10, CD-RISC 10; Childhood Trauma Questionnaire Short-Form, CTQ-SF; Iowa Personality Disorder Screen, IPDS;). Twenty-five partnered couples took part in the follow-up after 1 year, and thirteen partnered couples (29.5%) denied their participation due to mental

distress in recalling TToP (two predominantly in women and four in men, seven in both biological parents); six partnered couples were not available at contact info they provided at T0. Twenty-three had a TToP, while two partnered couples did not, although they fulfilled the legal requirements.

Data were analyzed using SPSS 28, Pearson chi-square for non-continuous variables, and a paired T-test for continuous variables. All the tests were two-tailed, and the statistical significance threshold was set at $p < 0.05$.

Informed consent was obtained from the participants after the nature of the procedures had been fully explained. None of the participants received compensation for their contribution. The investigation was carried out in accordance with the latest version of the Declaration of Helsinki. The study was authorized and approved by the Hospital Ethical Committee (protocol PSI_PER n 981).

3. Results and Conclusion

Twenty-five men took part in T1. Their mean age was 38 ± 5.4; most had a high educational level (86% high school or university degree) and worked as employees or white collars (55% and 38%, respectively). It is crucial to highlight that 30% of the original male sample refused to complete the questionnaires due to emotional distress in recalling. Still, their data are missing, and it is not possible to make inferences from them.

Biological fathers showed no alarming psychiatric outcomes after one year from TToP. None of them had signs or symptoms of PTSD (see Table 1). It is mandatory to highlight that the group showed medium to high resilience at the CD-RISC 10, which might have helped them cope with their loss. Furthermore, biological fathers who reported experiencing mental suffering refused to complete T1 tests, thus preventing their evaluation and data contribution but limiting unbiased reasoning that might take into consideration higher mental distress that is reported by those participants who refused to be tested. It is interesting to highlight the high percentage of emotional neglect experienced during their childhood. Far from considering it a protective factor, it might interfere with those results anyway, but further research is needed. In particular, it was impossible to make any assumption or statistic due to the absence of psychopathology in the sample. The substantial differences we detected compared to studies on VToP might have several hypothetical explanations. Even if both experiences may involve mental suffering, VToP is often performed on healthy fetuses. This condition might imply a further sense of guilt that might be contained when the fetus is ill and its pathology is not compatible with life. Such an assumption is preliminary and should be explored in order to offer adequate assistance to both parents, including the possibility of receiving mental health support for both pregnant women and the biological father.

Table 1 Test results.

Variable	**n (%)**
Connor-Davidson Resilience Scale (CD-RISC 10):	
● Score <7 pt (low resilience)	0 (0%)
● Score between 7-30 pt (medium resilience)	15 (60%)
● Score >30 pt (high resilience)	10 (40%)
Iowa Personality Disorder Screen (IPDS):	
● Score positive for a personality disorder	1 (4%)
● Score negative for a personality disorder	24 (96%)

Presence of a childhood trauma at Childhood Trauma Questionnaire (CTQ):	
● Emotional neglect	17 (68%)
● Physical neglect	0 (0%)
● Emotional abuse	0 (0%)
● Physical abuse	0 (0%)
● Sexual abuse	0 (0%)
Post-Traumatic Stress Disorder Checklist (PCL-5):	
● Score >29 pt (positive for a PTSD)	0 (0%)
● Satisfaction of DSM5 criteria (B and C) for PTSD	0 (0%)
● Score <29 pt (negative for a PTSD)	25 (100%)

Author Contributions

Dr Rodolfo Pessina collected, analyzed data and wrote the final version of the manuscript. Dr Fabrizia Colmegna collected data. Prof Massimo Clerici supervised work and approved the final version of the manuscripts. dr Ester di Giacomo planned and supervised work, analyzed data and wrote the manuscript.

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Competing Interests

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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