Development of a scale for prenatal interoception
Anna Crossland and Dr Catherine Preston
Anna.Crossland@York.ac.uk

Background

Interoception: The awareness and interpretation of internal bodily sensations such as pain, thirst and needing the toilet. Important for researchers / health professionals to understand how interoception is experienced and interpreted during pregnancy, because of implications for perinatal mental health.

Important for women to recognise and interpret interoceptive signals, for monitoring fetal and maternal wellbeing.

Internal bodily signals change during pregnancy:
- New signals specific to pregnancy e.g. Pelvic girdle pain
- Changes in existing signals e.g. More thirsty, more urgency to go to toilet
- Changes to how sensations are interpreted e.g. more worry or less worry

Scales validated to measure interoception in the general population may not capture the unique interoceptive experiences during pregnancy.

Aims

Analyse current interoception scale to assess for validity in pregnancy
Use mixed methods to understand how women perceive, interpret and respond to bodily sensations during pregnancy
Develop scale assessing the specific interoceptive experience during pregnancy

Factor analysis

Analysed the factor structure of an established scale, the Multidimensional Assessment of Interoceptive Awareness (MAIA), for use with pregnant samples

Used exploratory and confirmatory factor analyses (total N=716)

Scale development

From focus group themes, and guided by theory, initial scale was developed

53 items

Focussed on recognising, interpreting and responding to bodily signals during pregnancy

*Simple statements
*Avoid negatively phrased questions
*Avoid ambiguous words

Focus groups

Quantitative survey data N=80

Most common sensations:

- Changes to how breasts feel
- Nausea
- Needing the toilet more
- Food cravings/aversion
- Feeling hungrier/thirstier

Qualitative focus group data

N=32; 7 groups of pregnant women from UK

8 main themes

Grouped into 3 overarching themes (recognising, interpretation and responding)

Gestation and parity influenced interpretation of signals

Preliminary scale testing: future directions

Quantitative and qualitative

Written feedback about scale

Gathering initial data from the scale

Positively rated items will remain in final version

Pilot testing:

Total N=20

Scale validation:

Large scale recruitment of participants to complete the scale

EFA to find and test factor structure

CFA to test validity and reliability against existing scales: BUMPS

MAIA

Attachment scale

Intolerance to uncertainty

Conclusions:

Focus group data supports the factor loadings of the MAIA-Preg. Along with current theory, focus group data, has informed the new scale structure and items.

Rigorous development and testing procedures taking place.