





London Measure of Unplanned Pregnancy for South African women with mental illness: Exploring perspectives on pregnancy

**Authors:**

Elsa du Toit^{1,2} 
Esme Jordaan^{3,4}
Liezl Koen^{1,5} 
Jukka M. Leppanen⁶ 
Dana Niehaus^{1,5} 

Affiliations:

¹Department of Psychiatry, Faculty of Health Sciences, Stellenbosch University, South Africa

²Panorama Healthcare Psychiatry Centre, South Africa

³Biostatistics Unit, Medical Research Council, South Africa

⁴Department of Statistics and Population Studies, University of the Western Cape, South Africa

⁵Stikland Hospital, South Africa

⁶Tampere Center for Child Health Research, School of Medicine, University of Tampere, Finland

Corresponding author:

Elsa du Toit,
dutoit@phpsa.co.za

How to cite this article:

Du Toit E, Jordaan E, Koen L, Leppanen JM, Niehaus D. London Measure of Unplanned Pregnancy for South African women with mental illness: Exploring perspectives on pregnancy. *S Afr J Psychiat*. 2018;24(0), a1281. <https://doi.org/10.4102/sajpsychoiatry.v24i0.1281>

Read online:

Scan this QR code with your smart phone or mobile device to read online.

Introduction: Unplanned pregnancy is a community health concern. Research with South African women revealed the complexities surrounding pregnancy planning. Categorising pregnancies as either planned or unplanned is insufficient, as reducing a multidimensional concept to a dichotomous variable oversimplifies a complex matter.

Methods: Pregnant females, 18 years and older with a primary DSM-IV-TR (APA 2000) diagnosis of psychiatric illness, are qualified for inclusion in this quantitative descriptive study. Participants completed a structured psychiatric assessment, including the London Measure of Unplanned Pregnancy (LMUP) during care as usual visits at two Maternal Mental Health Clinics.

Results: Although 37.1% termed their pregnancy unplanned when asked dichotomously, the LMUP scores revealed that 50.6% of the 170 participants fell outside the 'planned' category. Worryingly, 73.3% of the women with unplanned or ambivalent pregnancies did not use contraception. Neither the women's intention to fall pregnant nor their perception of the right timing for being pregnant could be predicted by the group (unplanned, ambivalent or planned) in which they fell; 82.6% of the unplanned group, 57.1% of the ambivalent group and 6.0% of the planned group indicated not wanting the baby. All the women in the 'planned' group agreed with their partner to have a baby. This holds true for 24.4% of the women in the other two groups.

Conclusion: Results revealed similar findings as other studies in terms of contraception use, pregnancy timing, pregnancy intent, desire to have a baby, partner involvement and health-promoting behaviours during pregnancy. The large size of the ambivalent category emphasises that pregnancy planning cannot be viewed in terms of two dichotomous points, but should rather be thought of as a scale or continuum.

Note: A selected abstract from papers presented at the 19th National Congress of the South African Society of Psychiatrists in 'Professional Psychiatric Practice: Medical, Socio-Economic & Cultural Perspectives', 21–24 September 2018, at the CSIR, Pretoria, South Africa. The congress is hosted by South African Society of Psychiatrists (SASOP).

Copyright: © 2018. The Authors. Licensee: AOSIS. This work is licensed under the Creative Commons Attribution License.