



Clinical attention point of the Persian version of the Perinatal Grief Scale

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Dear Editor

Pregnancy does not always lead to the birth of a healthy and alive baby as expected. It may end by miscarriage, stillbirth, or death of the newborn (1). Grief following a perinatal loss can be a very overwhelming experience in the life of expectant parents. It may make some of them more vulnerable to complicated grief, which requires special attention and support (1,2). Therefore, it is necessary to have appropriate instruments to identify these vulnerable parents. The Perinatal Grief Scale (PGS) (3, 4) has been widely used in this field worldwide (5). It has been translated into different languages, including Persian (ie, PGS-P) (2), and has demonstrated good reliability and validity in all translations. During the psychometric process of adapting instruments from other societies, changes in the number of items, the number of subscales, and ultimately the total score may occur. This variation in results can be attributed to differences in the population being studied.

The Perinatal Grief Scale was developed in the USA (3, 4) It has 3 subscales (active grief, difficulty coping, and despair). Each subscale has 11 items. In the PGS-P, item 32 from the despair subscale ("being a bereaved parent" means being a "second-class citizen") was removed. We have previously reported the translation and validation of the PGS-P. For further information, please see reference number 2. Due to the omission of an item in the PGS-P, the minimum and maximum total score of the PGS-P is different from the original PGS. The total score for the original PGS and PGS-P ranges from 33 to 165 and 32 to 160, respectively (2). Consequently, an important question arises: What score should be considered when using PGS-P to identify individuals with a high degree of grief to provide them with special clinical attention that aligns with the interpretation of the original PGS?

Here, we address how to calculate the PGS-P "clinical attention point" to identify individuals with a high degree of grief (ie, calculating a point for clinical screening) in the Iranian population. Using this novel concept of a "clinical attention point" (which is rare in the literature, but it makes sense) enables

researchers, clinicians, midwives, and health care providers to accurately identify people who need special support.

To determine the clinical attention point of PGS-P for identifying individuals vulnerable to complicated grief (reflecting the high degree of grief), we referred to the meta-analysis conducted by Toedter et al. According to their analysis of 2243 bereaved women and men in 21 studies (with 26 population groups), the total PGS score for 95% of participants was between 78 and 91. Thus, the authors suggested that a total PGS score of more than 91 (as a clinical attention point) can be considered to reflect a high degree of grief and a high vulnerability to developing complicated grief (6). Accordingly, using PGS-P, we analyzed 2 studies with 4 population groups in 2 ethnic groups (ie, Fars and Turkmen) (7, 8). According to our analysis of 1104 people in 4 groups, the total PGS-P score was between 69.17 and 82.03 for 95% of participants. Thus, we suggest that a total PGS-P score of more than 82 can be considered as our clinical attention point for screening those who have a high degree of grief.

Additionally, in their meta-analysis, using the same logic as for the total scale score of the original PGS described above, high scores for the individual subscales were identified as 34 for active grief, 30 for difficulty coping, and 27 for despair (6). Accordingly, in PGS-P, high scores for the individual subscales were identified as 33 for active grief, 25 for difficulty coping, and 25 for despair (Table 1).

The observed differences in "clinical attention point" between original PGS (>91) and PGS-P (>82) appear to be due to differences in the study populations. Thus, when employing the PGS-P, it is important to note that a total score exceeding 82 indicates a significant level of grief, highlighting the need for "clinical attention point" for individuals experiencing complicated grief.

The difference in the "clinical attention point" between the 2 studies in a single instrument (2, 6) can be due to cultural differences, change in the number of items and as a result change in the total score of the instrument. These changes warn the researchers to pay attention a new "clinical attention point" during the psychometric process.

Table 1. The Persian Version of the Perinatal Grief Scale Total and subscales: Mean scores, SEM, and Upper and Lower bounds of the 95% interval, by characteristics of samples

Study	Total					Active grief					Difficulty coping					Despair				
	N	M	SD	SEM	95%	N	M	SD	SEM	95%	N	M	SD	SEM	95%	N	M	SD	SEM	95%
Toedter et al.	26 Groups	84.53	17.08	3.34	77.63-91.4	24/26	32.38	4.47	0.91	30.49-34.26	24/26	25.58	5.69	1.16	23.17-27.98	24/26	24.05	7.64	1.56	20.82-27.28
Study 1 and study 2, Fars and Turkmen ethnic groups	4 Groups	75.60	4.04	2.02	69.17-82.03	4	29.89	1.81	0.90	27.01-32.77	4	22.90	1.16	0.58	21.05-24.75	4	22.80	1.45	0.72	20.48-25.12
Study 1 and study 2, Fars ethnicity	646 Individuals	77.22	18.98	0.75	75.76-78.69	646	30.08	8.24	0.32	29.44-30.72	646	23.72	6.29	0.25	23.24-24.21	646	23.41	6.15	0.24	22.93-23.88
Study 1 and study 2, Turkmen ethnicity	458 Individuals	72.26	15.79	0.74	70.81-73.71	458	28.42	7.69	0.36	27.71-29.13	458	22.10	5.06	0.24	21.64-22.57	458	21.72	4.77	0.22	21.29-22.16
Study 1, Fars ethnicity	216 Individuals	81.29	23.78	1.61	78.10-84.48	216	32.13	9.76	0.66	30.82-33.44	216	24.25	8.04	0.54	23.17-25.32	216	24.90	7.97	0.54	23.83-25.97
Study 1, Turkmen ethnicity	83 Individuals	74.14	22.11	2.44	69.28-79	82	30.45	10.34	1.14	28.17-32.72	82	21.71	6.80	0.75	20.22-23.21	82	21.97	7.01	0.77	20.43-23.51
Study 2, Fars ethnicity	430 Individuals	75.18	15.67	0.75	73.70-76.67	430	29.05	7.16	0.34	28.37-29.73	430	23.46	5.18	0.25	22.97-23.95	430	22.66	4.83	0.23	22.20-23.12
Study 2, Turkmen ethnicity	375 Individuals	71.82	14.06	0.72	70.39-73.25	375	27.94	6.88	0.35	27.24-28.64	375	22.19	4.60	0.23	21.72-22.66	375	21.68	0.21	4.13	21.26-22.10

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Ethical statement

Two studies were approved by the Ethics Committee of Golestan University of Medical Sciences (Codes: 391215 and IR.GOUMS.REC.1398.342 for studies 1 and 2, respectively).

Conflicts of interest

The authors declare that there is no conflict of interest regarding the publication of this article.

Author contributions

All authors made a substantial contribution to the writing of the paper draft and met the 4 criteria for authorship recommended by the International Committee of Medical Journal Editors.

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