

Depression, Anxiety and Stress in Relation to Modes of Delivery

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ABSTRACT

Background: Occurrence and progress of Labour associated with emotional disturbances, namely anxiety, depression and stress, with their psychological changes and their relation to mode of delivery are not clear. Induction of labour and caesarean section (CS) is a common practice in modern obstetrics, its impact on women's psychology and birth experiences is inconclusive. **Objectives:** Tracing psychological changes; anxiety, stress and depression symptoms in women going for spontaneous labour, induction or CS until 6 weeks postpartum period, to identify which group is more prone to develop significant psychological disturbances. **Methodology:** This prospective cohort study conducted on a sample of 541 pregnant women presented for spontaneous labour, induction or elective caesarean section, at the Hospital Tengku Ampuan Afzan, Pahang state, Malaysia. The severity of depression, anxiety and stress symptoms are assessed by using the self-rating Bahasa Malaysia version of the Depression Anxiety and Stress Scales (DASS-21). Each woman assessed in four different occasions; pre-labour/operation, 24 hours postnatal, 2 weeks, and at 6 weeks. **Results:** In the prenatal period, there was no statistically significant difference in the mean score of depression using DASS 21 questionnaire between women coming for labour (4.17±5.28) and elective CS (4.21±5.87). During puerperium; at 24 hour postnatal, 2 weeks and 6 weeks assessments there was no significant difference in depression score among patients with different modes of delivery. The overall scores were (4.23±5.46, 3.26±4.85, 0.78±2.37, 0.18±0.93) for patients going through vaginal delivery, instrumentation, emergency or elective CS. The same trend was found when anxiety and stress were analysed. **Conclusion:** Peripartum psychological disturbances are common. The most prominent symptom is anxiety. Most of the adverse effect will resolve by the end of puerperium. Minority of patients will experience persistent anxiety by the end of 6 weeks postpartum. The Caesarean section and induction of labour does not increase the psychological impact on women peripartum.

Neonatal Clavicular Fracture in Uncomplicated Vaginal Delivery in Hospital Tuanku Jaafar Seremban: A Case Series

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ABSTRACT

Objectives: Neonatal clavicular fracture occurs in 0.2 to 2.3 % of all births. Ironically most cases happen following uncomplicated vaginal deliveries. Majority has no accompanying injuries and heals fast within a week or two. Nevertheless, it is still an important issue to address as it raises concern in parents and also the confidence in those who conduct the deliveries. This can pose as a litigation risk and all possibilities of causes should be thoroughly explained. **Methods/Report:** We describe 4 cases of neonatal clavicular fracture diagnosed from June 2016 until June 2018 in Hospital Tuanku Jaafar Seremban with no complications during delivery. All cases were delivered by trained medical professionals of various experience and grade from midwives to medical officers. All patients had only minor risk factors and had a relatively uncomplicated antenatal history. There were no complications in the notes of all the cases mentioned. However, it was noted that all these cases were augmented for various obstetric reasons. The birth weights ranged from 2.6 kg to 3.6 kg. All cases were not diagnosed at birth. They were diagnosed after an examination of an incomplete Moro's reflex or from a routine chest X-ray done for other medical reasons. Based on this, we draw out the possible ways the fracture can happen to facilitate explanation to family members. **Conclusion:** Clavicular fracture is unpredictable and can be an unavoidable complication of normal delivery.