

Antenatal Anxiety and Depression in Low-Risk, Nulliparous Women and its Impacts on Birth Outcomes and Birth Trauma.

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Background

- Perinatal mental illness affects 10-20% of women.
- Emergency operative birth includes emergency caesarean section and assisted vaginal delivery with forceps + ventouse.
- Emergency operative birth is associated with an increased incidence of birth trauma symptoms.

Aims and objectives

1. Investigate the **prevalence** of **antenatal anxiety, depression** at late gestation (GA>36 weeks) and **postnatal birth trauma symptoms**.
2. Explore the **association** between **mental health conditions** and **mode of delivery**.
3. Ascertain whether symptoms of birth trauma were more common after emergency caesarean section and assisted births.

This study aimed to fill gaps in research around antenatal mental health, emergency operative delivery and birth trauma



Methods

The miBirth study is an ongoing 4 year prospective cohort study.

Participants: included low-risk nulliparous women planning their first vaginal birth participating in miBirth =study (n134).

Measures:

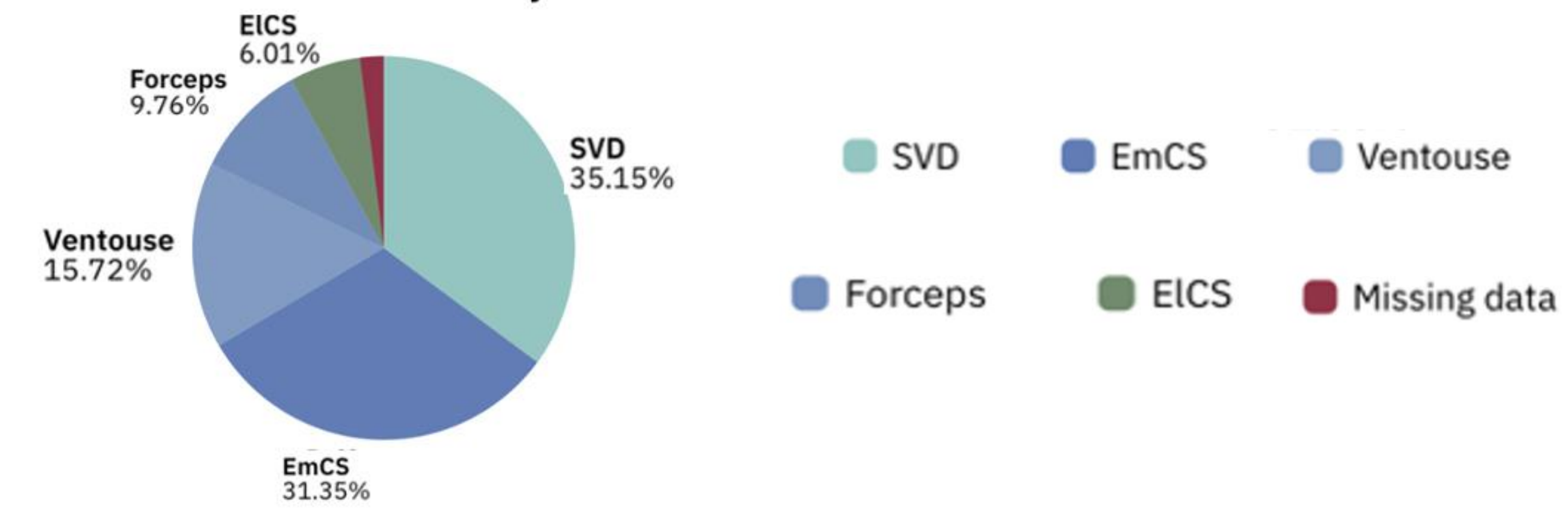
Antenatal questionnaire at late gestation including the EPDS & GAD-7.

Postnatal questionnaire at 10 weeks postpartum including the City Birth Trauma Scale and and Birth Experience Questionnaire 2.

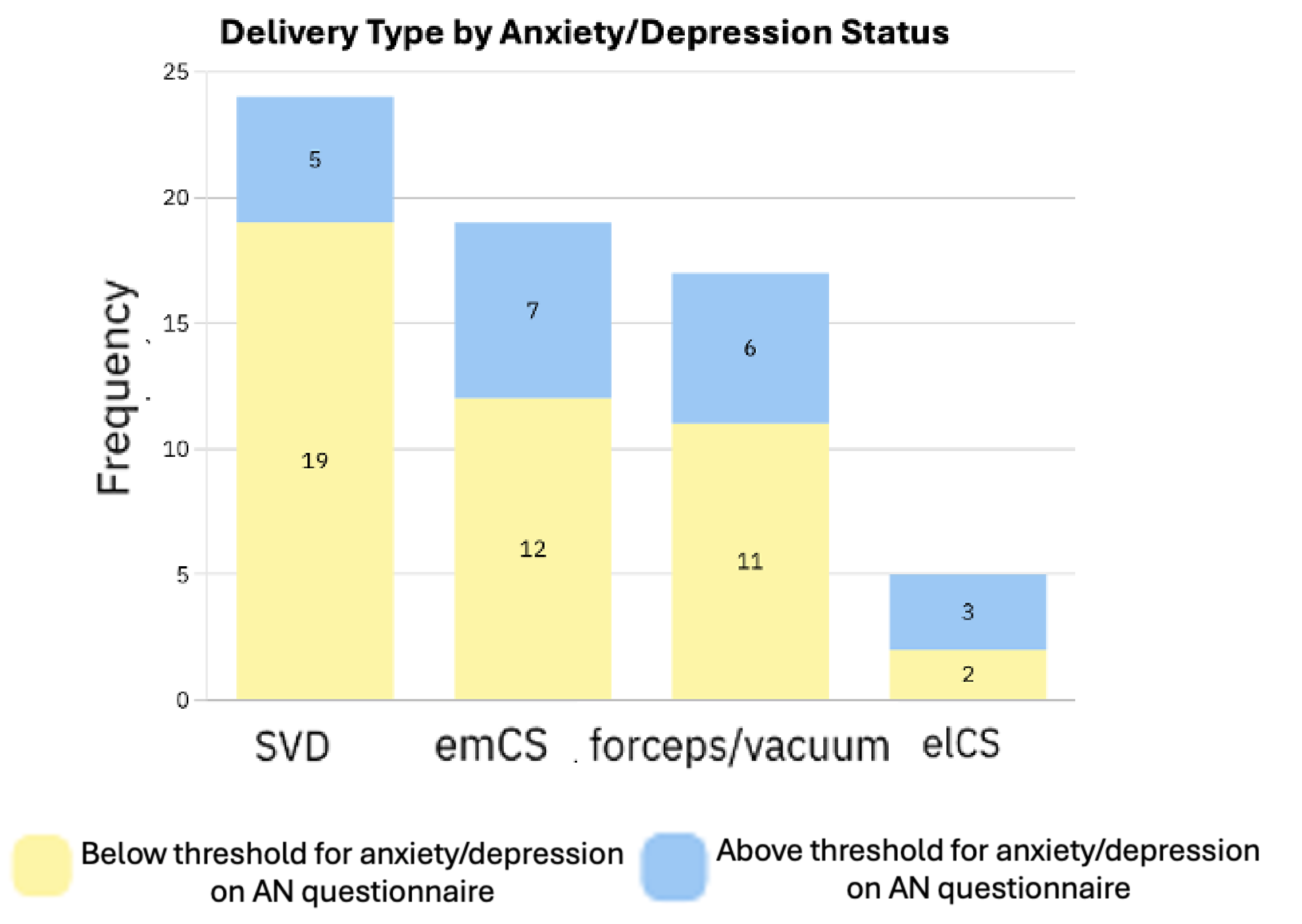
Results

- Prevalence of antenatal anxiety was **30.43%**, of these **74.19%** were mild.
- Prevalence of antenatal depression was **4.35%** , all were comorbid with anxiety.
- **56.72% had an emergency operative birth; 35.1% had an SVD.**

Distribution of mode of delivery in cohort



- Women above the threshold for anxiety had lower rates of SVD and higher rates of emergency operative delivery (not statistically significant).



- **80% of the cohort reported birth trauma symptoms**
- No statistically significant associations between **MOD** and **birth trauma symptoms** ($p=0.435$).

Conclusions

- High rates of antenatal anxiety, emergency operative birth and birth trauma symptoms suggest **unmet needs** in this cohort of low-risk nulliparous women.
- Trends **linked antenatal anxiety to higher intervention rates**, addressing this could improve emergency operative birth rates.
- Future directions= replication with a larger cohort.

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