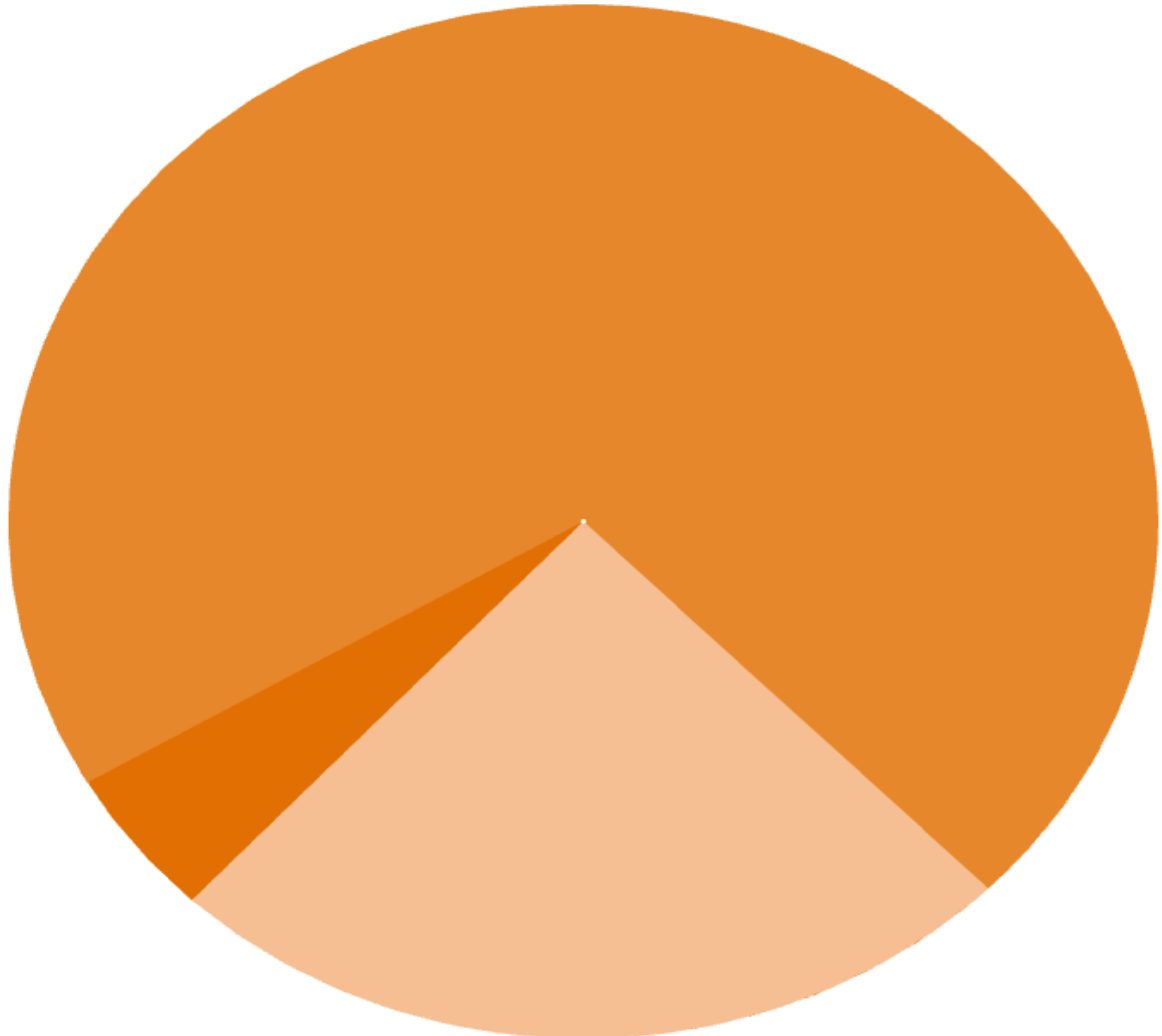
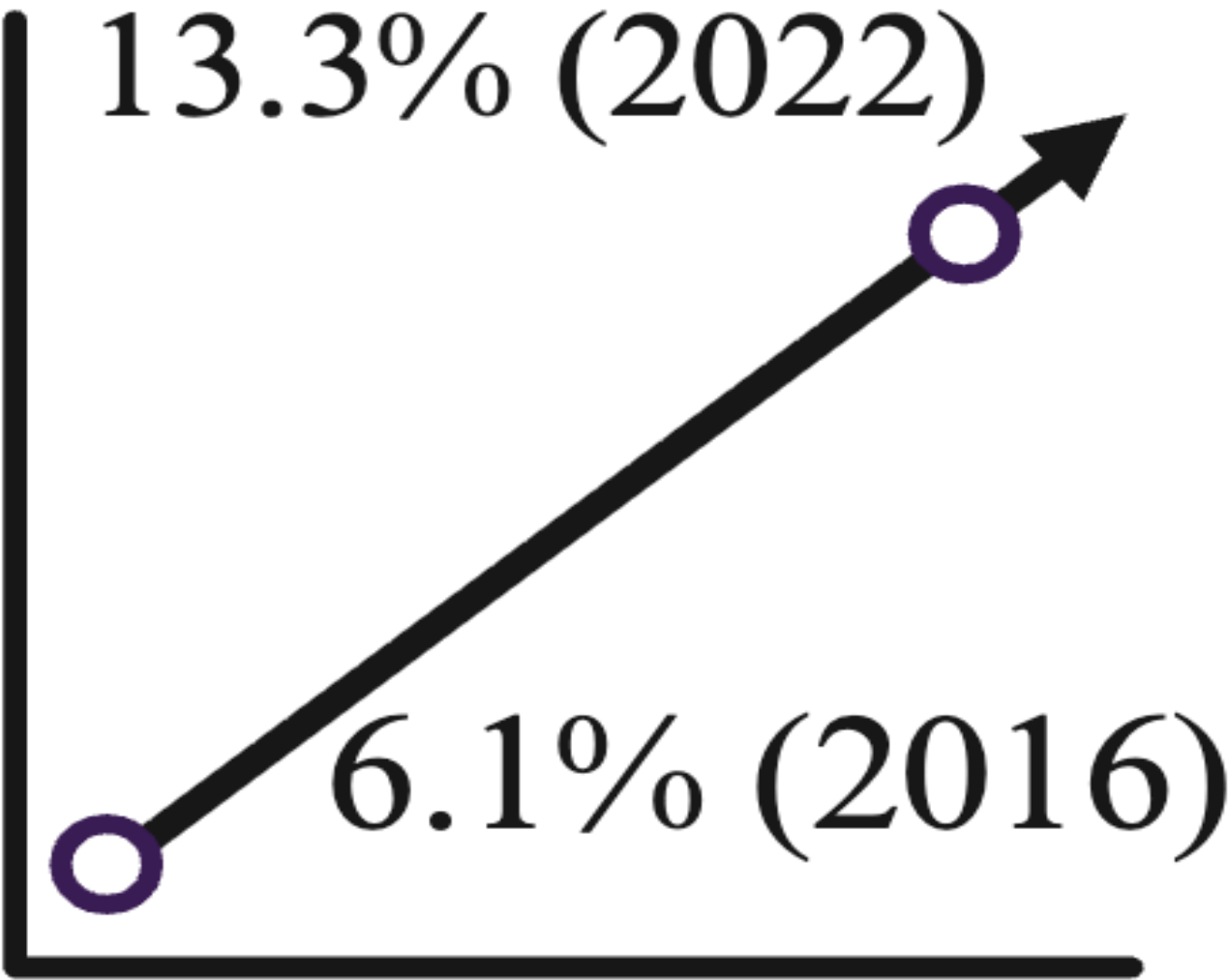
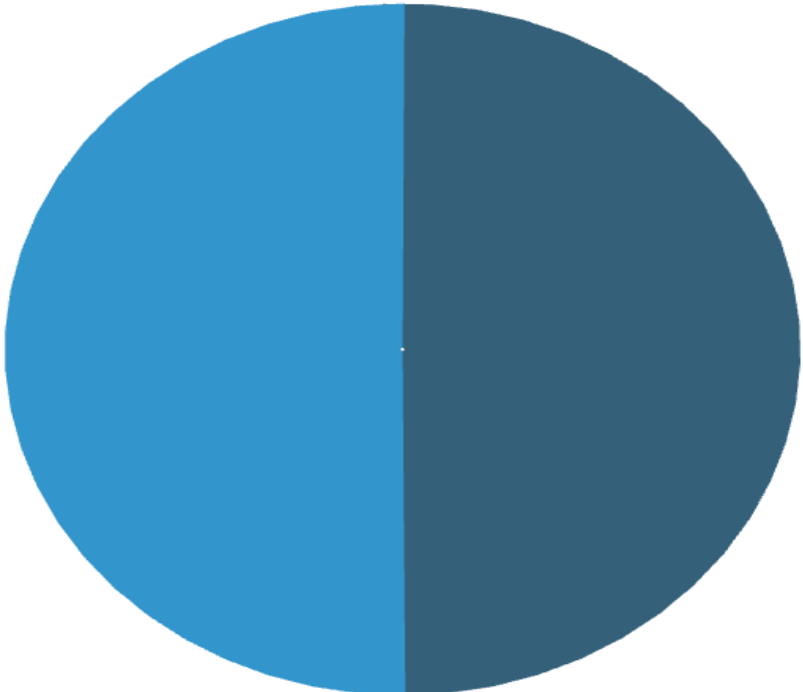


Association of Perinatal Mood and Anxiety Disorders With Anesthesia-Related Complications in Cesarean Delivery Hospitalizations

Anna St. Denis, BS; David Hundley, DO; Hayden Jefferies, DO

Background ^{1,2}			
What is PMAD? - Unipolar depression 68.5% - Bipolar disorder 22.6% - Anxiety disorders 5.6% 	Prevalence  1 in 5 birthing parents  		
So What?  Maternal Outcomes  Maternal Morbidity  Undiagnosed PMAD	Knowledge Gap - PMAD may influence pain, anxiety, and perioperative experience - Obstetric anesthesia-specific evidence remains limited - Association with ARC codes during cesarean hospitalization is not well defined		

Study Question
Are perinatal mood and anxiety disorders associated with higher odds of anesthesia-related complications during cesarean delivery hospitalizations?

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Methods

**National Inpatient
Sample
2016-2022**



(+) Cesarean Delivery
(+) Age 15-49
n = 8,087,376

Analytic Cohort



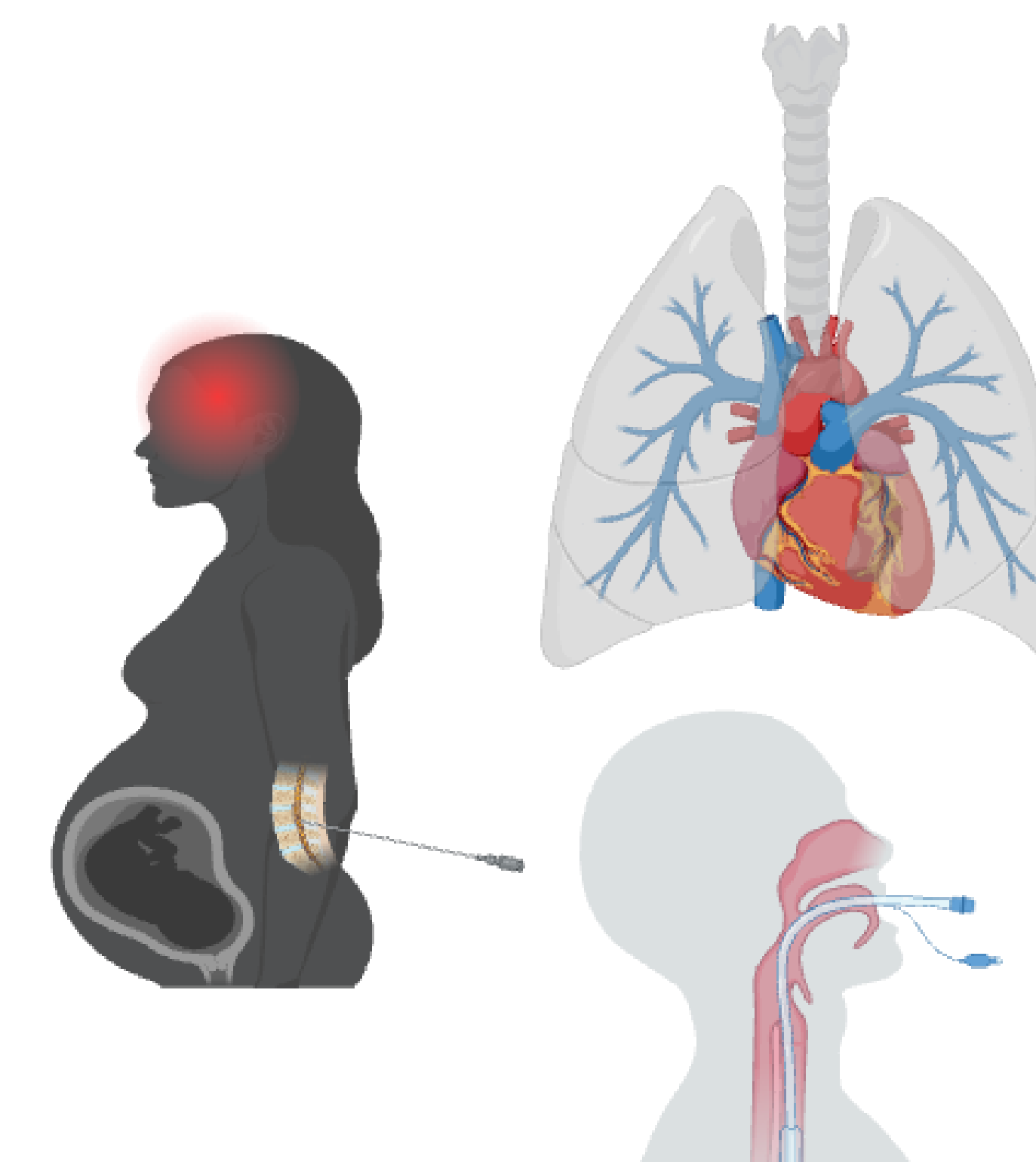
(-) Missing Covariates
n = 7,765,786

Exposure



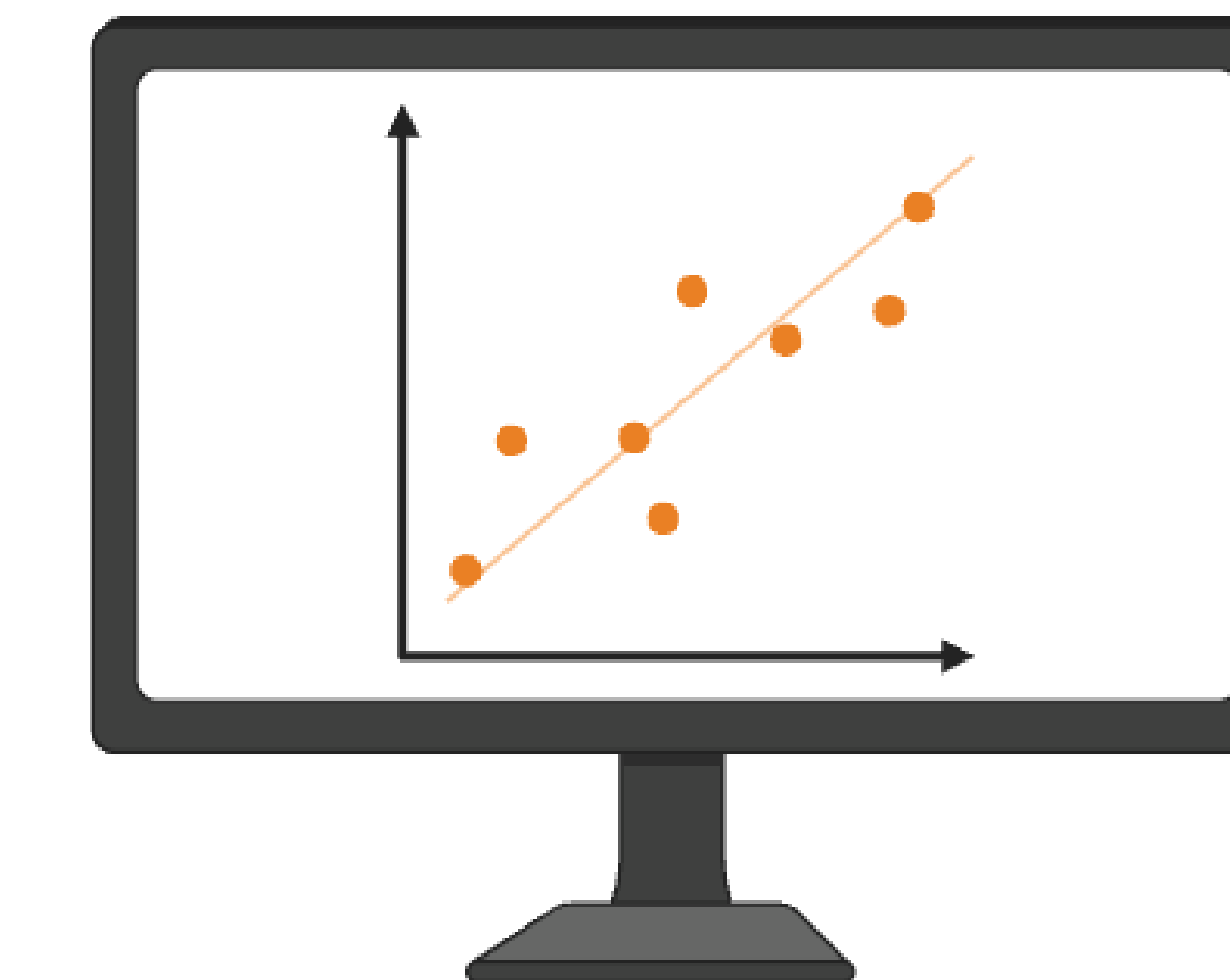
PMAD
ICD-10-CM codes

Outcome



ARC ICD-10 codes
neuraxial, airway,
cardiopulmonary

Adjusted Analysis



Survey-weighted
logistic regression

Adjusted for patient,
hospital, and obstetric
comorbidity factors

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Results

Adjusted Association

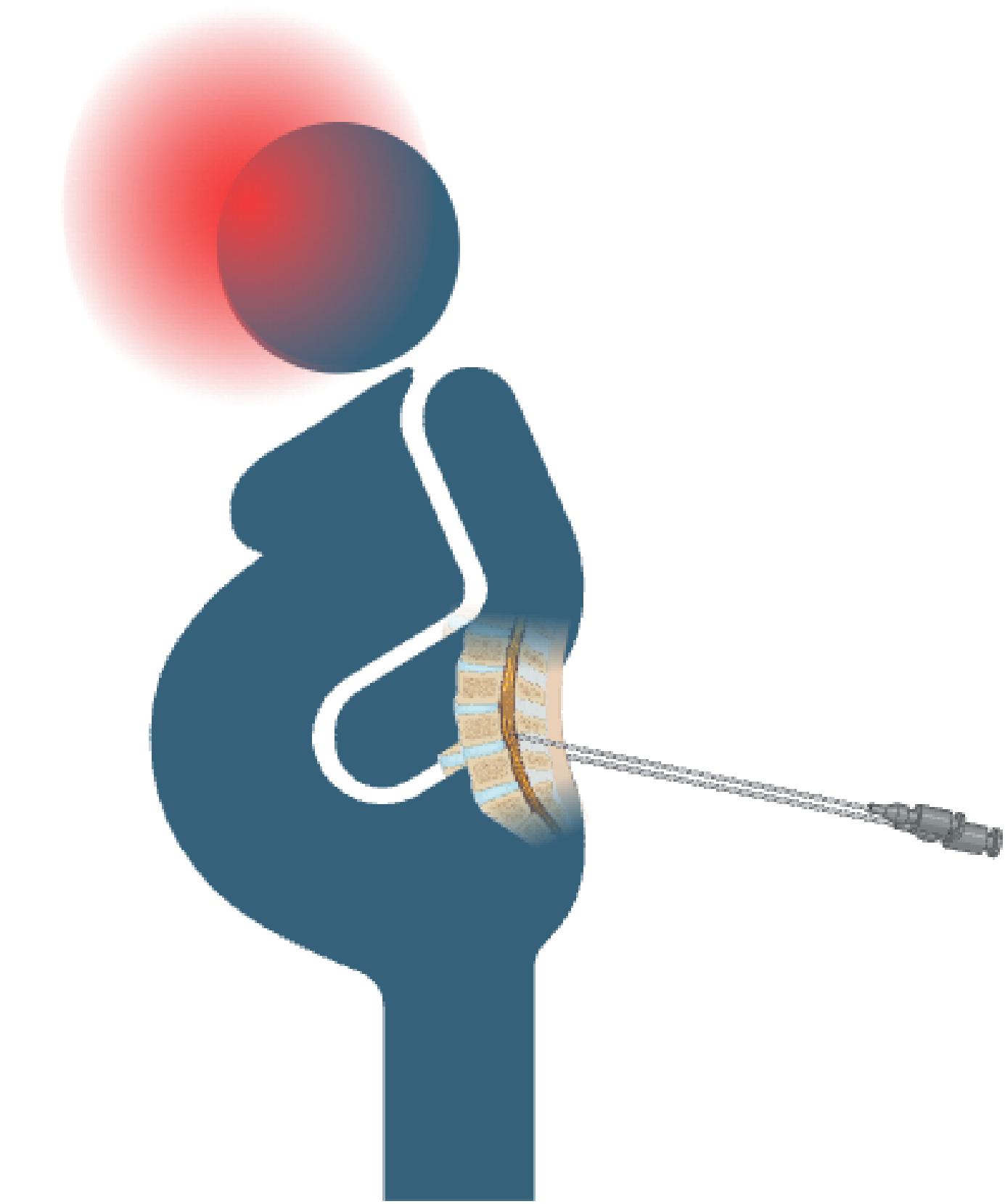
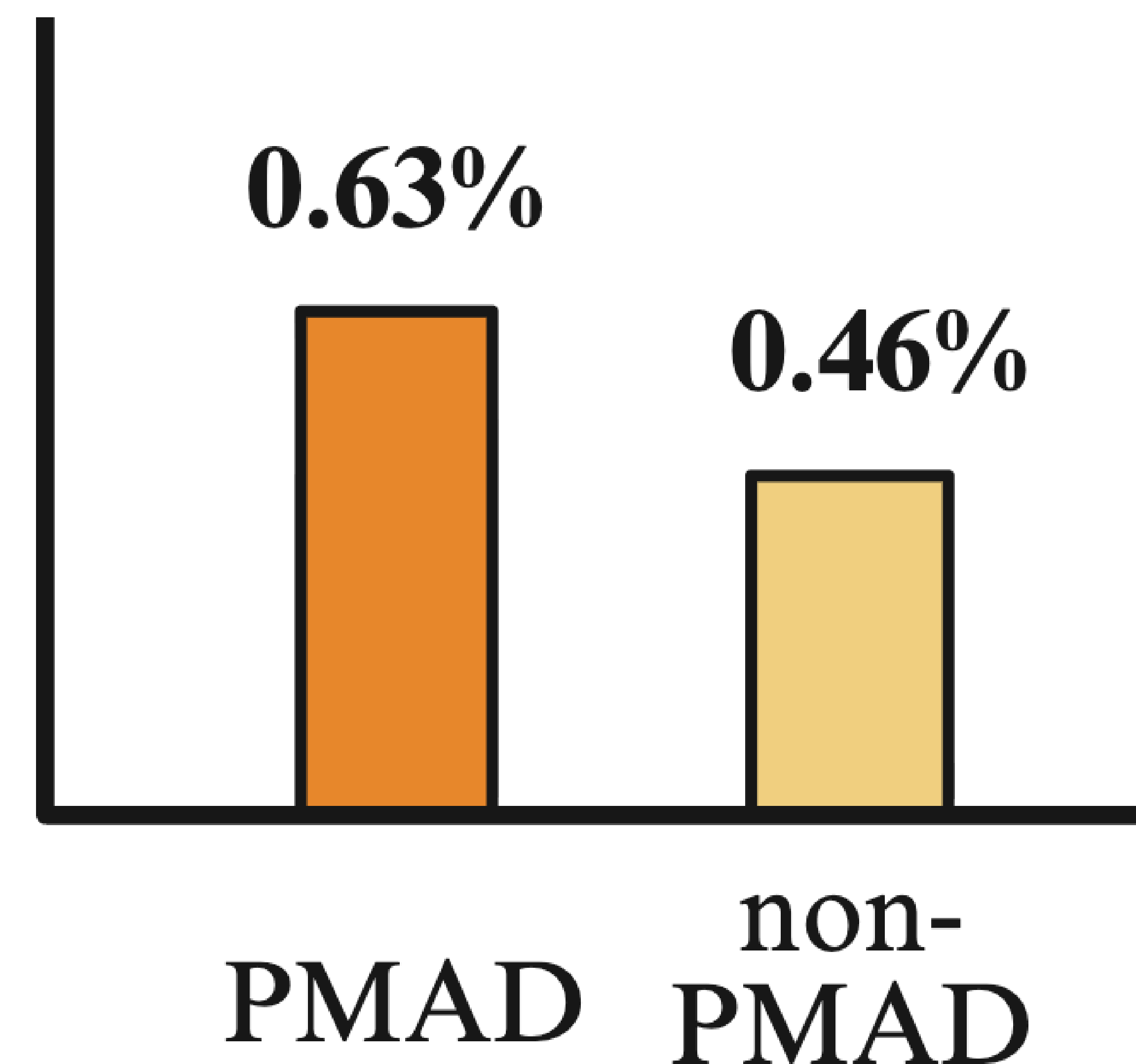
aOR 1.10

p=0.01

95% CI 1.02–1.19

ARC codes: 0.63% vs 0.46%
(Δ 0.17%)

ARC codes



**Most Common ARC Code:
Neuraxial Headache**

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Discussion^{1,2}

Identify higher-risk patients early



Use trauma-informed anesthetic planning



Optimize analgesia + follow-up



Focus on neuraxial headache



Conclusion



10% higher adjusted odds of ARC codes

PMAD may identify a higher-risk obstetric anesthesia population



Small absolute difference is meaningful at population scale

