

Understanding Psychological Distress and Contributory Factors in Long-Stay Obstetric Patients

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ABSTRACT

Introduction: Obstetric patients requiring prolonged hospital stay, defined as admission duration of more than 5 days make up approximately 10-20% of our inpatient obstetric patients. This certainly has an impact on patient psychological distress and contributory factors with the ultimate goal of identifying potential interventions to improve the well-being of obstetric patients requiring prolonged hospitalisation. According to long-stay methodology published by NHS England and NHS Improvement July 2018, patients only become long stay patient after 21 days, so only count days 21 and onwards as long-stay days. However, the methodology only included acute activity, obstetric excluded as maternity beds are generally not available to be repurposed for other admissions, and long stay obstetric patients do not affect the flow from A&E. **Methodology:** Obstetric patients hospitalised for more than five days were given the opportunity to complete a questionnaire anonymously. They were asked to rate their level of distress on the distress thermometer (scale 0-10) and indicate problems they experienced in practical, family, emotional, spiritual and physical domains. Patients were also given the opportunity to make suggestions on how we could improve their experience. **Conclusion:** This study has given us a valuable insight to patient with experience in cases of prolonged hospitalisation. The next phase of this study plans to implement measures to reduce patient distress and strategies to address common problems encountered, particularly in the area of emotional wellbeing.

Depression, Anxiety and Stress in Relation to Mode of Delivery

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ABSTRACT

Introduction: The relationship between emotional disturbances, namely anxiety, depression and stress and mode of delivery is unclear. While induction of labour and caesarean section (CS) are common practices 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 six weeks postpartum period, to identify which group is more prone to develop significant psychological disturbances. **Methods:** This prospective cohort study was conducted on 541 pregnant women who 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 were self-rated using the Bahasa Malaysia version of the Depression Anxiety and Stress Scales (DASS-21). Assessment was performed on four different occasions; pre-labour/operation, 24 hours postnatal, two weeks, and at six 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 hours 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. **Conclusions:** Peripartum psychological disturbances are common and the most prominent symptom is anxiety. Most of the symptoms resolve by the end of puerperium. A minority of patients will experience persistent anxiety by the end of 6 weeks postpartum. Caesarean section and induction of labour do not increase the psychological impact on women.