

Procedural Anxiety in High-Risk Pregnancies with Scheduled Cesarean Deliveries

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SPEAKER DISCLOSURE

Nothing to disclose

BACKGROUND

- Perinatal mood, anxiety, and trauma symptoms (PMATS) are among the most common mental health disorders found in pregnant patients of reproductive age.
- PMATS affect approximately 1 in 6 patients from pregnancy through the postpartum year.¹⁻³
- CDC 2022: Mental health was the most common cause of maternal mortality.⁴
- Study Aim: To evaluate the feasibility and preliminary efficacy of a single-session cognitive-behavioral intervention designed to reduce preoperative anxiety in individuals with high-risk pregnancies undergoing scheduled cesarean deliveries at a fetal care center.
- 1. Uguz F, et al. Prevalence of mood and anxiety disorders during pregnancy: A case-control study with a large sample size. Psychiatry research 2019;272:316-318.
- 2. McKee K, et al. Perinatal mood and anxiety disorders, serious mental illness, and delivery-related health outcomes, United States, 2006–2015. BMC Women's Health 2020;20(1):1-7.
- 3. Dennis C-L, et al. Prevalence of antenatal and postnatal anxiety: systematic review and meta-analysis. The British Journal of Psychiatry 2017;210(5):315-323.
- 4. Pregnancy-Related Deaths: Data From Maternal Mortality Review Committees in 36 U.S. States, 2017–2019 | Maternal Mortality Prevention | CDC.

METHODS

- A pilot RCT at a single fetal care center:
 - Intervention arm participants: N = 10
 - Control arm participants: N = 10
- Primary outcomes:
 - Preoperative anxiety (day of delivery)
 - Postpartum anxiety and trauma (8 weeks postpartum)
- Secondary outcomes:
 - Postoperative opioid consumption tracked thru POD 4.
 - Feasibility and acceptability assessed by monitoring implementation variables

Enrollment	
	Par
Study Procedures and Assessments	
	Partic
	Participa

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RESULTS

- Significant findings:
- 42% reduction in perioperative anxiety
- 40% reduction in anxiety at 6-8 weeks
- Reduction in postoperative opioid use on POD 2 and 3
- Reduction in opioid prescription at discharge

Table 1. Mental health and opiate use outcome data and effect sizes for treatment and control groups					
Construct	Control Group	Treatment Group	T-Test	Effect Size	
	N=10	N=10	<i>T (p)</i> OR	Cohen's D or	
	M (SD)	M (SD)	Mann-U Whitney	Hedges g	
			U (p)		
Preoperative Anxiety (VAS)	56.60 (16.38)	33.00 (21.75)	T= 2.41 (.03)	g = 1.22	
Postpartum State Anxiety	46.50 (9.77)	29.00 (5.76)	U = 2.50 (.01)	g = 2.22	
Postpartum Trauma	24.67 (16.94)	13.89 (9.71)	U = 18.00 (.29)	g = 0.81	
		4 70 (5 0 0)	T 0 40 (0 40)	D 4 6 0	
Oxycodone (mg) at POD2	16.00 (13.70)	4.70 (5.36)	T= 2.43 (.016)	D =1.08	
Oxycodone (mg) at POD3	9.50 (11.41)	2.50 (4.86)	T = 1.78 (.050)	D = 0.80	
Oxycodone (mg) at POD4	5.0 (8.17)	0.50 (1.58)	T= 1.71 (.059)	D = 0.76	
Number of Oxycodone 5mg Pills	18.40 (7.09)	11.22 (<u>9.11)*</u>	T= 1.93 (.0358)	g = 0.88	
prescribed at discharge					

CONCLUSIONS

- The cognitive-behavioral intervention was found to be both feasible and effective in reducing preoperative and postoperative anxiety.
- The intervention resulted in a significant reduction in postoperative opioid use (POD 2 and 3).
- The intervention resulted in a significant reduction of opioid medications prescribed at discharge.
- Future research will aim to expand this intervention to larger populations in diverse hospital settings and will involve a larger sample size to further assess efficacy and long-term outcomes.

