Anxiety levels in pregnant women due to maternal and fetal effects of COVID-19 vaccination: A comparative cross-sectional study

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ABSTRACT

Introduction: The obscurity and ambiguity in the literature regarding the efficacy of vaccination in pregnant women has resulted in fear and anxiety amongst mothers-to-be when opting for COVID-19 vaccination during pregnancy. This study aimed to compare the levels of anxiety in vaccinated and unvaccinated pregnant women owing to the vaccine’s perceived effects on fetal and maternal health. Methods: An analytical comparative cross-sectional study design was employed to compare the levels of anxiety in COVID-19 vaccinated and unvaccinated pregnant women visiting the tertiary hospitals of Karachi. A purposive sampling technique was used to recruit eligible candidates attending antenatal appointments at the study sites. Multiple Cox proportional algorithm was used to identify a parsimonious model for the deduction of the prevalence and the factors associated with maternal anxiety. All analyses were performed using STATA software (version 17.0). Results: 210 women were recruited in the vaccinated group and 197 were recruited in the unvaccinated group. The prevalence of vaccine-related anxiety observed in the vaccinated and unvaccinated groups was 19.1% and 23.4%, respectively. Significant associations were observed between anxiety levels and vaccination status (PR=2.04 (95% CI: 1.27-3.29)). An interaction effect of anxiety due to COVID-19 infection and anxiety due to pregnancy was observed (PR=1.37 (95% CI: 1.24-1.51)) on vaccine-related anxiety. Conclusion: COVID-19 infection and pregnancy-related anxiety play a significant role in potentiating vaccine-related anxiety, with the unvaccinated pregnant woman experiencing greater levels of anxiety. Additional research to support the safety of vaccinations during pregnancy is needed to decrease pregnant women’s concerns and enhance vaccination acceptability.

Multidisciplinary review of emergency caesarean sections

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ABSTRACT

Introduction: Multidisciplinary team reviews emergency caesarean cases on weekly basis. The reviews identify various learning points based on the CTGs as well as the labour management including syntocinon usage. The indications for caesarean section are also reviewed to identify any existing trends. Method: Detailed forms were filled out at the MDT meeting and then analysed over a period of one year. Results: About 50% of the caesarean sections were reviewed. The majority were Category 2 with the primary reason being failure to progress. About 60% were on syntocinon and only 30% were in spontaneous labour. Conclusion: MDT caesarean sections reviews were a good opportunity for learning and to gather trends in our emergency caesarean sections. Personalised feedback was given to individuals involved. Resident consultant cover overnight was giving better supervision and more appropriate reasons for caesarean sections.