

# Extracts and Snippet from Pertinent Current Literature

## Elective Caesarean Section at 38 weeks versus at 39 weeks: neonatal and maternal outcomes in randomized controlled trial

*J Glavind, SF Kindberg, N Uldbjerg, M Khalil, AM Moller, BB Mortensen et al*

*BJOG2013/Vol 120 Issue 09 : 1123-1132*

British and American societies in obstetrics recommend caesarean section to be scheduled after 39 completed weeks of gestation. This is based on several observational studies suggesting a strong association between earlier gestational age and elective caesarian section delivery and risk of respiratory morbidity.

This study aims to investigate whether elective caesarian section before 39 completed weeks increases the risk of adverse neonatal or maternal outcome. This is a randomized control multicenter open-label trial conducted in seven Danish tertiary hospitals from March 2009 to June 2011. It included women with uncomplicated singleton pregnancies scheduled for elective caesarian section delivery. The main outcome measure was neonatal intensive care unit admission within 48 hours of birth by elective caesarian section at gestational age of 38 weeks and 3 days versus 39 weeks and 3 days. Secondary outcomes were neonatal depression, NICU admission within 7 days, NICU length of stay, neonatal treatment, and maternal surgical or postpartum adverse events.

The results show that among women scheduled for elective caesarean section at 38+3 weeks 88/635 neonates (13.9%) were admitted in NICU, whereas in 39+3 week group 76/637 neonates (11.9%) were admitted (relative risk [RR] 0.86, 95% confidence

interval [95% CI] 0.65-1.15). Neonatal treatment with continuous oxygen for more than 1 day (RR 0.31; 95%CI 0.10-0.94) and maternal bleeding for more than 500 ml (RR 0.79; 95% CI 0.63-0.09) were less frequent in the 39 weeks group, but these findings were insignificant for adjustment for multiple comparisons. The risk of adverse neonatal or maternal outcomes (RR 1.1; 95% CI 0.79-1.53) was similar in the two intervention groups.

It is concluded that caesarean sections scheduled after 39 weeks versus before 39 weeks carried similar risk of neonatal intensive care unit admissions. The incidence of other adverse neonatal and maternal outcomes was also similar in both groups. Any long term consequences are uncertain and need further investigation.

**Contributed by Dr. Sadaf Mufti, Woman Medical Officer Gynae Unit 1 Holy Family Hospital Rawalpindi**

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## Pregnancy intention and post partum depression: secondary data analysis from a prospective cohort

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*RJ Mercier, J Garret, J Thorp, AM Siega-Riz, BJOG2013/Vol 120 Issue 09 : 1116-1122*

This study aims to assess the relationship between unintended pregnancy and postpartum depression. It is a secondary analysis of data from prospective pregnancy cohort carried out at University of North Carolina prenatal care clinics.

The participants were asked about the pregnancy intention at 15 to 19 weeks of gestation and classified as having an unintended, mistimed or unwanted pregnancy. They were evaluated for post partum depression at 3 and 12 months, defined as Edinburgh postpartum scale score greater than 13. Log binomial regression was used to assess the relationship between unintended pregnancy and depression after controlling the confounders.

The data were analyzed for 688 women at 3 months and 550 women at 12 months. Depression was more likely in women with unintended pregnancies at both 3 months (risk ratio [RR] 2.1, 95% confidence interval [95% confidence interval [95%

CI] 1.2-3.6) and 12 months (RR 3.6, 95% CI 1.8-7.1). Using multi variable analysis adjusting for confounding by age, poverty and educational level, women with unintended pregnancies were twice as likely to have postpartum depression at 12 months (RR 2.0, 95% CI 0.96-4.0)

This concluded that although many elements may contribute to maternal depression and unintended pregnancy is also one of them. It has a long term effect on maternal well being even if the woman chooses to continue her pregnancy.

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## Birth by Caesarean Section May Raise Risk of Obesity in Adulthood: a Snippet

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*Express Tribune, March 2014-Researchers Anonymous*

Data of 15 studies from 10 countries with a population of 142702 was analyzed, providing strength to the following research.

Compared with babies delivered vaginally, those delivered by caesarean section were 26% more likely to be overweight

and 22% more likely to be obese. The type of vaginal or caesarean birth did not make any difference.

However since all the studies were observational, the researchers suggest further studies to be carried out.

**Contributed by Prof. KAK Akhtar**