

MATERNAL ANXIETY AND DEPRESSION IN THIRD-TRIMESTER INTRAUTERINE FETAL DEATH: A CASE REPORT

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CASE REPORT

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ABSTRACT

Background: Intrauterine Fetal Death (IUFD) is the death of the fetus in the womb that causes the mother to feel traumatized and at risk of becoming anxious or depressed. IUFD is usually included in the stillbirth rate. The number of stillbirths in 2017 in Indonesia is around 13/1.000 live births.

Objective: To evaluate and give initial support for anxiety and depression in maternal condition due to her IUFD experience.

Methods: Evaluated case by questionnaire of HARS for assessing the level of maternal anxiety and HDRS questionnaire for determining the depression of maternal.

Results: Total score of HARS is 13 and the HDRS score is 12, which categories of the mother are mild anxiety and mild depression.

Conclusion: Early detection can help the maternal psychological problem in the early phase. As long as the case can still be resolved with non-pharmacology, there is no need for pharmacology if the management of maternal acceptance comes from counseling and family support is sufficient and successful. This case, of course, requires support and assistance from a psychiatrist or psychologist if it has entered the moderate/severe category.

Keywords: anxiety, depression, IUFD.

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INTRODUCTION

IUFD (Intrauterine fetal demise/death) is the one precarious pregnancy. According to WHO and ACOG, fetal death is a fetus that dies in the uterus weighing 500 grams or more or the developing infant that died in the uterus at twenty weeks of gestation/beyond. Fetal death results from impaired fetal growth or an infection that was not previously diagnosed to not be treated.¹ IUFD can be caused by various things such as 50% of those are still unclear, it could be due to a disease in the mother such as high blood pressure or high blood sugar, placenta complications (placenta previa, abruption placenta), amniocentesis in identifying chromosomal abnormalities, fetal-maternal bleeding (flow of transplacental red blood cells from the fetus to the mother), antiphospholipid antibody syndrome, or caused by intra-amniotic infection.¹ Epidemiologically, the intra-uterine fetal death (IUFD) rate is usually included in the stillbirth rate. The number of stillbirths is still relatively high globally, which is around 2.6 million per year, especially in developing countries. The number of

stillbirths in 2017 in Indonesia is around 13/1000 live births.² The rate of infant mortality is an indicator of a state problem, especially in obstetrics. One of the causes of obstetric problems can be obtained from mental disorders. Based on “*Survei Demografi dan Kesehatan Indonesia*” (SKDI) 2017 shows that the Infant neonates rate (INR) is 15/1000 live births & 24/1000 live births is the rate of infant mortality. These results indicate the importance of government, health facilities, and communities in taking the next step like prevention and supportive interventions for child survival to reduce the INR to 10/1000 births live and IMR to 16/1000 live births in 2024.³ The death of the fetus is breaking bad news for the mother and families. Even improved health services are available. The causes of fetal death can occur due to various factors, such as the mother, fetus, or placenta condition.⁴ IUFD or stillbirth if we categorize based on gestational age, 20-27 weeks as early stillbirth, 28-36 weeks as of late stillbirth, and 37 weeks or more as term stillbirth.⁵ Diagnostic criteria for fetal death in utero include: the pregnant uterus is no longer getting bigger, it is even getting smaller; fetal movement is no longer felt; no

fetal heart sounds were found on examination; the shape of the uterus is not as firm as a normal pregnancy. If the death has been going on for a long time, it feels like crepitus, resulting from the accumulation of gas in the body.⁶ IUFD frequently made it painful for the mother & her family. The woman who ever has a stillbirth easier to experience feeling anxiety, sadness, and depression.⁷ The level of anxiety and depression of single women who experienced IUFD has increased or is higher.⁸ The phenomenon of stillbirth has been studied before. The other article reviews that psychological, social, and economic factors impact maternal mental health, not only those factors but also families' support. They argue that the knowledge and experience of the mother itself have impacts on mental health such as family, friends, and colleagues.⁹ IUFD has become an unwanted and very desperate experience. Based on those explanations, the mother can suffer from mental health issues, so we must respond and observe the psychological symptoms or the changes that occur in mothers with IUFD.¹⁰

METHOD

The HARS (Hamilton Anxiety Rating Scale) and HDRS (Hamilton Depression Rating Scale) have shown to be standard screening. The HARS questionnaire or we are known as HAM-A, is used as a measuring tool for anxiety. This questionnaire contains fourteen items, in every item is a value from 0-4, the overall score is 0 – 56, and the level of anxiety can be classified as “no anxiety” (score < 14); “mild anxiety” (score 14 – 20); “moderate anxiety” (score 21 – 27); “severe anxiety” (score 28 – 41) & “very heavy anxiety” (score 42 – 56).^{11,12}

The HDRS (Hamilton Depression Rating Scale) or HRSD (Hamilton Rating Scale for Depression), abbreviated as HAM-D, are several questionnaire items used to determine indications of depression & as a guideline in evaluating the healing process. This questionnaire consists of 17 items, each item in the questionnaire scores a three or five-point scale. The overall score is 0-50 & the level of depression can be classified as usual (score <7), “mild depression” (score 8-13); “moderate depression” (score 14-18); “major depression” (score 19-22); & score that more than 23 means very severe depression.^{12,13}

RESULT

In this case, maternal history: she was 31 years old, G2P1A0 (Gravida 2, Living child 1, Miscarriage 0), 28 weeks gestation. The questionnaire examination was carried out one day after the death of the fetus. According to the questionnaire, the total score of HARS was 13, and the HDRS score was 12. Based on that score, categories of mothers have mild anxiety and mild depression. In the next 2 weeks, another examination was carried out to determine the development of the mother's mental condition and determine further management. After the evaluation, the mother's mental condition has no more categorized as anxiety and depression. This case shows that the mother does not need a referral.

CONCLUSION

IUFD was a traumatic event for the mother, and that includes common occurrences under exceedingly painful conditions. Depression or anxiety needs healing. The mother's mental

DISCUSS

Anxiety and depression are the most common complication of perinatal loss. Early detection and good early treatment are needed to prevent more severe levels of anxiety and depression.¹⁴ Anxiety is an individual's emotional state characterized by physiological stimuli, unpleasant tense feelings, and fear that something terrible will happen. Individuals may also experience restlessness, difficulty sitting still, and tense muscles. The physiological responses that individuals can experience include rapid or shallow breathing, excessive sweating, tachycardia, and spasm. Other symptoms include negative physical symptoms such as stomach pain, dizziness, headache, and trouble sleeping.¹⁵

Stigma from family, close friends or other people, and even medical personnel also affect the mother's condition. For example, blaming the mother for not maintaining her pregnancy makes the mother feel guilty. Stigma has been caused by the lack of knowledge and understanding of people about IUFD. The existence of this negative stigma can make worsen the mother's mental state.⁷

In this case, it is known that the mother is 31 years old and already has one daughter aged four years. The family, especially her husband, is very supportive of the mother's pregnancy. Mother is willing and cooperative during the examination. On examination, it is known that the fetal heartbeat is not heard. Based on criteria for fetal death in utero include: fetal movement is no longer felt, and no fetal heart sounds were found on examination.⁶

Mothers with IUFD declare to get motivation from families, friends, and health workers. The substantial support from families.¹⁴ The management of a mother's depression and anxiety is that social support, especially from family members, can reduce levels of anxiety and depression in mothers. Providing appropriate social and psychological support has become part of the self-compassion management strategy.⁸

Lack of information, no support, and assistance at this stage make the mother worse off. Depression of the mother can affect her health status of the mother.¹⁶

The process of relieving anxiety and depression needs motivation and attention from family or loved ones and time to recover. Additionally, the role of midwives is very required to give counseling, education, and advice so that mothers can maintain their health. The efforts to prevent the occurrence of fetal death in the uterine are routine antenatal care visits. Visits can be done at least once during the first trimester, one time during the second trimester, and one time in the third trimester. Increased knowledge of pregnant women can be pursued through health education about danger signs in pregnancy such as bleeding in the birth canal, swelling of the face, feet, and toes, pain, heavy head, blurred vision, profuse fluid from the birth canal, and reduced fetal movement. Consumption of foods with good nutritional value prevents anemia, abortion, premature labor, and fetal death in the uterine.¹⁷

condition must be detected immediately so that if something undesirable happens, it can be resolved. Mild depression/anxiety are disease states which need counseling, such as discussing her problems and supporting her. As long as the case can still be resolved with non-pharmacology, there

is no need for pharmacology if the management of maternal acceptance comes from counseling and family support is sufficient and successful. This case, of course, requires support and assistance from a psychiatrist or psychologist if it has entered the moderate/severe category.

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