Intervening in Pregnancy Can Curb Depression

BY KATE JOHNSON
Montreal Bureau

SAN ANTONIO — A depression prevention course offered during pregnancy significantly reduced the incidence of major depressive episodes before delivery in a group of Hispanic women at high risk for depression, reported Huynh-Nhu Le, Ph.D., at the annual meeting of the Society for Prevention Research. She expects the intervention will ultimately result in reduced rates of postpartum depression as well.

"A lot of research is now moving away from the idea of postpartum depression to a more general idea of pregnancy-related depression. Technically, postpartum depression occurs up to 4 weeks after birth—but in some cases, it may have started before delivery. What we're trying to do is prevent these women from becoming more depressed," she said in an interview. "We need to integrate mental health screening into primary care settings."

Her study included 143 Hispanic women, aged 18-35 years, who were less than 24 weeks pregnant. All were considered at high risk for depression based on their history of depression or a score of 16 or higher on the Center for Epidemiologic Studies Depression Scale (CES-D). The women were randomized either to usual care or to an eight-session intervention that taught them mood regulation skills and provided information about parenting and child development.

Preliminary results from the intervention, measured 8 weeks before delivery, showed a significant decrease in the incidence of major depressive episodes in treated vs. nontreated women (1% vs. 7%), said Dr. Le of George Washington University, Washington. And a trend was seen toward lower scores on the Beck Depression Inventory for treated women.

Dr. Le said these outcomes will be measured again at 6 weeks, 4 months, and 12 months post partum. ■

Double Decidual Sign Rules Out Ectopic Pregnancy

BY SHERRY BOSCHERT
San Francisco Bureau

SAN FRANCISCO — A double decidual sign on ultrasound can rule out ectopic pregnancy in women seeking emergency care for first-trimester pain or bleeding, Dr. Bon S. Ku said in a poster presentation at the annual meeting of the Society for Academic Emergency Medicine.

In a retrospective study of 1,339 patients with indeterminate ultrasounds, 4% of ultrasounds showed a double decidual sign without definitive signs of intrauterine pregnancy. Only 1 (2%) of these 57 patients with the double decidual sign ultimately was diagnosed with ectopic pregnancy. The other 56 had a live intrauterine pregnancy (29 patients) or an abnormal intrauterine pregnancy (27 patients), said Dr. Ku of the University of Pennsylvania, Philadelphia.

Put another way, 18% of the 1,339 patients had a final diagnosis of ectopic pregnancy, and only 1 (0.4%) of these 245 patients with ectopic pregnancy had a double decidual sign on ultrasound.

In women with first-trimester pain or bleeding and an indeterminate ultrasound, the presence of a double decidual sign makes ectopic pregnancy "extremely unlikely," said Dr. Ku and his associates.

A double decidual sign shows a gestational sac surrounded by two echogenic rings of endometrial tissue (decidua), the decidual capsularis (inner ring) and decidual parietalis (outer ring). It is the only ultrasound finding consistently related to serum quantitative β–human chorionic gonadotropin (β-HCG) levels, and some previous studies report that a double decidual sign is a reliable indicator of intrauterine pregnancy.

Dr. Ku's institution and many other medical centers do not consider the double decidual sign to be definitive of intrauterine pregnancy, however, because its recognition is somewhat subjective, he said. A sonogram must show a yolk sac, fetal pole, or fetal heart tones to diagnose definitive intrauterine pregnancy. Clinically stable women with "indeterminate" ultrasounds that lack these definitive signs are diagnosed as "possible early intrauterine pregnancy / cannot exclude ectopic pregnancy" and asked to return in 2 days for a repeat evaluation and β-HCG measurement. Patients who fail to return are contacted by staff.

The study correlated the presence of the double decidual sign with the final diagnosis, which was determined by sonographic evidence of intrauterine pregnancy, β-HCG measurements that declined to zero, evidence of trophoblastic tissue after spontaneous abortion, or D&C for ectopic pregnancy.

The findings are limited by the small number of ultrasounds with a double decidual sign and because the study relied on ultrasound reports rather than images, Dr. Ku noted. ■

Most First-Time Mothers Wouldn't Choose Elective Cesarean Again

BY JEFF EVANS
Senior Writer

PRAGUE — Very few women in their first pregnancy appear to request an elective cesarean section but when they do, few would do it again, according to a study of nearly 400 German and U.S. women presented at the 20th European Congress of Perinatal Medicine.

In a prospective study of maternal preferences for birth, questionnaires were completed by 55 of 64 U.S. and 342 of 366 German women. All of the women were primigravid with singleton pregnancies and in good health when they completed questionnaires in the third trimester and 8-12 weeks after their pregnancy, Dr. Beate Schücking reported.

In 2005, the 29% rate of cesarean section in Germany closely mirrored that of the United States, said Dr. Schücking of the University of Osnabrück (Germany).

In the third trimester, nearly all U.S. (95%) and German (96%) women said that they preferred vaginal delivery. The women reported that they believed a vaginal birth would offer more security, an easier recovery, and less pain and injury than would a cesarean section.

Three U.S. women were indecisive about which method they preferred. The 13 German women who preferred a C-section said they wanted the surgical procedure because of anxiety, and they wanted to avoid pain and injuries, to have security for their baby, and to deliver a breech-positioned fetus safely.

Unlike the women who decided that they wanted a vaginal delivery early in their pregnancy, the women who preferred a C-section were indecisive about which method they preferred until the end of their pregnancy. Those who preferred a C-section were younger, had lower scores of well-being, and were more likely to be unmarried.

These results were "quite consistent" with a Swedish study of 3,061 pregnant women that found that 8% would opt for a C-section. That 8% had more anxiety and depression than those who desired a vaginal delivery (BJOG 2002;109:618-23). Although the women in that study were not all first-time mothers, they, too, were more likely to be single, younger, and have already had a negative birth experience.

In reality, spontaneous vaginal births occurred at lower rates among the U.S. (64%) and German (61%) women than they would have liked. The actual C-section rates were higher among the U.S. (20%) and German (26%) women than their stated preference. Vaginal operative births occurred in 16% of U.S. and 13% of German women.

In the German sample, 89% of the women who had a spontaneous vaginal delivery indicated that they would like to repeat that method if they had a second child. But only 18% of those who received an elective C-section said that they would like to repeat it with a second baby. Few women who had an unplanned C-section (14%) or vaginal operative delivery (9%) wanted to repeat those methods.

The fact that very few women in the two groups requested C-section may indicate that "rising [C-section] rates are not really due to maternal request" but are most likely to occur among "vulnerable, anxious women," she said.

"For me, the question is if surgery is really the best way to answer a mental problem." ■

New Glycemic Control Targets In Pregnancy May Be Needed

PRAGUE — Normative values for mean blood glucose levels during the first trimester may be much lower than previously believed, Dr. Yariv Yogev reported at the 20th European Congress of Perinatal Medicine.

This lower-than-expected glycemic profile may suggest new targets for glycemic control during pregnancy complicated by diabetes, said Dr. Yogev of the department of obstetrics and gynecology at Rabin Medical Center, Petah Tikva, Israel.

The study included 62 healthy, nondiabetic women in their first trimester of pregnancy (average of 10 weeks' gestation). The investigators fit the women with continuous glucose monitoring devices that measured their blood glucose levels every 5 minutes for 72 hours.

The overall mean blood glucose (79.3 mg/dL) and mean fasting blood glucose levels (75 mg/dL) were "much, much lower than was previously reported by others." Mean nighttime blood glucose levels (66 mg/dL) "almost represented hypoglycemia," but such values may actually represent "normal physiology during the first trimester in nondiabetic patients," he said.

The postprandial glycemic profile of the women was the same after each meal. Mean blood glucose values started at 79 mg/dL just before a meal and rose to 106 mg/dL 60 minutes after the meal; it reached a high of 112 mg/dL 74 minutes after the meal. The values reached 99 mg/dL at 2 hours and 82 mg/dL at 3 hours.

The fasting and overall mean blood glucose levels were similar in 18 obese (defined as a body mass index greater than 27.3 kg/m^2) and 44 nonobese women. Compared with nonobese women, however, those who were obese had significantly higher mean preprandial blood glucose levels (73 mg/dL vs. 88 mg/dL) and significantly lower mean nighttime blood glucose concentrations (69 mg/dL vs. 60 mg/dL). The obese patients were characterized by a higher postprandial peak value, a longer time interval to reach the postprandial peak value, and higher mean blood glucose levels during the 3 hours after each meal, Dr. Yogev said.

The women as a whole were at least one standard deviation below the recommended threshold for the treatment of diabetes during pregnancy, he said.

—Jeff Evans