



**Service Priorities and Programmes**  
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**The effectiveness of educational programme in reducing anxiety level of women at risk of preterm delivery in Hong Kong**

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**Introduction**

According to our Obstetrics Annual Report in 2014, the incidence rate of preterm delivery, preterm labour with tocolysis and steroid, and preterm premature rupture of membranes were 8.21%, 1.25% and 3.1% respectively. Various overseas studies had indicated that the high risk of preterm birth increases the anxiety level of women. Our previous pilot study was also shown that counseling for pregnant women with risk of preterm delivery was useful when their anxiety sources were addressed. The identified anxiety sources were valuable to enhance the quality of care and promote the well-being of this high risk group of pregnant women.

**Objectives**

To reduce anxiety of women with risk of preterm delivery  
To collect data about the anxiety level of women with risk of preterm delivery in Hong Kong  
To enhance the understanding of women about preterm delivery, including the prognosis of preterm baby, environment of neonatal intensive care unit, preparation for preterm delivery

**Methodology**

This was a prospective cross-sectional observational study. All women with high risk of preterm delivery before 32 weeks of gestation and met the inclusion criteria would be recruited. After obtaining informed consent, the state-trait anxiety inventory (STAI) will be given to the participant to measure the anxiety level. One day after the introduction of "Preterm Information Leaflet", another STAI will be given. After delivery and upon discharge, a survey on investigating the anxiety level of women after preterm birth would be given. The content of the survey was validated by computing a content validity index (CVI), using ratings of item relevance by content experts.

**Result**

Of the five women recruited in the study, four of them showed a decrease in the STAI scores. The mean differences between STAI score before counseling session and STAI score after counseling sessions was 10.2%. Three women completed the survey, and the common reactions of women were disappointed, nervous, anxious, sad and

guilty. As expressed by these women, the most anxious moment was during the paediatric counseling, and the most worry issue was the outcome of baby. Nevertheless, all the babies were admitted to Neonatal Unit for preterm, and three women were able to express breast milk to their babies after delivery in postnatal ward. This study will be continued to collect more data, and the data is valuable to plan our future when handling these preterm women during hospitalization.