



**Service Priorities and Programmes**  
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**What were the Factors Contributed to the Increased Anxiety Level of Hong Kong Pregnant Women who were at High Risk of Preterm Birth?**

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**Introduction**

Preterm birth, defined as childbirth at less than 37 weeks of gestation. The very preterm babies born at less than 32 weeks of gestation have the highest mortality and morbidity. According to the Annual Report of our department 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. Studies had indicated that the high risk of preterm birth increases the anxiety level of women. However, the factors contributed to the increased anxiety level of this group of women have not been reported in our local population.

**Objectives**

To explore the factors contributed to the increased anxiety level of Hong Kong pregnant women who were at high risk of preterm birth.

**Methodology**

This was a descriptive study of women who were transferred to antenatal ward with the diagnosis of preterm premature rupture of membranes or threatened preterm delivery or short cervix, before 32 weeks of gestation, condition stable and not imminent for delivery. An interview was arranged after verbal consent obtained.

**Result**

Participants were seven pregnant women who had met our criteria from August to September 2015. Four women diagnosed to have preterm premature rupture of membranes, two with threatened preterm delivery and one with short cervix. 85.7% (6/7) of women reported that they were anxious about baby's condition and delivery process. Their anxiety sources included prognosis and appearance of their preterm babies, uncertainty on delivery, family stress and difficult to make decision on

neonatal resuscitation Also, clients were willing to receive the information on positive prognosis, with the involvement of husband during counseling. This would reduce their anxiety if they were psychologically prepared to take care of their babies after delivery.

This study implicated that counseling for pregnant women with risk of preterm delivery was important when their anxiety sources were addressed. In addition, with the involvement of husband in the counselling was imperative. The identified anxiety sources and data collected was valuable for our department to plan the program for this group of pregnant women to enhance the quality of care and promote the well-being of pregnant women in the future.