

EDITORIAL

Preterm Delivery and the Psychological Burden on Parents

Ali Sungkar

Preterm labor remains a major cause of perinatal morbidity and mortality. Preterm birth occurs in 11.1% of all live births worldwide, with 60% of preterm births taking place in South Asia and sub-Saharan Africa.¹ The rate of preterm birth in Indonesia is approximated at 8-9%, while early delivery accounts for 36% of the total neonatal deaths in Indonesia.²

Preterm delivery refers to delivery occurring before completing 37 weeks of gestation. Current guidelines classify preterm deliveries as extremely preterm, very preterm, moderate preterm, and late preterm. Extremely preterm delivery is delivery occurring prior to completion of 28 weeks of gestation. Very preterm delivery is defined as delivery after completion of 28 weeks but before 32 weeks gestation is completed. Moderate preterm delivery is defined as delivery after 32 weeks but earlier than 34 weeks, while late preterm delivery is defined as delivery after 34 weeks but earlier than 37 weeks.³

Preterm birth is still a major problem in terms of long-term disability and health care costs despite the improved survival of preterm neonates. Prematurity is strongly associated with long-term developmental disabilities, owing for 20% of children with mental retardation, a third of children with visual impairment, and almost half of children with cerebral palsy. Prematurity is also highly related to problems in adulthood, with findings showing increased risk for cardiovascular diseases such as myocardial infarction, hypertension, and stroke, as well as diabetes in adulthood.^{4,5}

Although the effect of prematurity on neonatal morbidity and mortality has been studied abundantly, the effects on postpartum women experiencing preterm birth have received less attention. Mothers with preterm infants have been shown to exhibit high levels of psychological stress, as well as having slow physical recovery due to the psychological impact and the additional burden of caring for the preterm infant. Reports show that approximately 50% of mothers with preterm infants have elevated levels of anxiety or depressive symptoms.⁶ This may be due to the fact that preterm infants represent a difficult challenge, where they tend to be less adaptable, less predictable, and fussier compared to full term infants.⁷ Furthermore, it has been demonstrated that parents of preterm infants experience more anxiety since they perceive that their child is more vulnerable than term infants.⁸

Current studies have focused towards preventing the occurrence of preterm delivery altogether, but we still need to focus on the effect of preterm birth, especially the psychological burden it places on parents of preterm infants that has previously received less attention. Efforts need to be placed to encourage educational efforts to increase awareness, as well as enforcing early detection and early intervention in order to prevent further development of the problem.

References

1. Blencowe H, Cousens S, Oestergaard MZ, et al. National, regional, and worldwide estimates of preterm birth rates in the year 2010 with time trends since 1990 for selected countries: a systematic analysis and implications. *Lancet* 2012; 379(9832): 2162-72.
2. UNICEF. Country profile: Indonesia. Maternal, newborn and child survival. [Online] Last updated: 26 Oct 2008. Available from: URL:http://www.unicef.org/eapro/Indonesia_Eng.pdf (Accessed on March 9, 2015).
3. WHO, March of Dimes, Partnership for Maternal, Newborn and Child Health, Save the Children. *Born too soon: the global action report on preterm birth*. Geneva: WHO Press; 2012.
4. Farooq S. Risk factors of preterm labour and the use of progesterone in prevention of preterm birth. *J Postgrad Med Inst* 2014; 28(2): 189-95.
5. Lykke JA, Paidas MJ, Langhoff-Roos J. Recurring complications in second pregnancy. *Obstet Gynecol* 2009; 113: 1217-24.
6. Zerkowits P, Bardin C, Papageorgiou A. Anxiety affects the relationship between parents and their very low birth weight infants. *Infant Ment Health J* 2007; 28: 296-313.
7. Bener A. Psychological distress among postpartum mothers of preterm infants and associated factors: a neglected public health problem. *Revista Brasileira de Psiquiatria* 2013; 35: 231-6.
8. Stern M, Karraker K, McIntosh B, et al. Stereotyping and mother's interactions with their premature and full-term infants during the first year. *J Ped Psychol* 2006; 31(6): 597-607.