



Psychological support in pregnant women undergoing amniocentesis

Wen-Hsun Chang^{a,b}, Na-Rong Lee^{a,b}, Peng-Hui Wang^{a,c,d,e,*}

^aDepartment of Obstetrics and Gynecology, Taipei Veterans General Hospital, Taipei, Taiwan, ROC; ^bDepartment of Nursing, Taipei Veterans General Hospital, Taipei, Taiwan, ROC; ^cDepartment of Obstetrics and Gynecology, National Yang-Ming University, Taipei, Taiwan, ROC; ^dInstitute of Clinical Medicine, National Yang-Ming University, Taipei, Taiwan, ROC; ^eDepartment of Medical Research, China Medical University Hospital, Taichung, Taiwan, ROC

DEAR EDITOR,

We read the Kang's research works in the recent issue of the *Journal of the Chinese Medical Association* with interest. The author conducted an interesting article to use an active psychological intervention to decrease unnecessary anxiety of pregnant women who are scheduled to undergo amniocentesis,¹ which is the definite diagnostic tool to evaluate chromosomal abnormality in fetus and also one of the most important parts in prenatal diagnosis.^{2,3} The author used the following strategies, such as preoperative interventions (psychological support, introduction of the procedure, relaxation training, and family support), intraoperative intervention (nurse accompanied with subjects during the whole procedure, listening a light soothing music), and postoperative intervention (family support and rest and observation in room) to successfully decrease the scores of somatization, interpersonal sensitivity, depression, anxiety, and fear, which are all demonstrated by the symptom checklist-90 test, self-rating anxiety scale test, self-rating depression scale test, and visual analogue scale test.¹ We congratulate the success of the authors' publication, but some questions are raised and hope to see the response by authors.

In the article, we do not see any data about the success rate of punctation and duration of the procedure,¹ and we believed the case number of pregnant women who failed to receive amniocentesis might be extremely small. Since the author did not provide the real number of cases in each group, it is hard to see the advantages of intervention group. In addition, the real number of failed procedure in the study and control arm was important, because every change by one case in the number of incidence (failed procedure) in the study arm would influence their interpretation, which we have emphasized before.^{4,5}

Finally, if the case number is very limited, the statistical methods used by the author might be not appropriate. We are wondering to know how the author showed the *p*-value as 0.04 and 0.03, respectively in the comparison of success rate between groups.

The above-mentioned questions do not criticize the scientific value of the authors' contribution, and we are looking forward to learning the authors' kind response.

ACKNOWLEDGMENTS

This article was supported by grants from the Ministry of Science and Technology, Executive Yuan, Taiwan (MOST 106-2314-B-075-061-MY3), and Taipei Veterans General Hospital (V109A-022 and VGH109C-108). The authors appreciate the financial support of the Female Cancer Foundation, Taipei, Taiwan.

REFERENCES

1. Kang CM. Effects of psychological intervention and relevant influence factors on pregnant women undergoing interventional prenatal diagnosis. *J Chin Med Assoc* 2020;83:202–5.
2. Chen CP, Hung FY, Chern SR, Chen SW, Wu FT, Town DD, et al. Prenatal diagnosis of mosaicism for trisomy 7 in a single colony at amniocentesis in a pregnancy with a favorable outcome. *Taiwan J Obstet Gynecol* 2019;58:852–4.
3. Wang PH, Chen CP. Noninvasive prenatal testing for fetal trisomy in mixed risk factors pregnancy population. *Taiwan J Obstet Gynecol* 2015;54:109–10.
4. Chang WH, Lee NR, Wang PH. The mortality and blood transfusion. *J Chin Med Assoc* 2020;83:102.
5. Chang WK, Tai YH, Lin SP, Wu HL, Chan MY, Chang KY. Reply to “the mortality and blood transfusion”. *J Chin Med Assoc* 2020;83:103.

*Address Correspondence. Dr. Peng-Hui Wang, Department of Obstetrics and Gynecology, Taipei Veterans General Hospital, 201, Section 2, Shi-Pai Road, Taipei 112, Taiwan, ROC. E-mail address: phwang@vghtpe.gov.tw (P.-H. Wang).

Conflicts of interest: The authors declare that they have no conflicts of interest related to the subject matter or materials discussed in this article.

Journal of Chinese Medical Association. (2020) 83: 586.

Received January 23, 2020; accepted January 23, 2020.

doi: 10.1097/JCMA.0000000000000267.

Copyright © 2020, the Chinese Medical Association. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>)