

SUPPLEMENTARY TABLE I. Survey of impact of COVID-19 pandemic on pregnant women in Hong Kong

You are invited to participate in a survey which studies the effect of COVID-19 pandemic on obstetric care, psychosocial well-being in pregnant women in Hong Kong. This research is conducted by Dr PW Hui, Dr KW Cheung and Dr Mimi Seto of Department of Obstetrics and Gynaecology, Queen Mary Hospital, The University of Hong Kong.

PURPOSE OF THE STUDY

In this survey, we hope to gather your answers on how COVID-19 pandemic has affected you since January 2020.

PROCEDURE

In this survey, we will be asking you questions about your antenatal clinic schedule, work arrangement, practice of mask wear, quarantine experience and obstetric service adjustment during the COVID-19 outbreak. The survey will take around 10-15 minutes to complete.

POTENTIAL RISKS

You may find talking about your obstetric experience during the COVID-19 outbreak somewhat upsetting or uncomfortable. If at any time you find such feeling disturbing, you can stop the survey at any time and discuss your feeling with our healthcare staff.

POTENTIAL BENEFITS

This study provides you an opportunity as a pregnant woman to reflect on your views on your pregnancy experience and obstetric service adjustment during COVID-19 outbreak. The information will be useful for our department to understand and address the concerns of pregnant women in the future.

CONFIDENTIALITY

We will make every effort to ensure strict confidentiality. The information obtained in this study will only be used for research and educational purpose only. No personal identifiers will be collected. The data will be analysed anonymously.

PARTICIPATION AND WITHDRAWAL

Your participation is voluntary. You can choose not to participate in or you can withdraw from this study at any time without delaying or affecting your subsequent management in the hospital. Do you understand the procedures described above and agree to participate in this survey?

- Yes, I consent.
 No, I do not consent.

How many times have you postponed your hospital appointment(s) for fear of COVID-19 since January 2020?

	I do not have such appointment	0	1 time	2 times	3 times	4 times	5 times	6 times or more
Regular antenatal check-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound for foetal anomaly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound for foetal growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investigations eg, blood test, Down's or GBS screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other medical/surgical appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPPLEMENTARY TABLE I. (cont'd)

How many times of your appointment(s) have been changed by hospital because of COVID-19?

	I do not have such appointment	0	1 time	2 times	3 times	4 times	5 times	6 times or more
Regular antenatal check-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound for foetal anomaly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound for foetal growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investigations eg, blood test, Down's or GBS screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other medical/surgical appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As you have appointment rescheduled, have you arranged appointment in private sector instead?

	Yes	No	No rescheduled appointment
Regular antenatal check-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound for foetal anomaly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound for foetal growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investigations, eg, blood test, Down's or GBS screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other medical/surgical appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Were you working from home?

- I was not working in this period.
 I was working from home.
 My workplace remained the same.

How did work from home affect your attendance for obstetrics clinic?

- It had no impact.
 It was easier for me to attend the clinic.
 It was more difficult for me to attend the clinic.

Are you working in these listed areas?

- Public hospital
 Private hospital
 Out-patient clinic
 Airport/airlines
 I am working in other areas.

Were your partner/husband working from home?

- My partner/husband was not working in this period.
 My partner/husband was working from home.
 My partner/husband's workplace remained the same.

How did your partner/husband work from home affect the companion of your partner/husband for obstetric clinic?

- It had no impact.
 It was easier for my partner/husband to attend the clinic with me.
 It was more difficult for partner/husband to attend the clinic with me

SUPPLEMENTARY TABLE I. (cont'd)

How did your partner/husband work from home affect your overall pregnancy experience?

- Much better
- Little better
- Similar
- Little worse
- Much worse

On your overall pregnancy experience, please select the items that describe your conditions? (Can choose more than 1 answer)

- More conflict with partner/husband
- More financial strain
- More overall psychological stress
- More pressure from household duty
- More pressure from work duty
- Others, please describe: _____

On your overall pregnancy experience, please select the items that describe your conditions? (Can choose more than 1 answer)

- More time for me and/or my partner/husband to attend clinic together
- More time for me and/or my partner/husband to spend time at home
- More time for me and/or my partner/husband to prepare for delivery
- Others, please describe: _____

What was the impact of school suspension on your overall pregnancy experience?

- Much better
- Little better
- Similar
- Little worse
- Much worse

What was the impact of suspension of community service on your overall pregnancy experience?

- Much better
- Little better
- Similar
- Little worse
- Much worse

What proportion of time did you wear mask in the following setting? (Please tap on the slider and slide to your answer.)

	Never Always										
	0	10	20	30	40	50	60	70	80	90	100
In hospital											
In clinic											
At home											
Outdoors											

SUPPLEMENTARY TABLE I. (cont'd)

What type of mask did you use most of time?

	Surgical mask	N95 mask	Other type of mask	I did not use mask
In hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you travelled aboard for fear of COVID-19 Infection in Hong Kong?

- Yes
- No

Have you travelled back to Hong Kong for fear of COVID-19 infection aboard?

- Yes
- No

Do you have family members in same household infected by COVID-19?

- Yes
- No

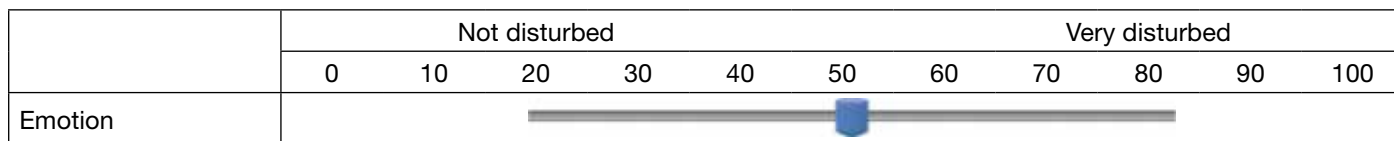
Have you been quarantined?

- Yes
- No

What type of quarantined have you been?

- Quarantined camp in Hong Kong
- Local home
- Local hotel
- Cruise ship
- Other overseas sites

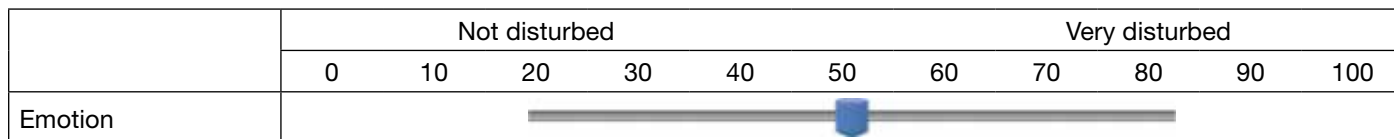
How did quarantine emotionally disturb your overall pregnancy experience? (Please tap on the slider and slide to your answer.)



Have you been living with household members on home quarantine?

- Yes
- No

How did living with household members on home quarantine emotionally disturb your overall pregnancy experience? (Please tap on the slider and slide to your answer.)

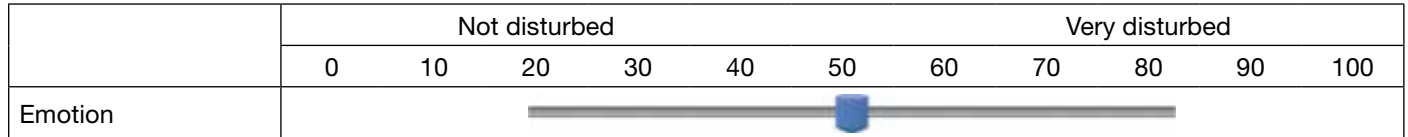


SUPPLEMENTARY TABLE I. (cont'd)

Have you ever been in contact with patients infected by COVID-19?

- Yes
- No

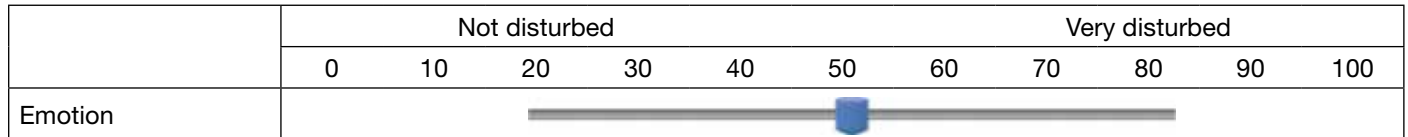
How did contact with patients infected by COVID-19 emotionally disturb your overall pregnancy experience? (Please tap on the slider and slide to your answer.)



Have anyone of your household members been in contact with patients infected by COVID-19?

- Yes
- No

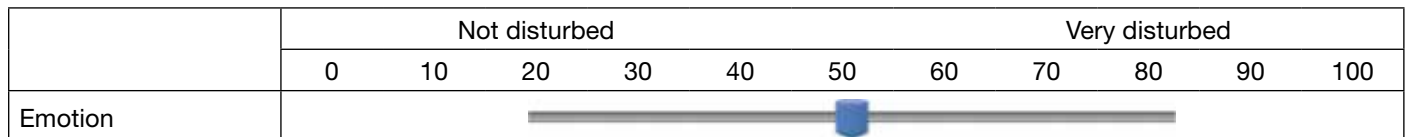
How did the contact history of your household members with patients infected by COVID-19 emotionally disturb your overall pregnancy experience? (Please tap on the slider and slide to your answer.)



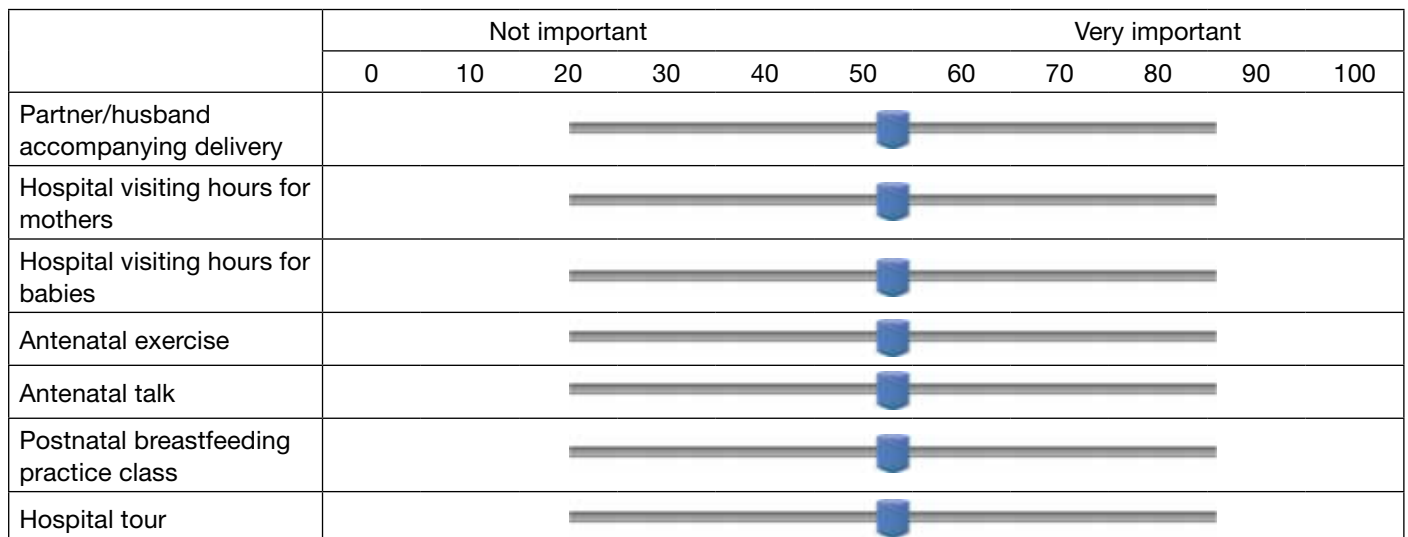
Have you been tested for COVID-19?

- Yes
- No

How much did the testing emotionally disturb your overall pregnancy experience? (Please tap on the slider and slide to your answer.)



How important do you feel about the following service towards your obstetric and delivery experience? (Please tap on the slider and slide to your answer.)



SUPPLEMENTARY TABLE I. (cont'd)

How much can you accept the suspension of the following service? (Please tap on the slider and slide to your answer.)

	Cannot accept					Well accept					
	0	10	20	30	40	50	60	70	80	90	100
Partner/husband accompanying delivery											
Hospital visiting hours for mothers											
Hospital visiting hours for babies											
Antenatal exercise											
Antenatal talk											
Postnatal breastfeeding practice class											
Hospital tour											

How useful do you think about the following relieving arrangement? (Please tap on the slider and slide to your answer.)

	Not useful					Very useful					
	0	10	20	30	40	50	60	70	80	90	100
Delivery service of personal belongings at hospital entrance											
Telephone call immediately after delivery											
Photo taking using own mobile immediately after delivery											
Department online information											
Provision of earlier discharge following delivery											

What is your age?

- <18 years old
- 18-20 years old
- 21-25 years old
- 26-30 years old
- 31-35 years old
- 36-40 years old
- 41-45 years old
- 46-50 years old

Do you have singleton or multiple pregnancies?

- Singleton
- Twins
- Triplets or more

SUPPLEMENTARY TABLE I. (cont'd)

How did you conceive?

- Spontaneous pregnancy
- Ovulation induction
- In-vitro fertilisation

What is your marital status?

- Married
- Single
- Divorced
- Others, please describe: _____

What is your ethnicity?

- Chinese
- Caucasian
- Filipino
- Indian
- Indonesian
- Thai
- Nepalese
- Pakistanis
- Japanese
- Korean
- African
- Others, please describe: _____

Number of previous vaginal delivery

- 0
- 1 time
- 2 times
- 3 times
- 4 times or more

Number of previous Caesarean delivery

- 0
- 1 time
- 2 times
- 3 times
- 4 times or more

How many weeks are you pregnant now?

- Earlier than 12 weeks
- 12-18 Weeks
- 18-24 Weeks
- 25-30 Weeks
- 31-36 Weeks
- Over 36 weeks
- I have delivered.

How did you deliver this time?

- Vaginal delivery
- Caesarean delivery

SUPPLEMENTARY TABLE I. (cont'd)

What was the mode of anaesthesia?

- Regional
- General

How long did you stay in hospital before delivery?

- 0 Day
- 1 Day
- 2 Days
- 3 Days
- 4 Days
- 5 Days
- 6 Days
- 7 Days or more

How long did you stay in hospital after delivery?

- 0 Day
- 1 Day
- 2 Days
- 3 Days
- 4 Days
- 5 Days
- 6 Days
- 7 Days or more

Have you requested early discharge following delivery?

- Yes
- No

Did you have influenza vaccine during pregnancy?

- Yes
- No

Did you have pertussis vaccine during pregnancy?

- Yes
- No

Finally, we would like to ask if you have any of the following psychological or psychiatric conditions.

- None
- Depression
- Anxiety disorder
- Schizophrenia
- Obsessive compulsive disorder
- Manic disorder
- Adjustment disorder
- Other psychological or psychiatric conditions, please describe: _____

Abbreviations: COVID-19 = coronavirus disease 2019; GBS = Group B streptococcus

SUPPLEMENTARY TABLE 2. Survey of impact of COVID-19 pandemic on pregnant women in Hong Kong (Traditional Chinese version)

2019冠狀病毒病大流行對香港孕婦的影響調查

我們誠意邀請您參加一項調查有關2019冠狀病毒病大流行對香港孕婦的產科護理、社會心理健康的影響。這項研究是由香港大學瑪麗醫院婦產科的許佩華醫生、張嘉宏醫生及司徒天欣醫生進行。

這項研究的目的

在是次調查中，我們希望收集有關2020年1月以來2019冠狀病毒病大流行如何影響您的答案。

程序

在這項調查中，我們將詢問有關2019冠狀病毒病大流行爆發期間您的產科覆診的安排，戴口罩的習慣，檢疫經驗和產科服務調整的問題。這項調查大約需要10到15分鐘才能完成。

潛在風險

您可能會發現談論2019冠狀病毒病大流行爆發期間的產科經歷有些沮喪或不安。如果您在任何時候發現這種不安的感覺，可以隨時停止填寫，請與我們的醫護人員討論您的感覺。

潛在的好處

這項研究反映您對2019冠狀病毒病大流行爆發期間懷孕經歷和產科服務調整的看法。這些信息將有助我們更了解孕婦及產婦的需要，並作出改善。

保密

請放心，您提供的資料將會嚴格保密，並以匿名納入一眾受訪者的意見中一併分析作醫學研究。本研究中獲得的信息僅用於研究和教育目的，不會收集任何個人資料。

參與和退出

您的參與是自願的。您可以選擇不參加或退出本研究，而不會延遲或影響您之後在醫院的治療。請問您了解上述程序並同意參加此調查嗎？

- 是的，我同意。
 不，我不同意。

請問自2020年1月以來，您因害怕2019冠狀病毒病而推遲了多少次預約檢查？

	我沒有這樣的預約	0次	1次	2次	3次	4次	5次	6次或以上
定期產前檢查	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
胎兒結構超聲波檢查	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
胎兒生長超聲波檢查	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
檢查：驗血，唐氏篩查或GBS篩查等	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
其他內科 / 外科的檢查 / 覆診	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

請問您因2019冠狀病毒病而被醫院更改了多少次預約檢查？

	我沒有這樣的預約	0次	1次	2次	3次	4次	5次	6次或以上
定期產前檢查	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
胎兒結構超聲波檢查	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
胎兒生長超聲波檢查	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
檢查：驗血，唐氏篩查或GBS篩查等	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
其他內科 / 外科的檢查 / 覆診	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPPLEMENTARY TABLE 2. (cont'd)

如果您推遲了在醫院的預約檢查，請問您是否安排了私家醫生的預約檢查？

	是	不是	沒有新的預約
定期產前檢查	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
胎兒結構超聲波檢查	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
胎兒生長超聲波檢查	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
檢查：驗血，唐氏篩查或GBS篩查等	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
其他內科 / 外科的檢查 / 覆診	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

請問你在家工作嗎？

- 我這段時間沒有工作
 我在家工作
 我的工作場所維持不變

請問在家工作對您去產科門診覆診有影響嗎？

- 沒有影響
 比較容易
 比較困難

請問您在下列的地點工作嗎？

- 公立醫院
 私立醫院
 門診
 機場 / 航空公司
 我在其他地方工作

請問您的伴侶 / 丈夫在家工作嗎？

- 我的伴侶 / 丈夫在此期間沒有工作
 我的伴侶 / 丈夫在家工作
 我的伴侶 / 丈夫工作場所保持不變

請問在家工作對您的伴侶 / 丈夫陪診產科有影響嗎？

- 沒有影響
 比較容易
 比較困難

請問如果您或您的伴侶 / 丈夫在家中工作，這對您的整體懷孕經歷有何影響？

- 好很多
 好一點
 差不多
 差一點
 差很多

就整體懷孕經歷，請選擇以下合適的描述。(可以選擇多於一項)

- 與伴侶 / 丈夫發生更多衝突
 財務壓力更大
 整體心理壓力更大
 來自家務的壓力更大
 工作壓力更大
 其他，請描述：_____

SUPPLEMENTARY TABLE 2. (cont'd)

就整體懷孕經歷，請選擇以下合適的描述。(可以選擇多於一項)

- 我和 / 或我的伴侶 / 丈夫有更多時間一起去診所
- 我和 / 或我的伴侶 / 丈夫有更多時間在家中度過時間
- 我和 / 或我的伴侶 / 丈夫有更多時間準備分娩
- 其他，請描述：_____

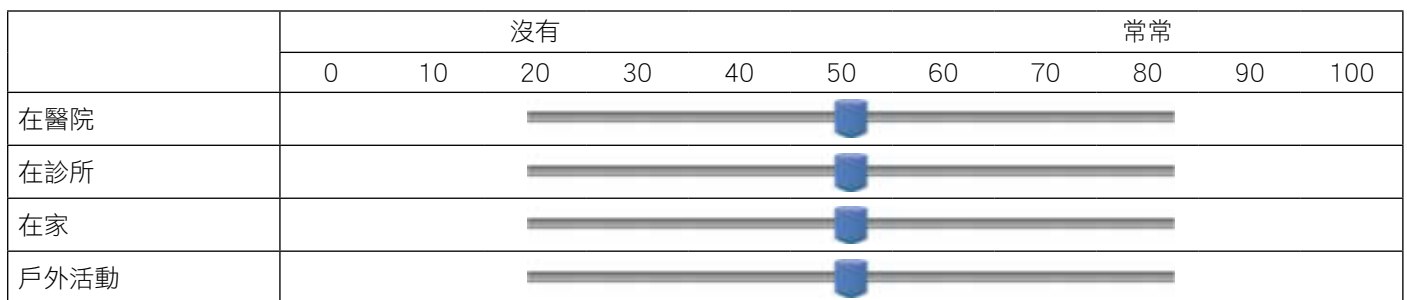
請問停課對您整體懷孕經歷有何影響？

- 好很多
- 好一點
- 差不多
- 差一點
- 差很多

請問停止社區及公共服務對您的整體懷孕經歷有什麼影響？

- 好很多
- 好一點
- 差不多
- 差一點
- 差很多

在以下的情況，請問您戴口罩的時間比例是多少？(請點擊方塊並滑動到您的答案。)



請問您使用什麼類型的口罩？

	外科口罩	N95型	其他型號	沒有使用口罩
在醫院	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
在診所	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
在家	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
戶外活動	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

請問您有否曾因害怕在香港感染2019冠狀病毒病而離開香港？

- 有
- 沒有

請問您有否曾因為擔心在外地被2019冠狀病毒病感染而返回香港？

- 有
- 沒有

請問與您同住的家人有沒有感染了2019冠狀病毒病？

- 有
- 沒有

SUPPLEMENTARY TABLE 2. (cont'd)

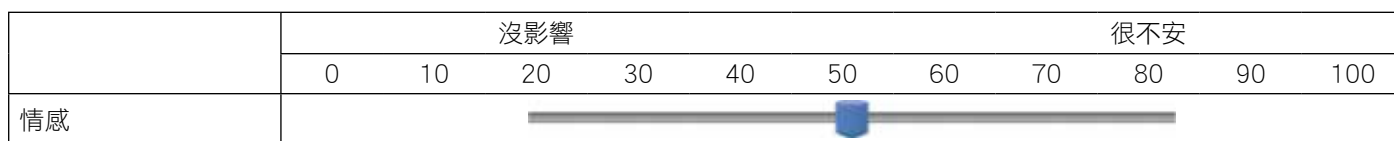
請問你是否曾經被隔離嗎？

- 有
- 沒有

請問您去過哪種隔離地點？

- 香港的隔離營
- 當地的家
- 當地的酒店
- 在遊輪上
- 在海外隔離

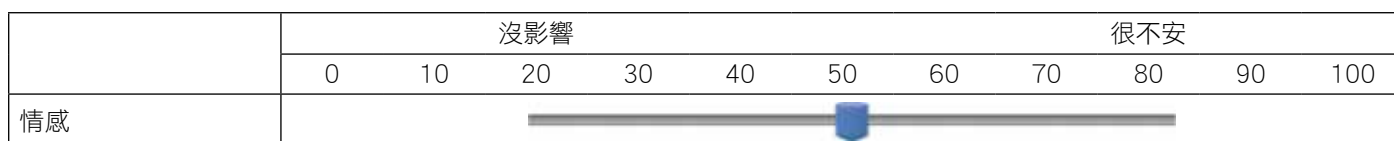
請問您在進行隔離的生活時，在情感上如何影響您的整體懷孕經歷？(請點擊方塊並滑動到您的答案。)



請問您有否曾經與正在進行家居隔離的家庭成員同住？

- 有
- 沒有

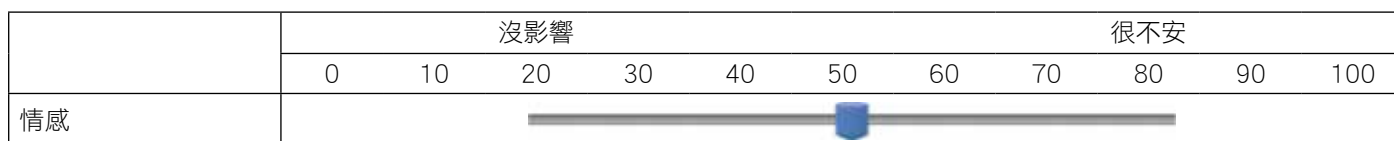
請問您與正在進行家居隔離的家庭成員同住生活時，在情感上如何影響您的整體懷孕經歷？(請點擊方塊並滑動到您的答案。)



請問您有否曾經接觸過感染2019冠狀病毒病的患者？

- 有
- 沒有

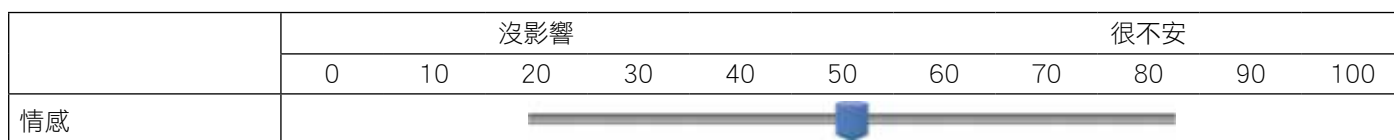
請問您與感染2019冠狀病毒病的患者接觸時，在情感上如何影響您的整體懷孕經歷？(請點擊方塊並滑動到您的答案。)



請問您的家庭成員中有沒有人接觸過2019冠狀病毒病感染的患者？

- 有
- 沒有

請問當您知道家庭成員曾與感染2019冠狀病毒病的患者接觸時，在情感上如何影響您的整體懷孕經歷？(請點擊方塊並滑動到您的答案。)

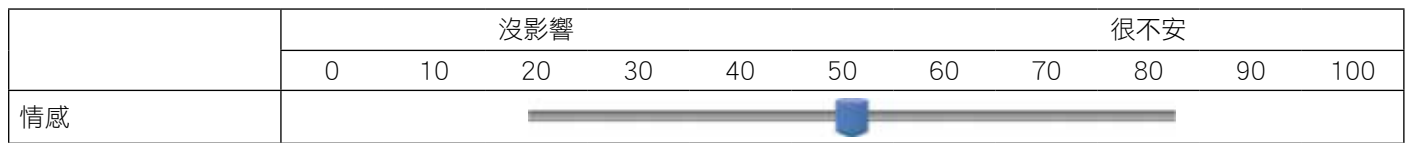


請問您有否曾經進行2019冠狀病毒病測試？

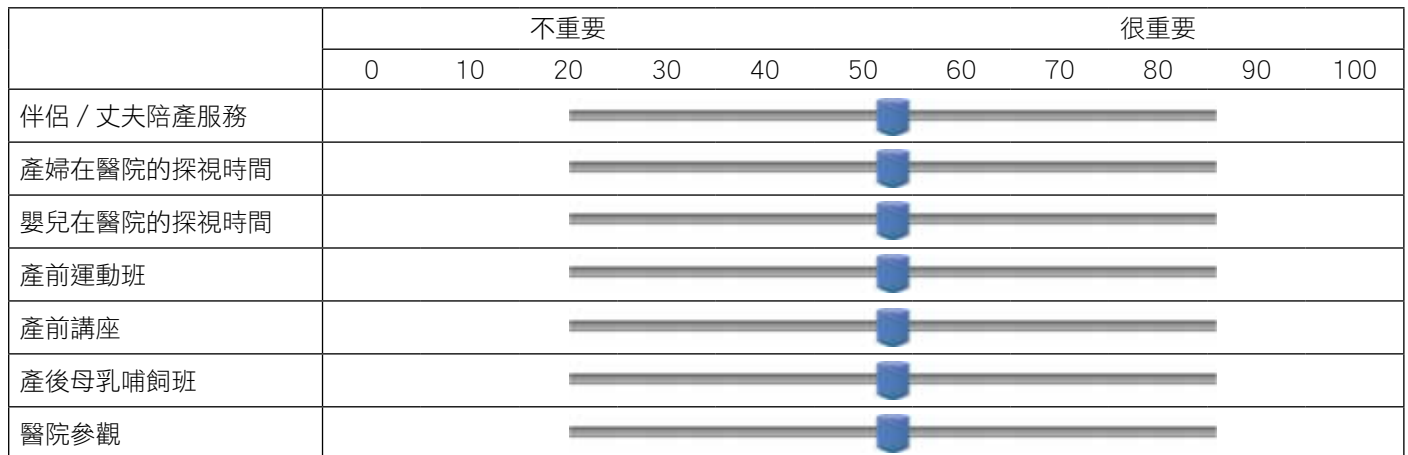
- 有
- 沒有

SUPPLEMENTARY TABLE 2. (cont'd)

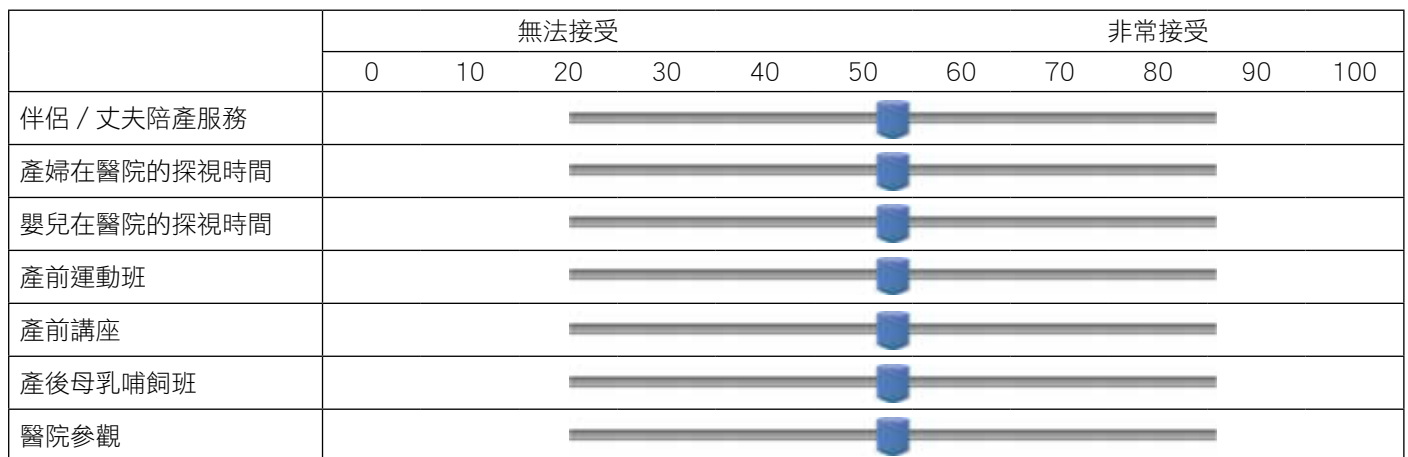
請問2019冠狀病毒病測試在情感上如何影響您的整體懷孕經歷？(請點擊方塊並滑動到您的答案。)



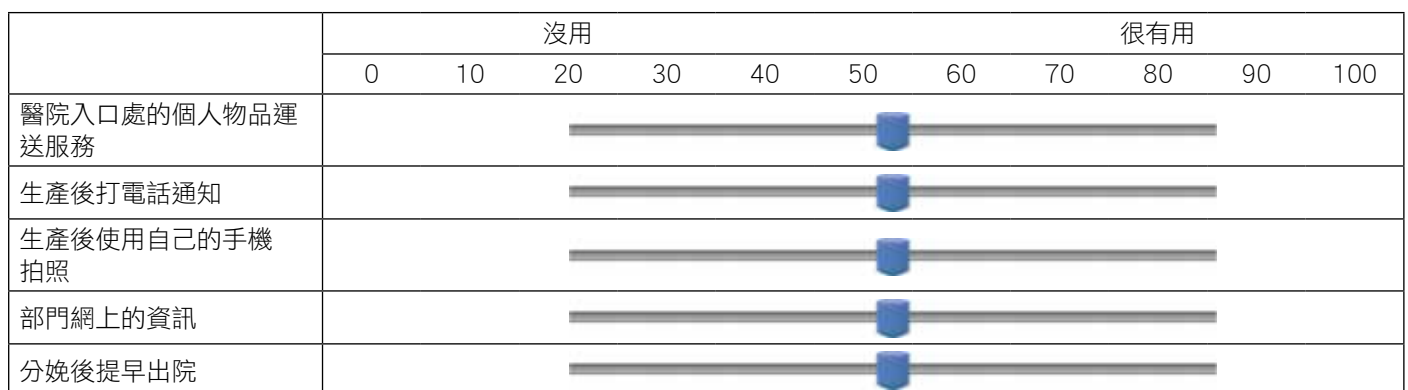
請問您認為以下服務對您的懷孕和分娩經歷有多重要？(請點擊方塊並滑動到您的答案。)



請問您可以接受暫停以下服務嗎？(請點擊方塊並滑動到您的答案。)



請問您認為以下的安排有多少幫助？(請點擊方塊並滑動到您的答案。)



SUPPLEMENTARY TABLE 2. (cont'd)

請問你幾歲？

- <18歲
- 18-20歲
- 21-25歲
- 26-30歲
- 31-35歲
- 36-40歲
- 41-45歲
- 46-50歲

請問您是單胎或多胎懷孕嗎？

- 單胎
- 雙胞胎
- 三胞胎或以上

請問你是怎樣成功懷孕？

- 自然懷孕
- 刺激排卵
- 試管懷孕

請問您的婚姻狀況如何？

- 已婚
- 單身
- 離婚
- 其他，請描述：_____

請問你是什麼種族？

- 華人
- 白種人
- 菲律賓人
- 印度人
- 印尼人
- 泰國人
- 尼泊爾人
- 巴基斯坦人
- 日本人
- 韓國人
- 非洲人
- 其他，請描述：_____

請問您經陰道分娩次數？

- 0次
- 1次
- 2次
- 3次
- 4次或以上

請問您剖腹分娩的次數？

- 0次
- 1次
- 2次
- 3次
- 4次或以上

SUPPLEMENTARY TABLE 2. (cont'd)

請問您現在懷孕幾週？

- 少於12週
- 12-18週
- 18-24週
- 25-30週
- 31-36週
- 超過36週
- 我已經生產了

請問您這次是如何生產的？

- 陰道分娩
- 剖腹產

請問您的麻醉方式是什麼？

- 局部
- 全身

請問您分娩前住院時間有多長？

- 0天
- 1天
- 2天
- 3天
- 4天
- 5天
- 6天
- 7天或以上

請問您分娩後住院時間有多長？

- 0天
- 1天
- 2天
- 3天
- 4天
- 5天
- 6天
- 7天或以上

請問您有否在生產後要求提早出院？

- 有
- 沒有

請問您在懷孕期間有沒有注射流感疫苗？

- 有
- 沒有

請問您在懷孕期間有沒有注射百日咳疫苗？

- 有
- 沒有

最後，我們想知道您有否患有以下任何心理或精神疾病。

- 沒有
- 抑鬱症
- 焦慮症
- 精神分裂症
- 強迫症
- 躁狂症
- 適應障礙
- 其他心理或精神疾病，請描述：_____

SUPPLEMENTARY TABLE 3. Effect of work from home on overall pregnancy experience among women reporting a positive impact of working from home (n=246)

Effect	Responses
More time to spend at home	197 (80.1%)
More time to attend clinic together	133 (54.1%)
More time to prepare for delivery	89 (36.2%)

SUPPLEMENTARY TABLE 4. Effect of work from home on overall pregnancy experience among women reporting a negative impact of working from home (n=18)

Effect	Responses
More psychological stress	13 (72.2%)
More household duties	8 (44.4%)
Greater financial strain	6 (33.3%)
Greater conflict with husband/partner	5 (27.8%)
Greater work pressure	5 (27.8%)

SUPPLEMENTARY TABLE 5. Mask wearing practices*

	Hospitals	Clinics	Outdoor areas	Home
Proportion of mask-wearing time, %	97.2 ± 13.4	97.0 ± 15.2	89.3 ± 20.3	4.1 ± 12.7
No. of women who always wear a mask (n=733)	682 (93.0%)	691 (94.3%)	468 (63.8%)	6 (0.8%)
Type of mask use (n=733)				
Surgical mask	624 (85.1%)	648 (88.4%)	432 (92.3%)	4 (66.7%)
N95 mask	55 (7.5%)	32 (4.4%)	4 (0.9%)	0
Other type of mask	54 (7.4%)	53 (7.2%)	32 (6.8%)	2 (33.3%)

* Data are shown as No. (%) or mean ± standard deviation

SUPPLEMENTARY TABLE 6. Travel, COVID-19 testing, and quarantine experiences (n=733)

	No. (%)
Travel abroad because of COVID-19 risk in Hong Kong	50/733 (6.8%)
Return to Hong Kong because of COVID-19 risk abroad	98/733 (13.4%)
Tested for COVID-19	27/733 (3.7%)
Moderate to marked emotional disturbance	13/27 (48.1%)
Personal quarantine experience	31/733 (4.2%)
Moderate to marked emotional disturbance	20/31 (64.5%)
Living with household members during home quarantine	26/733 (3.5%)
Moderate to marked emotional disturbance	11/26 (42.3%)

Abbreviation: COVID-19 = coronavirus disease 2019

SUPPLEMENTARY FIG. Opinions of obstetric service importance and acceptance of service suspension (n=733)

