ORIGINAL ARTICLE

Evaluation of Childbirth Fear among Primigravida Women at Al-Elwea Maternity Hospital in Baghdad City

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ABSTRACT

Labor and birth require a woman to use all the psychological and physical coping methods available. Fear of childbirth is a complex phenomenon that effected by many factors such as women’s demographic characteristics, and social support.

Aim: To evaluate women’s fear of childbirth and find out the association between women’s fear and study variables.

Methods: Descriptive study of non-probability (purposive sample) was used to collect the data from (100) women. A pilot-test is conducted to determine the reliability of the questionnaire. Data were analyzed through the use of SPSS.

Results: The highest percentage (44%) of women’s age was (20-29) years, graduated from secondary school. The majority of women have planned pregnancies, about one-third of them in gestational age 32 weeks. More than two-thirds of them are preferred cesarean birth. They have a severe fear of childbirth. There are significant differences between women’s age, education, occupation, gestational age, delivery preference, and childbirth fear.

Conclusion: This study finds that primigravida women have severe childbirth fear, and there are significant differences between women’s fear with the demographic and reproductive variables.

Keywords: Fear of Childbirth, Primigravida women, Pregnant women

INTRODUCTION

Childbirth is an important life event for most women. Women in developed countries are at minimal risk for negative pregnancy outcomes, though many of them suffer from fear of childbirth due to the unknown, unexpected and uncontrollable nature of the birth event1.

Fear of childbirth is a common problem and it has an adverse effect on childbirth experience. This fear causes longer childbirth, so a mother will experience more sever labor pains. Another major problem caused by fear of childbirth is that women are requesting a cesarean section, and the rate of elective cesarean delivery is increasing. Fear of childbirth may lead to an assisted vaginal delivery or emergency cesarean delivery2,3,4.

Most pregnant women are concerned about the upcoming childbirth during pregnancy, but some women experience significant fear and anxiety about childbirth. Fear of childbirth (FOC) can be classified into mild, moderate, and severe. Woman tries to avoid pregnancy when they suffer from extreme fear of childbirth, which diagnosis as tokophobia. nulliparous and parous women can be suffered from fear of childbirth5.

Fear of childbirth has increasing evidence which caused by childbirth and non-childbirth related factors that contribute to prolonged labor and higher caesarean section (CS) rates6.

MATERIALS AND METHODS

Descriptive analytic study design was conducted among primigravida women attending outpatient clinics at Al-Elwea maternity hospital. The study was performed from October 2020 to February 2021. Non probability (purposive sample) used to collect the data from (100) women. Inclusion criteria (First pregnancy, Singleton pregnancy, Gestational age of (28 to 32) weeks, has no medical and obstetrical problem, Literacy, Accept participation in study). Content validity was determined through a panel of (21) experts their experience mean and (SD) 25.8 (11.1). A pilot study conducted in order to determine the reliability of the questionnaire in a sample of (10) women who excluded from the study sample (r1= 0.88). The data was collected after obtaining the agreement from women to participate in this study. Data are analyzed through the use of SPSS version 26.

RESULTS

Table 1 results show that there are significant differences at P<0.05 between women’s age and childbirth fear. Also, there high significant differences at P<0.01 between women’s educational level, occupational status and childbirth fear. Table 2 results show that there are no significant differences between women’s pregnancy planning, period before conceive and childbirth fear. While there are significant differences (P<0.05) between women’s gestational age, delivery preference and childbirth fear.

Figure 1: Women’s Age Group

Figure 2: Women’s Educational level
DISCUSSION

The demographic and reproductive characteristics of the present study are consistent with Matinnia et al. (2015), who found that the mean age (25) years in the study sample which ranged from (18-34) years, most of them had planned pregnancies and more than two-thirds (62.6%) requested CS without any medical justification[7].

Kabukçu et al. (2020), found about all of the nulliparous women (94%) had a planned or a desired pregnancy, but in the multiparous group, planned...
pregnancies. More than half (56%) of nulliparous women preferred cesarean delivery.

However, the present study results are inconsistent with Serçekuş et al. (2016), who mentioned that a mean age and SD (28.8 ± 2.2) years in the study group which ranged from (25-63) years, and their mean GA and SD (27th week ± 0.9). The majority of them (83.9%) were university graduates and more than two third (71%) employed.

Zhang et al. (2018), who found that the mean age and SD (29.33 ± 3.09) years in the study sample (n=1211) which ranged from (21-36) years, and their mean GA and SD (23.35th week ± 3.22) ranged from (13.6-27.5) weeks. The majority of them (80%) were had completed Diploma level or postgraduate education and more than two third (67%) employed.

Khwwepeya et al. (2018), who emphasize that the mean age and SD (26.3 ± 6.6) years, most of them (48%) were young (less than 25 years), more than two third had (65%) a primary school education, the majority of them (84%) were employed. Women who preferred to have a normal vaginal birth were (95%) rather than a CS. The majority of women were multiparous (80%). More than two-thirds (78%) didn’t have any complications of past pregnancies.

The differences in the above studies could be due to this study conducted among different sample in the different country and setting.

The current study show that the highest percentage of study sample have severe fear related-mother, with mean score (3.5) and relative sufficiency (70%). Women have extreme fear related-childbirth, with mean score (4) and relative sufficiency (81%). Also, they have severe fears related-newborn. Finally, more than half of study participant have severe overall fear of childbirth, with mean score (3.8) and relative sufficiency (76%). Primigravida women have a higher level of fear-related childbirth because, they were fear from painful uterine contraction, episiotomy, tears, vaginal examination, and childbirth complications.

Kabukçu et al. (2020), found the items that were rated with higher scores were the “fear of the baby being injured during the birth”, “fear of being torn with the birth of the baby”, and “fear of painful labor contractions”.

Gao et al. (2015), average score fear of childbirth 31.20 (SD=8.23, range=41-69) among the pregnant women. The mean score of each item of the childbirth attitude questionnaire of pregnant women was 2.00(SD=0.53). The Chinese pregnant women reported having most fear of the baby injury during the childbirth, and from having a caesarean birth. The least fear that Chinese pregnant women found were having nightmares about the childbirth and fear from hospital environment.

The present study found there are significant differences (at P=0.05) between women's age, education, occupation, gestational age, delivery preference and childbirth fear. These results are consistent with a previous study found factors that contributing to FOC were demographic and obstetric that include age, education, and gestational age, and parity.

Fairbrother et al. (2018), found there are significant differences between CBF age, income and education, which was consistent with the literature (Elevander et al., 2013; Gao et al., 2015; Laursen et al., 2008), they found that, among nulliparas, younger age was associated with higher fear.

Ali, (2007) found that a high mean score of fear of childbirth related-herself “labor difficulties, dying during labor, labor pain related to uterine contractions, prolonged labor, fear of being left alone, fear of episiotomy, and exposure to infection”. Fear of childbirth related-newborn “delivery of unhealthy or abnormal newborn, newborn death during or after delivery, head dystocia, fetal asphyxia, and exposure to cold and infection”.

The results of the study are inconsistent with Kabukçu et al. (2020), who mentioned, no statistically significant relationships were found between women’s age, educational level, family income, gestational age and fear.

CONCLUSION

This study concluded that women had sever fear-related mother, extreme fear-related childbirth, and sever fear-related newborn.

Recommendation: This study recommends recognize primigravida fear in prenatal period and help them in reduce fear of childbirth through education, support, and encouragement.

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Conflict of interest: None declared.

Ethical approval: clearance was taken from committee in College of Nursing/ University of Baghdad. The agreement was obtained from women to participant in this study and they filled the consent form.

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REFERENCES


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