ORIGINAL ARTICLE

Assessment of Childbirth Fear Associated with Childbirth Satisfaction among Pregnant Women in Al-Nasiriyah City

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ABSTRACT

Background: The fear of childbirth (FOC) is a common problem that affects a woman's emotional health, preparation for childbirth, and the outcome of labor resulting in more intense and prolonged labor. In addition, this intense fear of childbirth supports an elective caesarean section.

AIMS: To assess the childbirth fear associated with childbirth satisfaction among pregnant women at Al-Haboubi Hospital in Nasiriyah city. To explore the effect the childbirth fear associated with childbirth on women' childbirth satisfaction. To find out the relationship childbirth fear and women's sociodemographic and reproductive data.

Methodology: A descriptive correlational design is conducted at Al-Haboubi Hospital in AL-Nasiriya city to assess the childbirth fear associated with childbirth satisfaction among pregnant women and explore its effect on women' childbirth satisfaction. from 1st of October 2021 to 1st of April, 2022. The researcher designed the questionnaire to measure the purpose of the study. A convenient sample was selected consecutively from (100) pregnant women for an interview between the researcher and the pregnant woman before giving birth. In addition, communication is done by telephone after the birth for two weeks, and the discussion is conducted in the maternity hall. The data collected by use a questionnaire, which consists of four parts: the first part includes the social characteristics: the second part includes reproductive characteristics: the third part consists of the childbirth fear and the fourth part include the Mackey childbirth satisfaction scale. The information was analyzed in this study by using a statistical package for the social science program (IBM SPSS) version 24.0.

Results: The results showed that pregnant women have an average age of 30.31±7.598 years. (43%) have at least (3 - 4) pregnancies , (25%) are at second delivery, (58%) "no have abortion" .(77%) at the high level of childbirth fear, there is a significant difference between fear of childbirth with age and educational level (p-value=0.028 and 0.038), respectively ,and there are significant differences between fear of childbirth with para, gravida, and the number of lived children at (p-value=0.002, 0.008, and 0.023), respectively.

Conclusion: The study found that childbirth fear among pregnant women with a high level. Although of that the study found no has any effect on childbirth satisfaction. In addition, the study found a statistical difference between childbirth fear and some socio-demographic and reproductive characteristics

Recommendations: Study findings and conclusions have led researchers to recommend the health care institutions to develop support plans and open a special mental health section to reduce the fear that pregnant women face from natural childbirth.

Keyword: Assessment, fear, childbirth satisfaction

INTRODUCTION

Fear of childbirth (FOC), historically referred to as tokophobia, is a phobia in which a woman avoids childbirth despite her strong desire to have children, and other women avoid becoming pregnant. The fear of childbirth is also known as the fear of vaginal delivery. Almost every pregnant woman feels nervous about childbirth, with 6-10 percent of women having an intense fear of labor and delivery, which is a normal reaction to an unknown condition. FOC is a classic phobia usually defined as a persistent fear of something or a situation from which a person is desperately trying to escape. Researchers have found many factors that lead to fear of childbirth, including low self-esteem. Self, pre-existing mood disorders, lack of social support, history of abuse of pain sensitivity woman's personality, and previous negative childbirth experience [1].

In addition, fear of childbirth that fear is related to several factors, including psychological factors such as personal and past traumatic events or the future mother's fear and social factors such as support and financial uncertainty, or secondary factors from previous childbirth experience[2].

Fear of childbirth (FOC) is divided into mild, moderate, and severe categories. For example, when a woman has an extreme dread of birthing, known as tokophobia, she strives to avoid getting pregnant, opting for cesarean delivery [3].

In addition, women who were afraid of childbirth were at increased risk of having a negative childbirth experience. Fear of childbirth is a predictor of postpartum depression in primiparas and mothers with an increased need for postpartum psychiatric care[4].

Fear of childbirth treatment is done to ensure a comfortable pregnancy experience, facilitate adjustment to motherhood and ensure that the mother feels healthy during the postpartum period. Treatment alternatives for FOC treatment include respiratory techniques, childbirth training, psychoeducation, and targeted psychotherapy. FOC consists of some steps (restricted information, precise suggestions, comprehensive treatment), all of which reduce fears throughout pregnancy and keep the woman and fetus fit [5].

METHODOLOGY

Design of the study: A descriptive correlational design is conducted at Al-Haboubi Hospital in AL-Nasiriya city to assess the childbirth fear associated with childbirth satisfaction among pregnant women and explore its effect on women' childbirth satisfaction for the period women from 1st of October2021 to 1 1st April, 2022.

The study sample: A non-probability (convenient) consisting of (100) pregnant women at Al-Haboubi Hospital in Dhi-Qar Governorate. The sample was subjected to an interview between the researcher and the pregnant woman before giving birth. In addition, communication is done by telephone after the birth two weeks, and the discussion is conducted in the maternity hall.

Study instrument: The instrument includes four parts:

Part I: Socio-Demographic Characteristics: This part consists of the demographic data, which comprises different items that include general information about women such as age, educational level, occupation status, monthly income, and residence environment.

Part II: Reproductive Characteristics: This part is comprised of ten items, including gestational age, the date of the first day of the last menstrual period, expected date of birth, number of pregnancies (including current pregnancy), number of births, the number of abortions, number of live children, number of dead children, the length of labor for the current pregnancy, presence of complications during previous labor.

Part III: Fear of Childbirth: This factor assesses by using the fear of childbirth questionnaire (FCQ). It consists of 20-items. Each item of the scale is responded to using a 4-point Likert scale ranging from 4 = strongly agree, 3= slightly agree, 2= slightly disagree, 1= strongly disagree. The total score ranges from (Low= 20 – 40; Moderate= 41 – 60; High= 61 – 80).

Part V: Childbirth Satisfaction: The five parts include childbirth satisfaction. This variable was measured using the Mackey childbirth satisfaction scale consisted of 40 questions, 34 of which assessed six categories of self-satisfaction: (midwife performance, partner performance, physician performance, newborn status, and total satisfaction with delivery). These questions were answered on a 5-point Likert scale ranging from severely unsatisfied (scoring 1) to extremely satisfied (score 5). The range of scores was (34 to 170). (Low= 34 – 79.33; Moderate= 79.34 – 124.67; High= 124.68 – 170) were the mean scores. The questionnaire's final six questions were open-ended (qualitative questions).

Validity and Reliability: The instrument's content validity was tested by 18 nursing professionals from various specialties, and the items' reliability was through the computation of Alpha Cronbach's test (Alpha Correlation Coefficient); the internal consistency method was used to determine the reliability.

Statistical analysis: The descriptive and inferential statistics used to analyze and assess the study's results under applying of the statistical package of social science (SPSS) version 24.0

RESULTS

Table 1: Distribution of Socio-Demographical Characteristics of (100) Women

No.	Characteristics	Groups	F	%
1	Age (M±SD=30.31±7.598)	16 – 20 years	12	12
		21 – 25 years	16	16
		26 – 30 years	27	27
		31 – 35 years	15	15
		36 – 40 years	19	19
		41 – 45 years	11	11
2	Level of education	Illiterate	14	14
		Read & write	9	9
		Primary school	19	19
		Intermediate school	21	21
		Secondary school	16	16
		Diploma	7	7
		Bachelor	11	11
		Postgraduate	3	3
3	Occupation	Housewife	86	86
		Employee	14	14
4	Residential Environment	Urban	45	45
		Rural	55	55
5	Monthly income	Not enough	34	34
		Barely enough	31	31
		Enough	35	35

*F: Frequency, %: Percentage, M: Mean, SD: Standard Deviation

This table shows that pregnant women have an average age of 30.31±7.598 years, in which the highest percentage (27%) refers to (26-30) years. (21%) of them who graduated from intermediate, (86%) is "Housewives", (55%) residence in "Rural areas, (35%) of them perceive enough monthly income.

Table (2) shows that women's gravida, (43%) reported at the second groups with range interval (3 - 4) states, 50 (25%) are at second delivery, 49 (24.5%) are nullipara, 105 (58%) "no have abortion", (48%)have at least (1 - 2)lived children, (72%) none have dead child", the labor duration" among pregnant women, it refers to 6 hours or less and accounted (70%).Finally, " complications during labor " most of the sample are reported at no have complications and accounted (71%) and only (29%) of pregnant women have complications as they reported.

This figure shows that (77%) of pregnant women are associated with a high level of fear of childbirth.

Table 2: Distribution of Reproductive Parameters of (100) Women

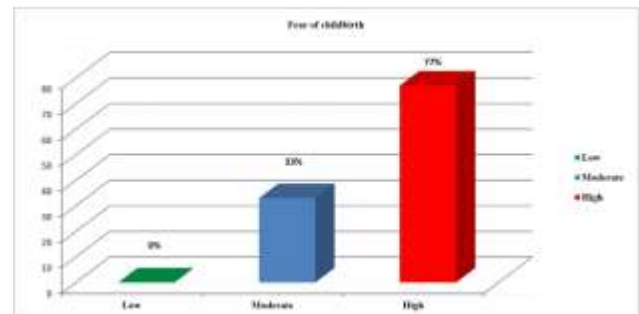| No.	Characteristics	Groups	F	%
1	Gravida	1 – 2	26	26
		3 – 4	43	43
		5 – 6	26	26
		7 ≤	5	5
2	Para	1 – 2	44	44
		3 – 4	41	41
		5 – 6	13	13
		7 ≤	2	2
3	Number of abortion	None	58	58
		1	28	28
		2	12	12
		3	2	2
4	Lived children	1 – 2	48	48
		3 – 4	38	38
		5 – 6	14	14
5	Dead child	None	72	72
		1	21	21
		2	4	4
		3	3	3
6	Labor duration	6 hours or less	70	70
		24 hours	24	24
		48 hours	3	3
		72 hours	3	3
7	Complications during labor	No	71	71
		Yes	29	29

*F: Frequency, %: Percentage

Figure 1: Bar chart of Levels of Fear of Childbirth among Pregnant Women (N=100)

Table 3: Mean and Standard Deviation for Assessment of Fear of Childbirth among Pregnant Women

No	Fear of Childbirth	Mean	SD	Assess.
1	I feel fine about my labor and giving birth to my baby	2.94	1.179	Moderate
2	I worry my labor or birth will not go to plan	3.74	.836	High
3	I am confident that staff will always respect my wishes	2.94	1.213	Moderate
4	I am worried about the long-term effects that labor or birth could have on my body	3.67	.911	High
5	I am confident I will be able to cope with the pain	2.78	1.353	Moderate
6	I am worried that my baby will be harmed during labor and birth	3.79	.769	High
7	I worry I will lose control of myself during labor	3.44	1.166	High
8	I am confident my body can give birth to my baby	2.75	1.373	Moderate
9	I worry I will not have a voice in decision making during labor	3.45	1.140	High
10	I am confident I am emotionally strong enough to cope with labor and birth	2.55	1.388	Moderate
11	I worry that labor is unpredictable	3.62	.972	High
12	I am worried about things being 'done' to me during labor and birth	3.60	1.015	High
13	I am worried I will be harmed	3.79	.769	High

No				Assess
	during labor			
14	I am confident that staff will be there when I need them	3.14	1.137	High
15	I worry that my baby will feel distressed during labor and birth	3.79	.769	High
16	I worry about having unpleasant procedures during labor and birth	3.73	.863	High
17	I am confident I will get the pain relief I want	3.14	1.341	High
18	I worry about being left alone, without my chosen birth partner, during labor	3.52	1.049	High
19	I am worried about labor and birth, and I don't know why	3.44	1.166	High
20	I am confident my body will work well during labor and birth	2.91	1.311	Moderate

No: Number, SD: Standard Deviation for total score, Assess: Assessment
(Low= 1-2, Moderate= 2.1-3, High= 3.1-4)

This table presents the mean scores and standard deviations for fear of childbirth; the mean scores indicate moderate to high level of fear among pregnant women in which moderate level is seen among items 1, 3, 5, 8, 10, and 20 while high level is seen among remaining items of 2, 4, 6, 7, 9, 11, 12, 13, 14, 15, 16, 17, 18, and 19.

Table 4: Regression Analysis for Effect of Fear of Childbirth-on-Childbirth Satisfaction among Pregnant Women (N=100)

Satisfaction	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
Fear of childbirth	-.623	.411	-.152	-1.514	.133

Dependent variable: Childbirth satisfaction

This table indicates that fear of childbirth no significant effect on childbirth satisfaction among pregnant women at (p-value=.133).

Table 5: Association between Psychological Factors and Women's Socio-demographic Characteristics

Socio-demographic characteristics	Fear of childbirth		
	Pearson correlation	p-value	Sig
Age	S	.028	.219
Educational level	S	.038	.208
Occupation	N.S	.448	.077
Residential environment	N.S	.384	.088
Monthly Income	N.S	.278	.109

P: probability, Sig: Significance, N.S: Not Significant, S: Significant, H.S: High significant

This table shows the association between fear of childbirth and socio-demographic characteristics; there is a significant difference between **Fear of childbirth** with age and educational level (p-value=0.028 and 0.038), respectively. While there are no statistically significant differences with leftover socio-demographic characteristics

Table 6: Association between Psychological Factors and Women's Reproductive parameters

Reproductive characteristics	Fear of childbirth		
	Pearson correlation	p-value	Sig
Gravida	H.S	.002	.306
Para	S	.008	.266
Number of Abortion	N.S	.325	.099
Number of Lived Child	S	.023	.227
Number of Dead Children	N.S	.099	.166
Duration of Labor	N.S	.957	.005
Complication during Labor	N.S	.055	.193

P: probability, Sig: Significance, N.S: Not Significant, S: Significant, H.S: High significant

This table demonstrates the association between fear of childbirth and reproductive parameters, there are significant differences between Fear of childbirth with para, gravida, and the number of lived children at (p-value=0.002, 0.008, and 0.023), respectively, While there no statistically significant differences with leftover reproductive parameters

DISCUSSION

Several demographic characteristics of women may affect childbirth satisfaction. Therefore, the demographic characteristics and their relations to childbirth satisfaction have been studied in the table (1), which revealed that pregnant women have an average age of 30.31±7.598 years, in which the highest percentage (27%) is referred to as 26-30 years old. This finding is almost identical to one found in an Iraqi study, where most studies are between 20-and 29 years old[6]. Concerning the level of education, (21%) graduated from intermediate school. This result is close to study done in Egypt which found that the participant's level of education is primary school and accounted (58.7%) of the total study sample[7]. Regarding the occupational status of pregnant women (86%) are housewives. This result is like a study done in Iraq, which represents that most pregnant women were housewives accounting for (92.8%)[8]. Regarding residency is refers that 55% of pregnant women are residents in rural areas, and 45% are residents in urban areas. The results non agreement with a study done with study documented in Iraq, which reveals that 54.4% of study sample residency in urban area[8]. Regarding monthly income, (35%) of pregnant women perceive sufficient monthly income. This result is in line with a study done in Iraq that showed the majority of the study sample with barely sufficient income and accounted for (58%)[9].

The results in a table (2) reveal that the highest percentage (43%) of pregnant women got (3-4) pregnancies. These results disagree with a study done in Iraq, which reveals that the highest percentage of first pregnancies accounted (for 54%)[9]. Regarding parity (44%) refers to (1-2) delivery. This result agrees with a study conducted in Egypt that found that 49.5% of them delivered previously from one to three times[10]. Regarding number of previous abortion (28%) have one previous abortion. This result disagrees with a study done in Iraq, which showed that (92%) of the study sample had not had an abortion[9]. According to the number of lived children (48%) referred to (1- 2) unfortunately there, no studies were found to support this variable. Regarding stillbirth, (72%) of have a non-previous stillbirth. This result agrees with a study in Saudi Arabia, which found that (74.1%) of non-still birth[11]. Regarding the labor duration among pregnant women, it refers to (6 hours or less) among more than half (53%). This result is like an international study conducted in Switzerland, which found that the median duration of the active first stage (Among nulliparous and parous women) when the starting reference point was less than 4.5 cm ranged from (3.7–8.4) hours [12]. The complications during labor are seen among only (29%); these complications include (shoulder dystocia, post-partum hemorrhage, laceration, induction labor, and APGAR score between 5-7) this result is in agreement with a retrospective cohort study done at southeast region of Sweden that showed the most common obstetric interventions and complications that pregnant women express at labor were instrumental vaginal delivery, post-partum hemorrhage and Apgar score < 7 at five minutes. Furthermore, induction of labor, epidural anesthesia, and oxytocin augmentation found that these complications were strongly related to women's dissatisfaction with childbirth [13] .

According to table (3) and figure (1) (77%) of pregnant women are associated with a high level of childbirth fear. This finding is almost identical to one found in Turkey, where most women (82.6%) feared childbirth[14]. Another study conducted in Iraq that disagreed with the current study's findings indicated that the severity of childbirth fear used Wijma Delivery Expectancy/Experience Questionnaire (W-DEQ) during pregnancy was mild level and accounted (94.0%).[15]

Table (4) indicates that fear of childbirth no has significant effect on childbirth satisfaction among pregnant women at (p-value=.133).

Table (5) shows the association between fear of childbirth and socio-demographic characteristics; there is a significant difference between fear of childbirth with age and educational level (p-value=0.028 and 0.038), respectively. This result closed with a study done in Iran that revealed that pregnancy in adults is better than in adolescents age. The results showed that adolescent pregnant women are involved with the fear of childbirth.[16]

In addition, these results are supported by a study conducted in Egypt[17] shows that there is a statistically significant relationship between fear of childbirth in the studied women and their socio-demographic characteristics in the areas of educational level and age group

Table (6) shows the association between fear of childbirth and reproductive characteristics; there are significant differences between fear of childbirth with para, gravida, and the number of lived children. This finding is agree with study done in Turkey, which focuses on a positive relationship between fear of childbirth and spousal support in unplanned pregnancies and the experience of abortion[18] . Also, study conducted [19] in Iraq, which show that are significant relationships with gestational Age (p-value = 0.01) and delivery preference (p-value = 0.004).

CONCLUSIONS
The study found that childbirth fear among pregnant women with a high level. Although the fear factor was high, the study found no has any effect on childbirth satisfaction. In addition, the study found a statistical difference between childbirth fear and some socio-demographic and reproductive characteristics.

Recommendation: Study findings and conclusions have led researchers to recommend the health care institutions to develop support plans and open a special mental health section to reduce the fear that pregnant women face from natural childbirth.

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