

Fear and Anxiety Disorders Related to Childbirth among Primiparous Women in Kirkuk City

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Abstract

Objective: This study aimed to assess the level of fear of childbirth and level of anxiety among primiparous women; and find out the relationship between fear of childbirth & level of anxiety and some socio-demographical data of the sample.

Methodology: A descriptive study, non-probability (Purposive) sample consist of 100 nulliparous pregnant women was carried out from November , 1st, 2018 to October, 10th, 2019 in (AL Salam) primary health care center and two hospitals (Azadi teaching & Kirkuk general) at gynecological consultation in Kirkuk city. To achieve the objectives of the study a developmental & constructed questionnaire conducted for the purpose of the study, which consisted of three parts: the socio-demographic characteristics; Anxiety scale for pregnancy (ASP) it consists of 14-items to determine the severity of the anxiety symptoms & the Wijma Delivery Expectancy/ Experience Questionnaires (W-DEQ) consist of 33 items was used to investigate fear of childbirth.

Results: The majority of the pregnant women (39%) aged group (26-30years), (48%) was gestational age/ week 14-26 weeks, (33%) of them graduated from secondary school, regarding to the occupation (63%) was housewife, financial status was barely sufficient and constitute (86%), and (99%) of them from urban residency, tenant housing (82%), nucleus family type (86%), and (73%) of them preferred normal vaginal delivery mode and (96%) of the women were regularity antenatal visiting.

Conclusions: The study detected a severity of the anxiety related pregnancy was moderate, and level of fear of childbirth was mild. Also founds a significant relationship between anxiety level and age of primiparous women.

Keywords: Fear, Primiparous Women, Childbirth , ASP, W-DEQ, Stress, Pregnancy Related Anxiety

Introduction

Childbirth is a significant physiological, social and emotional event in the life of a woman and her family; however, it is seen as a problem in terms of psychological anxieties for pregnant women. ¹ Fear of childbirth is common and more intense in pregnant primiparous women than in pregnant parous women. The fear can easily lead to avoidance including the widespread demand for epidural analgesia, or for an elective caesarean section. They may be also fear of giving birth to a baby with congenital anomalies, or about problems perinatal that can compromise

their life or health. Women with afraid of childbirth are vulnerable to increased surgical intervention and subsequent psychological problems. ² Pregnant women with a clinically significant worries of childbirth appear to have personalities with strong neurotic traits. Even low self-efficacy and low self-esteem appear to increase significantly the risk that a woman will experience high distress at the time of delivery. ³ A variety of issues in pregnancy may increase anxiety in women, among such issues are fear about childbirth and health of the baby, quality of care during delivery, the extent of husbands' support and involvement in maternal health care, and the level of support from relatives and friends. ⁴ Pregnancy

anxiety is different from general anxiety. It is a relatively distinct syndrome which is provoked by pregnancy-specific fears and worries. Women who are anxious, experience both emotional and somatic symptoms such as worry, muscle ache, palpitation, sleep disturbance, and gastrointestinal problem. It has been suggested that high levels of pregnancy-related anxiety play a role in preterm birth, postpartum depression, and caesarean section. In addition, it could affect fetal, infant and child development. (5,6) Women still suffer from the fear of death during labor. When this specific anxiety or fear of death during labor precedes pregnancy and is so intense that tokos (childbirth) is avoided whenever possible, this is a phobic state called “tokophobia”. Tokophobia may effect women from childhood into old age. ⁷ More recently, pregnant women fearful of childbirth reported a lack of trust in the obstetric staff team, fear of their own incompetence and fear of dying. Other studies have suggested that the greatest fear was of labor a physically damaged or congenitally anomalies child. Women may be worried about their ability to give birth. Studies show that the prevalence of moderate childbirth fear in pregnant women varies between 18–31%, and the prevalence of severe fear of childbirth is between 2–11%. ⁸

Methodology

Participants

A descriptive study, non-probability (Purposive) sample consist of 100 primiparous pregnant women was carried out of from November , 1st , 2018 to October, 10th , 2019 in (AL Salam) primary health care center

and two hospitals (Azadi teaching & Kirkuk general) at gynecological consultation in Kirkuk city.

Data Collection

All the women were informed about the study and their consent was obtained. The data were obtained through interview (face to face) by the researcher.

Instrumental

Socio -demographic characteristics: Consists of the questions containing information related to primiparous women’s.

The Wijma Delivery Expectation / Experience Questionnaire (W-DEQ-A): It is a Likert-type scale consisting of 33 items was used to investigate fear of childbirth. It has 6 subscales and each question is scored from 1 to 6 points. ⁹

Anxiety scale for pregnancy: consist 14 items, 7 positively worded and 7 negatively worded, with items responses ranging from “not at all” (1 item) to “very much” (4 items). Developed to determine the severity of the anxiety symptoms, this scale consists of 14 questions and total scores which ranged from 14 to 56.

Statistical analysis

The data were analyzed through the use application of descriptive statistical analysis (Frequency, Percentage (%) & Mean of score) and inferential statistical (ANOVA) by using (SPSS) version (23).

Results

Table (1) Distribution of primiparous women according to the severity level of anxiety related pregnancy

No.	Level of anxiety	Frequency (f)	Percentage (%)
1.	Normal	2	2.0
2.	Mild	39	39.0
3.	Moderate	57	57.0
4.	Sever	2	2.0
Total		100	100.0

Table (2) Distribution of primiparous women according to the severity of childbirth fear used (W-DEQ) during pregnancy

No.	Level of childbirth fear (W-DEQ)	Frequency (f)	Percentage (%)
1.	Mild fear	94	94.0
2.	Moderate fear	4	4.0
3.	Sever fear	2	2.0
Total		100	100.0

The table (4) show that the severity of fear of childbirth had mild fear among most primiparous women (94%) by used (W-DEQ).

Table (3) Comparison of the anxiety level and demographical characteristics among primiparous women.

Items		Sum of Squares	DF	Mean Square	F	Sig.
Age	Between Groups	6.764	3	2.255	2.574	.058 S
	Within Groups	84.076	96	.876		
	Total	90.840	99			
Education	Between Groups	2.706	3	.902	.639	.591 NS
	Within Groups	135.404	96	1.410		
	Total	138.110	99			
Occupation	Between Groups	.652	3	.217	.594	.620 NS
	Within Groups	35.138	96	.366		
	Total	35.790	99			
Financial status	Between Groups	1.002	3	.334	2.474	.066 NS
	Within Groups	12.958	96	.135		
	Total	13.960	99			
Gestational age/weeks	Between Groups	.441	3	.147	.276	.843 NS
	Within Groups	51.199	96	.533		
	Total	51.640	99			
Housing	Between Groups	.306	3	.102	.677	.568 NS
	Within Groups	14.454	96	.151		
	Total	14.760	99			
Family type	Between Groups	.205	3	.068	.553	.647 NS
	Within Groups	11.835	96	.123		
	Total	12.040	99			
Preferred mode delivery	Between Groups	1.213	3	.404	2.098	.106 NS
	Within Groups	18.497	96	.193		
	Total	19.710	99			

SOV=Source of Variance, SS= Sum of Squares, MS=Mean of Score, F. Obs= Fisher Observation, DF= Degree of Freedom, S = Significant, NS= No Significant.

Table (4) Comparison of the childbirth fear and demographical characteristics among primiparous women.

Items		Sum of Squares	DF	Mean Square	F	Sig.
Age	Between Groups	4.351	2	2.175	2.440	.093 NS
	Within Groups	86.489	97	.892		
	Total	90.840	99			
Education	Between Groups	2.807	2	1.403	1.006	.369 NS
	Within Groups	135.303	97	1.395		
	Total	138.110	99			
Occupation	Between Groups	1.721	2	.860	2.450	.092 NS
	Within Groups	34.069	97	.351		
	Total	35.790	99			
Financial status	Between Groups	.556	2	.278	2.011	.139 NS
	Within Groups	13.404	97	.138		
	Total	13.960	99			
Gestational age/weeks	Between Groups	1.071	2	.535	1.027	.362 NS
	Within Groups	50.569	97	.521		
	Total	51.640	99			
Housing	Between Groups	.207	2	.103	.689	.504 NS
	Within Groups	14.553	97	.150		
	Total	14.760	99			
Family type	Between Groups	.125	2	.063	.509	.603 NS
	Within Groups	11.915	97	.123		
	Total	12.040	99			
Preferred mode delivery	Between Groups	.359	2	.179	.900	.410 NS
	Within Groups	19.351	97	.199		
	Total	19.710	99			

SOV=Source of Variance, SS= Sum of Squares, MS=Mean of Score, F. Obs= Fisher Observation, DF= Degree of Freedom, S = Significant, NS= No Significant.

Discussion

The objective of this study was to determine the level of fear of childbirth and anxiety level in pregnant women. In this study, the average scores of the W-DEQ- is mild and the ASP were determined at moderate level. Similarly, in the studies by Dağlar (2014)¹⁰, the ASP average score and in the studies by Subaşı, et. al (2013)¹¹, the W-DEQ-A average score were found moderate and these results disagree the findings in this study. The average W-DEQ-A and ASP scores of the primiparous women with low education level and their childbirth fear and anxiety levels were found high. Similarly, in the studies by Dağlar (2014)¹⁰, Laursen, et. al (2008)¹², the childbirth fear and anxiety levels were found high for the pregnant women with low education level. In this context, it may be said that the information regarding pregnancy and birth is not provided suitably for their education level.

Therefore, the self-acquired, interpreted and audited information obtained from the visiting and attending primary health care center and private clinic about pregnancy and childbirth can be associated with the decrease levels of anxiety & fear. On the other hand However, Subaşı, et. al (2013)¹¹ reported that PT had an effect on reducing anxiety and childbirth fear. In this study, the pregnant women with preterm labor risk (14-26weeks) had moderate level of anxiety and low W-DEQ-A scores. Likewise, Şen & Şirin (2013)¹³ and Alipour, et. al (2011)¹⁴ suggested that the preterm birth risk increased the anxiety and childbirth fear. Women with sever antenatal levels of fear of childbirth may have an high risk of experiencing fear perinatal and appraise an ongoing delivery as threatening. Given the positive relationship between fear of childbirth and general symptoms of anxiety & depression Laursen, et. al (2008)¹² the fear of childbirth among primiparous women could possibly also be the result of a generalization of other anxieties. Since a biopsychosocial perspective, comprising several etiological factors, is typical for clinical anxiety, a complex etiology also for child-birth related anxiety would be of no surprise. In discard the anxiety and childbirth fear, psychological factors such as social and spousal support are high important (Sani, 2015)¹⁵. In this study, the anxiety level mean scores of the primiparous women with no social support other than their spouses were found low. Likewise, high

anxiety and childbirth fear were found in the women with mild spouse support (Gao, et. al 2015)¹⁶ and who were unsatisfied with their spousal support (Lukasse, et. al, 2011)¹⁷. The data of this sample, it can be said that spouse presence alone is not sufficient, they do not know the ways to cope with anxiety and fear, their education is incomplete, they also have childbirth fear and cannot perform intervention appropriately. In the limited studies carried out about the spouses, it was reported that fathers also have the birth fear (Hildingsson, et. al , 2014¹⁸; Bergström, et. al , 2013¹⁹). The level of birth fear, according to the average score of W-DEQ-A was low in those with extended families. In this study, it can be said that traditionally-structured family factor has an important place in the process of pregnant women and childbirth. When reviewed the studies parallel to this study, Laursen, et. al (2008)¹² found that the surplus of social support reduced the fear of birth and (Gao, et. al 2015)¹⁶, Şen & Şirin (2013)¹³ reported high level of anxiety and birth fear in those with inadequate social support.

It was found that there was a relationship between the anxiety and fear of childbirth (Spice Jones, et. al, , 2009)²⁰ and the pregnant women with sever anxiety level had 2.4 times more childbirth fear. But in this study, the total W-DEQ-A score was mild, and the anxiety level scores also moderate. Saisto, et. al, (2001)²¹ emphasized that anxiety is an important determinant in the increase of childbirth fear. Similarly, Subaşı, et. al (2013)¹¹ found a significantly positive relationship between the average W-DEQ-A and anxiety scores.

Conclusion

The study detected a severity of the anxiety related pregnancy was moderate, and level of fear of childbirth was mild. Also founds a significant relationship between anxiety level and age of primiparous women. A non-significant relationship between fear of childbirth and socio-demographical characteristics among primiparous women. It is important for perinatal health caregivers (midwives and nurses) to ask pregnant women about their feelings related to the current pregnancy, childbirth, and future motherhood, and to give women who express fears an chance to discuss them, paying special attention to nulliparous women with negative experiences of earlier pregnancies. Training pregnant women about

childbirth can provide them with behavior control, development of positive feelings, an increase in the self-confidence and improvement in the birth process and its outcomes. Interventions should be proceed in high-risk women considering psychological variables

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Conflict of Interest: None to declare.

Ethical Clearance: All experimental protocols were approved under the Psychiatric & Mental Health Nursing, Iraq and all experiments were carried out in accordance with approved guidelines.

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