

Fear of Childbirth for Pregnant Women Undergoing Normal Vaginal Delivery and Cesarean Section: Comparative Study

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Abstract

Background: Fear of childbirth (FOC), also known as homophobia, is a phobia where a woman avoids delivery despite her strong want to have a child. Some women choose not to get pregnant, while others choose abortion. Fear of vaginal delivery is another name for fear of childbirth. Almost every giving birth worried by pregnant woman, which is a natural reaction to an unfamiliar scenario. It is known to make the delivery process more difficult and need a cesarean section, and 6-10% of women have an acute fear of labor and birth. Aim of the study: To measure level of fear of childbirth and compare between pregnant women undergo normal vaginal delivery and cesarean section. Methodology: comparative study was conducted on non-probability sample (convenience sampling) of (100) pregnant women who undergoing normal vaginal delivery and cesarean section in Al-Habobi teaching hospitals and Bint Al-Huda Teaching Hospital. The study was conducted during the period January 23rd, 2022, to March 20th, 2022. A questionnaire was used as tool of data collection to fulfill with objective of study. A pilot study was carried out to test the reliability of questionnaire and content validity was carried out through (13) experts. Descriptive and inferential statistical analysis were used to analyze data. Results: There is statistically significance differences of fear of childbirth and compare between pregnant women undergo normal vaginal delivery and cesarean section of Study sample at $P < 0.05$. The results showed that the assessment of the fear scale in pregnant women undergoing natural delivery and caesarean section was in the first axis (causes) moderate in some paragraphs and severe in others, and in the second axis (symptoms) it was moderate in two paragraphs, and the rest of the paragraphs were severe, while the third axis (treatments) recorded the evaluation of fear severe in all paragraphs. Conclusion: The current study found the pregnant women undergoing normal vaginal delivery be afraid higher than who undergoing cesarean section. Recommendation: It is necessary to coordinate with the Iraqi Ministry of Health's office of Mental Health in order to establish a psychological instructor who works in maternity halls. Also Providing maternity halls with music or the Qur'an to help pregnant women reduce fear.

Keywords: Fear, Childbirth, Normal Vaginal Delivery, Cesarean Section.

Introduction

The negative effects of fear of childbirth (FOC) on women's health and well-being during pregnancy are well documented. Sleep difficulties, nightmares, palpitations, stomach aches, panic attacks flashbacks (after trauma), and ask for a cesarean section have all been

linked to FOC in earlier studies (O'Connell et al.2019).

Furthermore, the influence on emotional well-being could be long-lasting and significant, influencing partner relationships and nursing. Women's emotional well-being during the perinatal period has received increased attention in recent year. Fear of giving birth and anxiety is occasionally linked, however this co-morbidity isn't often recognized in healthcare. People who have one sickness or condition and one or more other diseases or co-morbidity said as conditions (Hilling don et al., 2021; Chinda, 2020).

The woman is afraid of becoming pregnant or giving birth, and this fear is interfering with her daily activities. Treatment may help in giving birth terrified for women (Niemen et al., 2009; Hansen, Rostiyanti, & Nafthalie, 2020).

One out of every five pregnant women has a moderate dread of childbirth, while 6–13% of pregnant women have a severe, incapacitating fear of childbirth. Fear of labor leads to more visits to obstetrician after experiencing somatic symptoms, as well as frequent requests for cesarean delivery. Earlier unviable pregnancies and complicated births linked to fear of childbirth. Severe fear of labor, according to Riding et al., can lead to emergency caesarean sections. Considering the high prevalence of cesarean sections in Iran (above 40 percent).

In Egypt, women regard childbirth as a difficult, frightening, and alienating process, because traditional birth attendants regard childbirth as a tense scenario where the mother has no chance to rest. A condition that manifests primarily previous childbirth defined as childbirth-related fear, includes a lot of symptoms ranging from worries to severe fear that affects daily life throughout pregnancy as the baby approaches birth, and used to diagnose and thus as a reason for cesarean delivery. Women may have a number of worries when it comes to pregnancy and childbirth (Eliz et al., 2016; Jensen et al., 2020).

As a result, it is critical to check factors linked with dread of childbirth and their impact on women's choice for elective cesarean sections in order to cut fear and morbidity among both women and babies as a result of obstetrical difficulties and unnecessary cesarean (Eliz et al., 2016).

Methodology

Study Design and Population: The study used a convenient sampling (Comparative Study), population are pregnant women who undergoing normal vaginal delivery and cesarean section in Al Nasiriya city.

Sampling and Sample Size: comparative study was conducted on non-probability sample (convenience sampling) of (100) pregnant women who undergoing normal vaginal delivery and cesarean section in Al-Habobi teaching hospitals and Bint Al-Huda Teaching Hospital. Inclusion criteria are pregnant women undergoing normal vaginal delivery and cesarean section in Al Nasiriya city. And exclusion criteria are Pregnant women.

Data Collection and Setting: The data were collected during 23rd of January to 20th of March 2022. The researcher collected data from pregnant women who undergoing

normal vaginal delivery and cesarean section for the current study by using a questionnaire as data collection tool. Before distributing the questionnaire, the researcher conducted an interview with the pregnant women to provide an introduction and describe the study's purpose in a simple manner. The questionnaire takes 5-10 minutes to complete, The research was conducted in Thiqr , In two hospitals . It was carried out in hospitals in AL Nasiriya center.

Instrumentations: A questionnaire has been adopted to accomplish the objective of the study, The questionnaire is divided into two axes: first axes demographic and reproductive information for pregnant women, and second axes scale that are designed to be used to assess fear of childbirth. A questionnaire is adopted after thorough review of the related literature, and well experienced professors, The questionnaire was translated by an expert translation professor (1), This questionnaire is used as an instrument of data gathering which includes the following axes:

Axis I: This part contains demographic and reproductive information of pregnant women took part in the research. Which consists of (7) items of demographic information including: Age, addresses of residence, profession for woman, women's educational level, economic statues (monthly income), family type, number of family members. And (6) items of reproductive information including: The number of pregnancies, the number of abortions, number of live births, birth period, birth type and the number of cesarean deliveries, if any (Appendix-C).

Axis II: Scale (The Fear of Childbirth Questionnaire [FCQ] that are designed to be used to assess level of fear, this scale is classified into (3) sub-axes (The reasons, The symptoms, The processors), each axis in turn includes a set of questions. This scale used score of the fourth categories scales, such that (I strongly refuse, I refuse a little, I agree a little, I strongly agree). As well as evaluation for observed responding through using differentiated intervals: (1) = Low (L); (1.1-2) =Mild (MD); (2.1-3) =Moderate (M); and (3.1-4) = Sever (S) evaluation (Appendix-C).

Data Analysis: Summary Statistics tables including Mean of score (M.S.) with their Standard Deviation (S.D). This analysis is used to accept or reject the statistical hypothesis, which include (Chi- square test) analysis of variance, the P value and Alpha correlation coefficient (r).

Result

Table 1 Comparison between Fear and Childbirth Women with Normal Vaginal Delivery and Cesarean Section of Study Sample:

Fear	Childbirth Women with Normal Vaginal Delivery	89	0.456	0.032
	Childbirth Women with Cesarean Section			89

df=degree of freedom, P = probability value, NS: Non-Significant at $P \geq 0.05$, S: Significant at $P < 0.05$ F=Fisher test, N=Number of samples,

Table (1) shows there is statistically significance deffirences between fear and

Childbirth Women with Normal Vaginal Delivery and Cesarean Section of Study sample at $P < 0.05$.

Table 2 *Distribution and Association between Fears of childbirth Socio Demographical Data of Study Sample.*

No	Demographic Variables Fears level	S.O. V	Statistics					
			Sum of Squares	df	Mean Square	F	P. value	Sig
1	Age of Women	Between Groups	6.986	20	0.349	1.026	0.045	S
		Within Groups	23.503	69	0.341			
		Total	30.489	89				
2	Addresses of Residence	Between Groups	4.303	20	0.215	0.910	0.577	N. S
		Within Groups	16.319	69	0.237			
		Total	20.622	89				
3	profession for women	Between Groups	3.681	20	0.184	0.491	0.962	N. S
		Within Groups	25.875	69	0.375			
		Total	29.556	89				
4	Women's Educational Level	Between Groups	58.068	20	2.903	0.790	0.716	N. S
		Within Groups	253.532	69	3.674			
		Total	311.600	89				
5	Birth Type	Between Groups	5.467	20	0.273	89	1.107	S
		Within Groups	17.033	69	0.247			
		Total	22.500	89				
6	Disease that Accompanied pregnancy	Between Groups	.310	6	0.052	89	0.811	S
		Within Groups	5.286	83	0.064			
		Total	5.596	89				

S.O. V=Source of Variance F = Fisher test, d.f. = degree of freedom, P = probability value, NS: Non-Significant at $P \geq 0.05$, S: Significant at $P < 0.05$.

This table show their no statistically significances differences between demographics variables (Addresses of Residence, profession for women and women's educational level), while there is statistically significances differences between demographics variables (age of women, birth type and diseases that accompanied pregnancy) and fears of childbirth, when analyzed by ANOVA.

Table 3 *Distribution and Association between Fears level and Mother Obstetrics Information of Study Sample.*

No	Mother Obstetrics Information Fears level	S.O. V	Statistics					
			Sum of Squares	df	Mean Square	F	P. value	Sig
1	The number of pregnancies	Between Groups	32.915	20	1.646	1.335	0.188	N. S
		Within Groups	85.085	69	1.233			
		Total	118.000	89				
2	The number of abortions	Between Groups	32.135	20	1.607	1.518	0.103	N. S
		Within Groups	73.021	69	1.058			
		Total	105.156	89				
3	Number of live births	Between Groups	89.104	20	4.455	1.849	0.032	S
		Within Groups	166.285	69	2.410			
		Total	255.389	89				
4	Pregnancy period	Between Groups	3.410	20	0.171	0.693	0.820	N. S
		Within Groups	16.990	69	0.246			
		Total	20.400	89				
5	The number of cesarean deliveries, if any	Between Groups	34.627	20	1.731	1.927	0.024	S
		Within Groups	61.996	69	0.898			
		Total	96.622	89				

S.O. V=Source of Variance F = Fisher test, d.f. = degree of freedom, P = probability value,

NS: Non-Significant at $P \geq 0.05$, S: Significant at $P < 0.05$.

This table shows their no statistically significant differences in fears level and mother obstetrics information of Study Sample (The number of pregnancies, The number of abortions and birth period), while there is statistically significant differences in fears level and mother obstetrics information of Study Sample (Number of live births and The number of cesarean deliveries, if any) and fears of childbirth, when analyzed by ANOVA.

Discussion

Table (1) the researcher shows there is statistically significant differences between fear and Childbirth Women with Normal Vaginal Delivery and Cesarean Section of Study sample at $P < 0.05$.

The researcher found that half of the women prefer natural childbirth, because it is less expensive, quick recovery within a short period, fewer complications, and the possibility of having many children. And other half of women prefer caesarean section because they have had previous deliveries, or because of the advice of gynecologists, or they have some gynecological diseases that prevent them from having a natural birth.

The study supported by (Liu et al., 2013) in their study "Preferences for mode of delivery in nulliparous Argentinean women: a qualitative study". Stated that due to cultural, personal, and social factors, the majority of the women favored vaginal delivery (VD). VD was regarded as a natural rite of passage from women to motherhood, as well as being normal and healthy. Pain linked with vaginal delivery was thought to be beneficial. Women, on the other hand, considered CS as a medical issue and frequently delegated judgments to medical experts when medical indications were present.

Another study agree with this study by (El-Aziz et al., 2016) in their study "Factors associated with fear of childbirth: It's effect on women's preference for elective cesarean section". It was discovered that 47.8% of pregnant women favored elective CS. The most common reasons for CS choice were fear of vaginal birth, safer method for the infant, no impact on postpartum sexual life, and pain connected with delivery.

This study similar for study by (Alipour et al., 2011) in their study "The association between antenatal anxiety and fear of childbirth in nulliparous women: a prospective study". Indicated that A positive and statistically significant relationship between fear of childbirth scores and state and trait anxiety was found using the Pearson correlation test ($p < 0.05$). According to a logistic regression study, state and trait anxiety at the 28th week of pregnancy enhanced the probability of fear of childbirth (odds ratio [OR] 2.7, 95 percent confidence interval [CI] 1.69-4.35, $p = 0.03$ and $p = 0.02$), respectively ([OR] 2.8, 95 percent [CI] 1.17-6.80). It also showed that both state and trait anxiety were on the rise. Fear of childbirth at week 38 of pregnancy ([OR] 2.7, 95 percent [CI] 1.03-6.80) and ([OR] 5.4, 95 percent [CI] 1.03-6.80, 1.75-16.76, $p = 0.04$ and $p = 0.003$, and 1.75-16.76, $p = 0.04$, $p = 0.003$), respectively.

Another study supported by (Körükü et al., 2010) in their study "Relationship between fear of childbirth and anxiety among Turkish pregnant women". Stated that Fear of labor and anxiety were found to have a significant connection ($r = 0.42$, $p = 0.01$).

This table (2) shows their no statistically significant differences between demographics variables (Addresses of Residence, profession for women and women's

educational level), while there is statistically significant differences between demographics variables (age of women, birth type and diseases that accompanied pregnancy) and fears of childbirth, when analyzed by ANOVA. There is a relationship between demographic information (women's age, type of birth and pregnancy-related diseases) and fear of childbirth.

According to the researcher's opinion, women participants with young ages are more afraid about childbirth than older women, as well as women undergoing natural childbirth are more afraid about cesarean section, and also women who have chronic diseases such as hypotension and diabetes during pregnancy are more afraid than those who do not have.

The table (3) show their no statistically significant differences between fears level and mother obstetrics information of Study Sample (The number of pregnancies, The number of abortions and birth period), while there is statistically significant differences fears level and mother obstetrics information of Study Sample (Number of live births and the number of cesarean deliveries, if any) and fears of childbirth, when analyzed by ANOVA.

The researcher shows that women participants who have had a previous live birth or a previous caesarean section are more afraid about childbirth than women who do not have.

This study similar for study by Erkaya et al., (2017) showed in their study "Defining Childbirth Fear And Anxiety Levels In Pregnant Women". The W-DEQ-A mean scores of pregnant women and the number of live births were found to have a statistically significant association.

Conclusions

There is a relationship between fear of childbirth and the type of delivery for pregnant women undergo normal vaginal delivery and cesarean section.

There is a significant relationship between demographic data (age, number of family, type of family, type of birth, and diseases during pregnancy) and fear. While no statistically significant differences between (women profession, level of education, monthly income and residency) and fear levels for women undergoing normal vaginal delivery and cesarean section. There are statistically significant differences between fear and mother obstetrics information of Study Sample (Number of live births, number of abortions and The number of cesarean deliveries, if any). While there are no statistically significant differences between fear and mother obstetrics information of Study Sample (The number of pregnancy and time period). According to the discussions of this study, revealed women undergoing cesarean delivery less fear than normal delivery.

Recommendations: It is necessary to coordinate with the Iraqi Ministry of Health's office of Mental Health in order to establish a psychological instructor who works in maternity halls. Also Providing maternity halls with music or the Qur'an to help pregnant women reduce fear.

Ethical Consideration

This is a valuable section in the study, and it was concerned with the ethical consideration for ethical committee of college of nursing in initiation of sample collection process. Particular meeting had been adjusted with each hospital manager and department officials, for the sake of explaining the study and for getting permission. Names of women

were not obtained. All pregnant women who undergoing normal vaginal delivery and cesarean section had been got full information about their mission in this study. All study participants have been informed that the results of study will be only for the purpose of this study. Notify all participants that everyone here is having the right to refuse participation.

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