

Tokophobia among Pregnant Women-A Narrative Review

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Abstract

Concern over the discomfort of labor is a major factor in many women's decisions to have cesarean sections. There has been a rise in the frequency of women requesting cesarean sections for reasons other than medical necessity, and it has been hypothesized that this is due to women's natural discomfort with labor. A woman's capacity to adjust to the changes and difficulties of pregnancy is unique and the extent of the stress she endures impacts the outcome of pregnancy. As the end of pregnancy nears, a woman's thoughts naturally turn to labor and the delivery of her child. The purpose of this study is to evaluate the research on maternal anxiety around delivery in the hopes of reassuring expectant moms, whether they are experiencing their first pregnancy or their fifth. Fear of deformed babies, invasive procedures like episiotomy and anesthesia administration, a prolonged labor, and fear that she might not make it are just some of the things that go through a worried mother's mind before giving birth. These fears are compounded when a friend or family member shares their own negative birthing experience. Experiences among primigravida women are somewhat different from multiparous mothers as they would regard labour pain and discomfort as normal and natural because they had previously experience labour and delivery. Thirty pieces of literature were gathered for the current review research, from both online and print sources.

Keywords: Tokophobia. Labour, Childbirth, Pregnant Women, Parity, Trimester of Pregnancy.

INTRODUCTION

Even though pregnancy is a time of immense pleasure and satisfaction of a woman's life, it creates a lot of mental conflicts and sensations. This is a normal tendency of this period. Women's experiences and choices leading up to and during labor and delivery are strongly influenced by their preconceptions and early pregnancy beliefs about the birthing process ¹. Extreme apprehension about giving birth is known as tokophobia. And it affects certain women. ^{1,2,3}

A woman's mental health and her delivery experience might be negatively impacted by her fear of childbirth. Postpartum depression and other mental health issues have also been linked to this. ^{4,5} one of the primary motivations for choosing a caesarean section is the fear of labor agony. Fear of delivery has been cited as the reason for the rise in the number of women requesting caesarean sections when there is no medical need for one. The degree of stress a woman feels throughout pregnancy has an impact on the outcome of her pregnancy since every woman responds differently to the many changes and difficulties of pregnancy. As the end of pregnancy nears, a woman's thoughts naturally turn to labor and the delivery of her child. ^{4,5,6}

Physical and material preparation are useless without mental preparation. Expectant mom's need enough time and space for open, honest communication about any and all aspects of their pregnancies and deliveries.¹ today's pregnant women suffer from an epidemic of tokophobia, or dread of delivery. At least one in ten women will be diagnosed with this condition.³

Many moms have said that their first delivery was life-changing throughout the years. The researchers began speculating about the difficulties they must have faced. Women who are expecting their first child may be anxious because of all the potential complications that may arise during labor and delivery.^{2,3,4}

In 1985, the World Health Organization (WHO) released recommendations for reducing the prevalence of cesarean sections; they were updated in 1994. The recommended range for the rate of cesarean sections is 5-15%. According to WHO, there is no advantage to the neonates or the mothers when the rate is higher than the maximum.⁷

Twenty-four first-time mothers in Chennai, Tamil Nadu, were selected using a simple random sampling technique and then randomly assigned to either a control group or an experimental group in a pre-post quantitative randomized controlled trial by Mahalakshmi T and Dr. Kirubamani H to measure their levels of prenatal anxiety. The findings demonstrated a statistically significant difference between the pre- and post-study values of birthing anxiety in the experimental group ($t=31.159$, $P < 0.001$) and those in the control group ($t=0$, $p=1$). There was a statistically significant ($P < 0.001$) disparity between the means. This study's findings underscore the critical importance of easing the anxiety of first-time moms before giving delivery.⁸

Fear of Childbirth: Childbirth anxiety is a serious problem that affects the health of women. Currently, there are no agreed-upon metrics for gauging prenatal anxiety. Traditional, adhoc, or clinical interviews have been used to quantify apprehension. As a result, it is challenging to compare data and exchange insights on this subject.

REVIEW OF LITERATURE

The literature review was conducted in such a way that it could assess childbirth fear in a very comprehensive manner, beginning with the psychological process of pregnancy and moving on to the prevalence of childbirth fear, the potential causes of this fear, the effects of parity on childbirth fear, the clinical characteristics of this fear, and a scale for measuring this fear.

Shabnam Omidwar, Mahboeh Faramazi and Fatima Nasiri Four hundred and forty-five pregnant women from obstetrics clinics at university hospitals participated in cross-sectional research of the correlation between psychological variables and healthy lifestyles. Pregnancy- specific stress was shown to be the sole negative independent variable linked with stress management, health responsibility, and self-actualization in this research from Babol University of Medical Sciences. There were both good and negative impacts of social support on people's exercise habits and overall health. It is imperative that greater effort be put into identifying psychological risk factors during pregnancy.⁹

Nicolson Wanda K., Setse Rosannu, Hill Briggs 175 pregnant women getting prenatal care at community clinics and academic hospitals were surveyed cross-sectionally. This research found that the quality of life ratings of women with depression were poorer in every category except physical functioning. Pregnant women's mental health may benefit from early detection and treatment of depression.¹⁰

Sanjay K. N., Rinku P, Masroor J I used a general health questionnaire to perform a descriptive study of women in their third trimester of pregnancy and their experiences with psychological difficulties. The research found that ignoring the impact of mothers' and fathers' mental health during delivery may have lasting consequences for the children involved as well as for society as a whole. The third trimester of pregnancy was associated with an increase in psychological distress for pregnant women.¹¹

A. Jebarna Kiraba Mary and Fathima Latheef used W-DEQ version A in a study of Primi pregnant women in a subset of Bangalore's hospitals to measure their levels of childbirth-related anxiety. The research found that 73% of pregnant women have clinal dread of delivery, whereas 17% experience severe anxiety, 7% experience moderate fear, and 3% experience mild fear.¹²

Assessment of Childbirth Fear and Prevalence

Vahideh Moghaddan Hosseini, Alexandra Makai Katilin Varga, Pongracacs, Victoria Premusz and Akas Varnagy During the third trimester of pregnancy, researchers surveyed 423 healthy women to determine the prevalence and determinants of birth anxiety. When all the data from both groups were tallied, the researchers found that anxiety was the single best predictor of every single subscale. Significant predictors of nulliparity were economic difficulties at the time of delivery, becoming a housewife because of fear, and wanting to have a baby out of a lack of feeling. Marriage, prior L.S.C.S., and staying at home as a housewife were the most reliable predictors of social isolation among women who had never given birth.¹³

YD. Stella 60 first-time moms who visited an Indore maternity clinic were surveyed for a descriptive study of their levels of pregnancy-related anxiety. A rating scale was used to gather the data. Overall, the research found that 53.3% of first-time moms had significant pregnancy-related anxiety. The mean and standard deviation of pregnancy-related anxiety was highest in the third trimester (60.6 +/- 69.98) and lowest in the second trimester (55.0 +/- 64.95).¹⁴

Sanjay JLA and Vaidyanathan G using a successive sampling method, we gathered data from 323 first-time mothers on the impact of antenatal anxiety about labor on depression. The research found that 8.7% of pregnant women experience and 17.7% report having childbirth-related fears.¹⁵

Factors of Fear of Childbirth

Samah Nae, Suzan En, Nahed FH 205 primigravida women, aged 18-36, and 30-40 weeks pregnant, were selected using a purposive sampling method for a cross-sectional descriptive study of the factors associated with fear of childbirth and its effects on women's preference for elective caesarean section. According to the findings, the largest risk factors for maternal request cacsarean sections are the experience of pain (89.3%), episiotomy (83.9%), and laceration (82.4%) during labor.¹⁶

Lucia M, Zuzana S, Simona K, Alena R 156 pregnant women in Slovakia were surveyed in a cross-sectional descriptive study of the variables influencing birthing anxiety. The findings revealed that 68.8% of the study population had moderate to severe anxiety before giving delivery. Some 9.6% of pregnant women reported experiencing extreme dread. Significant variables impacting birthing anxiety in this research group were being a primi para or reporting a prior labor as challenging. Planning effective intervention techniques to enhance pregnant women's quality of life requires first identifying the components and associated aspects of childbirth related dread.¹⁷

B. Areskog, N. Uddenberg and B.K Jesseler compared the demographics of pregnant women who reported having dread of delivery to those who did not, using a descriptive research design. The findings indicated that apprehension about giving birth was linked to a broad variety of unpleasant experiences, which often appeared in unexpected combinations. Adverse sexual experiences as a kid or adolescent and a general propensity toward anxiousness all stood up as possible causes.¹⁸

Soltani F, Eskandari Z, Khodakarami B, Parsa P, Roshanaei G did a cross-sectional research of 335 pregnant women to identify the elements that contribute to their anxiety about giving birth. The results showed a correlation between the participants' occupations, family incomes, parity, experience with the delivery procedure, and pregnancy.¹⁹

Childbirth Fear among Primi and Multigravida Women

Susan Ayers, Alan D, Pickering studied the impact of parity on birth expectancies and experiences by administering a prospective postal questionnaire research to 289 pregnant women between weeks 26 and 36 of their pregnancies. The findings indicated a favorable correlation between prior delivery experience and anticipation. While primiparous women tended to be more accurate in their birth anticipation, there were still variations between their experiences and those of multiparous women.²⁰

Seemati P Researchers in Chennai compared first-time mothers to those who were expecting more than one child to see how they fared in terms of antenatal stress, social support, and feelings of self-worth. In all, 240 women were chosen for this study, 120 of whom were first-time mothers and 120 of whom were already experienced mothers. The study found that while all mothers, both first-time and experienced, and multigravida mothers, both high and low, experienced some degree of stress during pregnancy, the level of stress during the antepartum period varied between primi and multigravida mothers and was influenced by their social networks and sense of identity.²¹

Hannah R employed the Wizma Delivery Expectancy Experience Questionnaire in a randomized controlled experiment including 37 primigravida and multiparous women. Those who had never given birth before were shown to be more anxious about giving birth than those who had given birth before.²²

I Jayanti and R Kabita compared the levels of stress and anxiety experienced by first-time mothers to those of experienced mothers. The research found no statistically significant connection between anxiety among first-time mothers and any of the sociodemographic factors examined. Anxiety is significantly related to the number of children in multigravida.²³

Madieha Mohamed Tosson, Azza Mohamed Elsayed Atwa, Thorea Mohamed Mahmoud Utilizing the Dread of Labour Scale (WDEQ), researchers examined the levels of anxiety and fear experienced by 600 primi gravida and multigravida pregnant women. They found that the majority of multigravida women had high and severe fear towards childbirth.²⁴

Krishna P, Amrit Pattojoshi, Ajay K. Bakhla Observational cross-sectional study of prenatal anxiety among 169 pregnant women: substantial increase in anxiety during the third trimester compared to the other two.²⁵

Clinical Features of Fear of Childbirth

Rouhe H, Salmella K, Gisslen M, Halmesmaki E, Saisto T performed a retrospective investigation on the prevalence of mental health issues associated with maternal anxiety among 2,405 pregnant women and 4,676 women of reproductive age. The results showed a clear divide between women who experienced anxiety and those who did not; 54% of the former group reported mental

health issues, while 10% of the latter group reported physical health issues like insomnia, eating disorders, fatigue, or an increase or decrease in energy levels after giving birth.²⁶

Madalitso Khwepeya, Gabrielle Tlee and Shuyu Kuo 152 pregnant women and 153 new mothers in Malawi were surveyed for this cross-sectional research. After giving birth. 49% of women expressed low levels of fear, 41% reported moderate levels, and 20% reported high levels of dread, whereas during pregnancy, 39% of women reported low levels of fear, 41% reported moderate levels, and 20% reported high levels of anxiety.²⁷

Malin A, Bernhard Gran, Susan G, Nigel and Anne E In a cross-sectional study of 1642 pregnant women receiving public health care in Norway. 8% expressed dread of delivery and its association with anxiety and depression. Only 12% of women with anxiety alone and 38% of women with anxiety and depression together reported being afraid of giving delivery.²⁸

CONCLUSIONS

New discoveries gleaned from research have the potential to enhance the success rates of obstetrical care. Extremely limited studies have been conducted in India on the topic of prenatal anxiety. As a result, the results of this study shed light on childbirth anxiety and can be used to direct future research toward this important facet of antenatal care. Nurses and nursing students can help antenatal women by assessing their level of anxiety about giving birth and tailoring their care accordingly. The nursing curriculum can be expanded to include content on the physical, psychological, and social management of maternal anxiety.²⁹ Improvements to the quality of care antenatal women receive can be achieved through the creation of novel welfare schemes by hospital managers and administrators.

Limitations of the Short Review: Only five studies from a small number of nations were considered, and they were all published in English.

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References

- 1) Mary JK, Latheef F. A Study To Assess The Level Of Anxiety Related To Childbirth Among Primi Antenatal Women In Selected Hospitals, Bangalore. *International Journal of Pharma and Bio Science* Apr 2017; 8(2): (B) 490-494.
- 2) Menezes R, D'almeida S. A Study to Assess Childbirth Related Fear and Associated Factors among Third Trimester Primigravida Mothers Visiting Antenatal Clinic in a Selected Hospital of Mangalore. *International Journal of Nursing Education and Research*. 2014;2(3): 199-205.
- 3) Madhavanprabhakaran G. Effects of pregnancy related anxiety on outcome, *Journal of Research in Nursing and Midwifery*, September 2013; Vol. 2(7) : 96-103
- 4) Swaroopa H, G. Deepthi. Effect of Antenatal Education In Improving Maternal Confidence And Reducing Anxiety About Labor In Primigravida Women, *International Journal of Pharma and Bio Science*, 2013; pp. 0975-6299

- 5) Farzaneh S, Zahra E, Batoul K, Parisa P, Ghodratollah R. Factor contributing to fear of childbirth among pregnant women in Hamadan, Iran in 2016. *Electronic Physician*. July 2017; volume 9(7): 4725-4731.
- 6) KV Gayathri, Raddi A, Metgud MC. Effectiveness of Planned Teaching Program on Knowledge and Reducing Anxiety about Labor among Primigravidae in Selected Hospitals of Belgaum, Karnataka, South Asian Federation of Obstetrics and Gynecology. May – August 2010; 2 (2): 163- 168.
- 7) World Health Organization. Indicators to Monitor Maternal Health Goals: Report of a Technical Working Group. WHO/F; 1994.
- 8) Mahalakshmi T, H Kirubamani. Study to assess the fear of childbirth among primigravid women (pilot study). *International Journal of Development Research*. August 2017; volume 7 (08): 14507-14509.
- 9) Shabnam O, Mahbobeh F, Karimallah NT, Fatemeh NA. *PLOS ONE*.2018; 13(1): e0191723. Doi: 10. 1371/ journal.pone 0191723
- 10) Nicholson WK, Rosanna S, Felicia HB, Lisa AC, Donna S, Neil RP. Depressive symptoms and health-related quality of life in early pregnancy. *Obstetrics and Gynecology*; 2006; 107(4):798-806.
- 11) Sanjay J, Lamya AlK and Vaidyanathan G. Antenatal prevalence of fear associated with childbirth and depressed mood in primigravida women. *Indian J Psychiatry* 2015 PMID (26124521)
- 12) Jebarna KM, Fathima L, Nalini S. Effectiveness of selected mind body interventions on cortisol level among antenatal women with anxiety related to childbirth. *International Journal of Research in Ayurveda and Pharmacy*.2017; 8(3):109-112
- 13) Vahideh MH, Alexandra MK Vargha, PA, Victoria P, Akas V, 2018 *Psychological Health Medicine* 879- 889.
- 14) Stella YD. A study to assess the fear related to pregnancy among primi gravid mothers attending at maternity clinic at Indore. *International Journal of Research Culture Society*. Feb 2018; vol 2 (2): 24-7.
- 15) Samah Nasser A El-A, Suzan El, Nahed FH. Factors associated with fear of childbirth: its effect on women's preference for elective cesarean section. *Journal of Nursing Education and Practice*.2017; 7(1):133-45.
- 16) Lucia M, Simona K, Zuzana D. Measuring women's quality of life during pregnancy. *Kontakt*.2018; 20(1): e 3 1 – e 3 6
- 17) Areskog, B, Kiessler, Uddenberg N. Identification of women with significant fear of childbirth during late pregnancy *Gynecology, Obstetrics* 16/12 1-2.
- 18) Soltani F, Eskandari Z, Khodakarami B, Parsa P, Roshanaei G. Factors Contributing to Fear of Childbirth among Pregnant Women in Hamadan (Iran) in 2016. *Electronic Physician*.2017; 9:4725-4731. <https://doi.org/10.19082/4725>
- 19) Susan GN, Hege TS, Leila T, Tilmann VS, Malin EG. The Wijma Delivery Expectancy/Experience questionnaire- a factor analytic study, *journal of Psychosomatic Obstetrics and Gynaecology*, 2001; 32(32); 160-163.

- 20) Seematti P. A Comparative study to assess the antepartum stress, family support, self-esteem among primi and multigravida mothers in selected emergency obstetrical care centres, Chennai; The Tamil Nadu DR.M.G.R. Medical University, Chennai-600 032
- 21) Hanna R. Fear of childbirth; Department of Obstetrics and Gynaecology, Helsinki University Hospital; University of Helsinki, June 2015.
- 22) Jeyanthi I, Kavitha R. Anxiety and stress among the primigravida and the multigravida, Cauvery Research Journal.2008; 1(2).
- 23) Madiha MT, Azza MEA, Thorea MM. Anxiety and Fear Level toward Childbirth among Primigravida versus Multigravida. IOSR Journal of Nursing and Health Science.2019; 8(2):36-44.
- 24) Krishna P, Amrit, Bakhla KA: A study of antenatal anxiety: comparison across trimesters: International Journal of Reproduction Contraception, Ostetric and Gynaecology.2017;6(5).
- 25) Rouhe H, Salmela-Aro K, Gissler M, Halmesmaki E, Saisto T. Mental health problems common in women with fear of childbirth. BJOG International Journal of Obstetrics and Gynaecology 2011; 118(9): 1104- 11
- 26) Madalitso K , Gabrielle TL, Su-RC , Shu-Yu K. Childbirth fear and related factors among pregnant and postpartum women in Malawi BMC Pregnancy. Childbirth. 2018; 3; 18(1):391.
- 27) Storksén HT, Eberhard-Gran M, Garthus-Niegel S, Eskild A. Fear of childbirth; the relation to anxiety and depression. Acta Obstet Gynecol Scand. 2012 Feb; 91(2):237-42. doi: 10.1111/j.1600-0412.2011.01323.x. Epub 2012 Jan 10. PMID: 22085403.
- 28) Nilsson C, Hessman E, Sjöblom H, Dencker A, Jangsten E, Mollberg M. and Begley C. Definitions, Measurements and Prevalence of Fear of Childbirth: A Systematic Review. BMC Pregnancy and Childbirth.2018 18(28). <https://doi.org/10.1186/s12884-018-1659-7>