

Fear levels of the childbirth of primiparaous women applying to emergency obstetric unit

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RESEARCH

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ABSTRACT

Background

Emergency service is a complex and dynamic environment mostly simultaneously managing the conditions of different patients and which is delicate in terms of time. Health care providers should be aware of influence the environment during labour.

Aims

The aim of this research was to determine the level of fear of childbirth of primiparaous women, who has applied to emergency obstetric units. We also examined some variable which could effect on the level of fear of childbirth such as reasons for applying the emergency obstetric units, knowledge about birth process and readiness to birth.

Methods

This study is a cross-sectional study. The sample of the study is 473 primiparaous women who have applied to emergency obstetric units. A personal information form and "Wijma Birth Expectancy / Experience Scale Version" have been used to determine the fear level of childbirth by conducting face-to-face interviews.

Results

It has been determined that 67.7 per cent of the pregnant women have applied to the emergency unit due to pain. It has also determined that the mean score of fear of childbirth is 66.33 ± 25.25 among women who have applied to emergency services. Also, 21.8 per cent of the women have been found to have a fear of childbirth at a severe-clinical level. Women who have early membrane ruptures have the highest level of fear of childbirth. There is also significant difference between women's fear of childbirth level depending on knowledge about birth process, readiness to give birth and desired/planned birth ($p=0.000$).

Conclusion

This study showed that on third of the primiparaous who apply to emergency obstetric care has a severe grade of fear of childbirth. It has been determined that fear of childbirth has been found to be lower in the women who has received childbirth education, who has known what they would live during birth, and who has felt ready for delivery. This finding suggests that childbirth education is important to provide low level fear of childbirth for women who apply to emergency obstetric unit.

Key Words

Emergency birth, fear of childbirth, nursing, primiparaous, tokophobia

What this study adds:

1. What is known about this subject?

Generally, pregnancy and delivery are mostly positive life experiences for women. Fear of childbirth is happening more in primipar women. Negative birth experiences affect subsequent pregnancies and births.

2. What new information is offered in this study?

Determining the level of birth fear of women and helping them cope with this fear is an important responsibility for health personnel in emergency obstetric unit.

3. What are the implications for research, policy, or practice?

The enlightenment of the women and the provision of readiness for childbirth are important factors in decreasing the childbirth fear

Background

Emergency units could be the ones increasing the fear and stress level for the pregnant women under a condition such as pregnancy in which the process and result cannot be seen or foreseen. The childbirth time and moment are full of mysteries even for the pregnant not having any complication history and who will not undergo any planned caesarean operation.¹ It is thought that the emergency obstetric units may increase the fear and stress level in most women due to the reasons such as meeting an unknown situation in the act of pregnancy and childbirth, risk for the development of complication and birth contractions.²

Dangerous symptoms such as bleeding, hypertension, pain etc. requiring emergency obstetric operation peculiar to pregnancy may trigger the pregnant to feel a fear of childbirth. Fears peculiar to pregnancy are the physical symptoms depending on the health of the foetus and pregnancy, parent relations, relations with other people, changes in the body, pregnancies including the birth and the action of birth and the maternal fears and worries related to the health of the baby.³⁻⁵

When the literature has been examined; while there are studies in which the patients applying to emergency service have been evaluated, few studies have been observed in which the conducted on emergency obstetric units. There are no studies which examine the level of fear of childbirth of primiparaous women who apply to emergency obstetric units. Aim of this study was to determine the fear of childbirth levels and affecting factors regarding reasons for applying the emergency units, knowledge about birth process and readiness to give birth.

Method

Design

The study has been conducted as a descriptive cross-sectional study. It has been conducted in the emergency unit of obstetrics and gynaecologic diseases of Antalya Training and Research Hospital, Turkey. There is a three-bed pregnant monitoring room in the emergency unit of obstetric and gynaecological diseases in which non-stress test is conducted and in which there are patient reception

room, a gynaecological treatment table and an ultrasound treatment table. The health staff works between the hours 08.00–16.00 and 16.00–08.00 in the emergency unit of obstetric and gynaecological diseases. Three midwives and one assistant doctor work in the day and night working hours. The women with the complaints of childbirth, obstetric and gynaecological diseases apply to the emergency unit of obstetric and gynaecological diseases. There is not any triage system to accept women for the emergency obstetric units. All women who apply to emergency obstetric units with some complaints is accepted to evaluate whether there is any risk for women and foetus' health.

Four hundred seventy three pregnant women applying to the emergency unit of Antalya Training and Research Hospital Obstetric and Gynaecological Diseases within six months between the dates August 2015-February 2016 have been taken to the sampling. Among the women included in the study; the mothers who are nulliparous, at least at the 28th week of their pregnancy, above the age of 18 and under the age of 35, with no chronic systemic diseases, with no abnormality in their foetus, with no psychiatric diagnosis and with single foetus have been taken to the scope of the study. However, women who have massive bleeding was excluded from study.

Data collection

Written work permit and ethical approval (Approval Number: 2015-102) have been taken from the Ethics Committee of the Hospital and from Antalya Training and Research Hospital Head Physician for the conduction of this study. In addition; explanations have been given to the pregnant to participate in the study and their verbal and written permits have also been taken.

The data have been collected from 473 primiparaous women applying to the emergency unit of the obstetric and gynaecological diseases department of the hospital, meeting the sample inclusion criteria and accepting to participate in the study. The purpose of the study has been explained to the pregnant following the conduction of their first treatment and data collection forms have been distributed. Forms have been filled by the researcher via the face-to-face interview method within 10-15 minutes.

Personal information form prepared as based on literature has been used for the purpose of determining the socio-demographic properties of the sample in the study. Personal Information Form covers the questions examining the reason of the pregnant for applying to emergency

obstetric unit, their working status, status of desiring the pregnancy, status of taking any preparation training for childbirth and the status of readiness for childbirth. There are questions covering the socio-demographic properties of the pregnant in the personal information form. Moreover; "Wijma Childbirth Expectation/Experience Scale Version A" has been used for the purpose of determining the fear levels of the pregnant regarding the childbirth.⁶⁻⁸

Wijma Childbirth Expectation/Experience Scale – Version A
Wijma Childbirth Expectation/Experience Scale Version A (W-DEQ) has been developed for the purpose of measuring the childbirth fear experienced by the women.⁹ The scale consists of 33 items. The responses in the scale are numbered from 0 to 5 and the scale is in 6-point likert scale. 0 is expressed as "completely" and 5 is expressed as "never". While the minimum point in the scale is 0, maximum point is 165. The childbirth fear of the women increases as the point increases. The questions no. 2, 3, 6, 7, 8, 11, 12, 15, 19, 20, 24, 25, 27 and 31 are calculated by reversing. Cronbach alpha value of the scale adapted to Turkish and whose reliability and validity have been conducted by Körükcü et al.¹⁰ is 0.89 and Split-half reliability is 0.91. In the evaluation of the scale; 0-37 points have been classified as low level childbirth fear, 38-65 points have been classified as medium level childbirth fear, 66-84 points have been classified as high level childbirth fear and 85-165 points have been classified as clinical level childbirth fear.

Data analysis

The attained data have been evaluated by using the convenient statistical methods in Statistical Package for the Social Sciences (SPSS) 20.0 program. Demographic variables have been summarized in the type of number and percentage. Levene test has been conducted for the purpose of determining whether the variances of the masses in which participants have been determined are equal or not. Independent two-sample test statistics have been conducted for the comparison of the scale points between two groups and one-way variance analysis has been conducted in more than two group comparisons. As a result of the variance analysis, post-hoc tests have been conducted for the purpose of revealing which group average is different from others and which group the difference stems from in the conditions in which F test statistics is significant. In post-hoc tests, Scheffe test has been preferred for the purpose of testing the average of one group according to other group averages.

Results

Almost half of the women forming the sample (48.4 per cent) are between the ages 21–25. When the educational status of the women has been examined, it has been determined that 35.9 per cent of them are graduates of middle school and the majority of them (88.2 per cent) do not work in a regular job (Table 1).

When the pregnancy and childbirth-peculiar properties of the women have been examined, it has been determined that 62.6 per cent of them are in the interval of 37-40 weeks and the pregnancy of 63.4 per cent of them is desired and planned pregnancies. It has also been determined that almost all of the women (93.9 per cent) have not taken any preparation training for pregnancy and childbirth and they do not know anything about the things they will experience during the childbirth (92.0 per cent) (Table 1). It has been detected that 67.7 per cent of the pregnant have applied due to pain and 15.8 of them have applied due to early membrane rupture (EMR) (Table 2).

The average childbirth fear point of the women (W-DEQ-A) applying to the emergency obstetric care unit has been determined as 66.23 ± 25.25 . It has been found that according to W-DEQ-A scale; 12.3 per cent of the pregnant applying to the emergency service experience childbirth fear in low level, 31.1 per cent of them experience childbirth fear in high level and 21.8 per cent of them experience childbirth fear in clinical level. It has also been determined in the study that only the women applying to the emergency service due to delayed pregnancies experience childbirth fear in medium level (Table 3).

It has been determined that there is no pregnant women who have low level of fear of childbirth according to reasons for applying the emergency obstetric units. The women applying to emergency service due to only delayed pregnancies experience medium level fear of childbirth when compared to the mean score of scale (Table 3). In Table 4; according to the Scheffe test results, it has been determined that there is a significant difference the level of fear of childbirth between the pregnant women who applied to emergency obstetric units due to delayed pregnancies and early membrane rupture.

Levene test statistics conducted for the purpose of determining whether the variances of the masses in which participants have been determined are equal or not has been attained as 0.707 and p value has been attained as 0.587. According to this result; the variances of the points given by the participants regarding the application reasons

to emergency units are homogeneous. Because both assumptions have been provided, one way variance test has been conducted. F statistics calculated according to the test result has been attained as 3.263 and p value has been attained as 0.012 (Table 3). In other words; there are meaningful differences between the application reasons of the women applying to emergency service and the childbirth fear.¹¹

It has been concluded that the desired, but unplanned; and desired and planned pregnancy conditions have meaningful impacts on the childbirth fear ($t=5.673$, $p=0.000$). Because the difference is 0.39 between averages of planned and unplanned pregnancy. It has been determined that the childbirth fear of those experiencing desired and planned pregnancy is less than that of desired, but unplanned pregnancy (Table 5).

It has been observed that whether the participants have sufficient information in the issue of what they will experience during the childbirth has a meaningful impact on the childbirth fear. Because the difference is 0.13 between whether the participants have sufficient information in the issue of what they will experience during the childbirth or not, it has been determined that the childbirth fear of those not knowing what they will experience during the childbirth is higher than women who have knowledge about birth process (Table 5).

It has been detected that whether the participants feel themselves ready for childbirth has a meaningful impact on the childbirth fear. Because the difference is -0.51 between whether the participants feel themselves ready for childbirth or not, it has been determined that the childbirth fear of those not feeling themselves ready for childbirth is higher than those feeling themselves ready (Table 5).

Discussion

In the study; the fear levels regarding the childbirth experienced by the primiparaous pregnant women applying to the emergency service and the factors affecting the fear have been examined. 62.6 per cent of the women are in the interval of 37-40 weeks of their pregnancies and the pregnancy 63.4 per cent of them is a desired and planned pregnancy. 93.9 per cent of the women have not taken any preparation training for childbirth and pregnancy (Table 1).

The average childbirth fear point average of the women applying to the emergency unit of obstetric and gynaecological diseases has been determined as 66.33 ± 25.25 (Table 2). It has been found that according to

W-DEQ-A scale; 12.3 per cent of the pregnant applying to the emergency service experience childbirth fear in low level, 31.1 per cent of them experience childbirth fear in high level and 21.8 per cent of them experience childbirth fear in clinical level (Table 2). In a study conducted with the Australian women who will become mothers for the first time, higher level childbirth fear level has been determined in primiparities when compared to multiparities.¹² Not having any childbirth before and not knowing the normal childbirth have been related to the experience of childbirth fear in high level.¹³⁻¹⁶ Whether almost half of the women have childbirth fear at high and clinical level may stem from the fact that the study has been conducted in emergency gynaecological birth service and there is no sufficient information regarding this unit.

It has been determined that women frequently apply to the emergency service due to pain with 67.7 per cent and due to watering with 15.8 per cent (Table 3). In our study; when the complaints of the pregnant applying to the emergency service have been examined, it has been detected that the most frequent application complaint is stomach-ache (20.5 per cent).¹⁷ It could be considered that they often apply to the emergency mostly for the pain due to the anxieties regarding the health of the baby and mother and due to the fact that the real childbirth symptoms are unknown.

In this study, it has been observed that there is a significant difference between the childbirth fear and the application reasons of the women applying to the emergency service of obstetric and gynaecological diseases department (Table 2). We were thought that the reason of the admission of obstetric emergency department might be related with fear of childbirth. Therefore, we compared the reason of admission of obstetrics emergency department and level of fear of childbirth. It is known that birth is coming after opening the amniotic pouch, but women are not aware of other signs and symptoms about pregnancy and birth complication. It might be related with why level of childbirth fear is high in preterm premature rupture of membranes group. The fact that there is no pregnant women experiencing low level childbirth fear and the determination that the women applying to the emergency service only due to the delayed pregnancies experience medium level childbirth fear are the eye-catching findings of the study (Table 3). In addition to the stress caused by the pregnancy and childbirth, emergency services are the units that have rapid patient traffic and that may be the intensive stress resource in terms of the patient.¹⁸⁻²³

In the study; it has been found out that women experience higher levels of childbirth fear in the desired, but unplanned pregnancies (Table 5). If the pregnancy has occurred in an unplanned way, a part of the mother candidates have hardships in the acceptance of the process of pregnancy.²⁴ It has been observed that women who are older and having unplanned pregnancy have childbirth fear in higher ratios.²⁵ This situation shows similarities with the results of the study.

In the study, it has been determined that those not having any training of preparation for childbirth experience the childbirth fear in higher levels (Table 5). A study has been conducted with 109 healthy primigravid women for the purpose of determining the impact of the exercises and prenatal preparation trainings on controlling the childbirth fear and pain. It has been detected that the childbirth fear has significantly decreased in the women participating in the exercise program, but it has not decreased the childbirth fear in the women participating in the traditional childbirth courses.²⁶ It has been found out that the psycho-education conducted with 1410 women whose pregnancy is between the weeks 24-34 in Australia to decrease the childbirth fear is efficient in decreasing the childbirth fear level in the pregnant women and in increasing the childbirth self-confidence.¹² In addition; it has also been determined that almost half of the pregnant participants in the classes of preparation for childbirth experience childbirth fear.²⁷ It is a known fact that all the pregnant women cannot benefit from the training centres in our country. Having a training before childbirth has been shown to be efficient in decreasing the fear levels due to the changing of the wrong knowledge existent related to taking a training before childbirth.¹¹ It could be said that participation to childbirth preparation classes decreases the fear level of the women due to the fact that it ensures attainment of knowledge related to the pregnancy, childbirth and postnatal period.²⁸

It has been determined that the childbirth fear level of those not feeling themselves ready for the birth during the childbirth is higher than those feeling themselves ready (Table 5). Giving correct and sufficient information to the pregnant women related to the pregnancy and childbirth via the video and visual representation techniques is one of the most effective non-pharmacological ways for the handling of fear. Having sufficient knowledge is considered as a factor facilitating the decision making in the issues related to health.¹⁵ The finding that the enlightenment of the women and the provision of readiness for childbirth are important factors in decreasing the childbirth fear and the negative impacts caused by the childbirth fear shows

similarity with the literature.²⁹

The fact that study has been conducted in a single unit, it has been conducted with nulliparous women and no comparison has been made between the daylight and night working hours take place in the limitations. Furthermore, the environment of obstetric emergency unit is not relaxing features for pregnant women with high risk. Additionally pregnant women are not educated and ready for childbirth emergency situations or complicated birth like normal childbirth process.

Conclusion

Pregnants should be informed and awareness should be raised in the issue of the danger symptoms possible to occur in pregnancy and the real birth symptoms. Classes for preparation for childbirth should be extended. The health personnel working in the emergency services should be informed in the issue of the childbirth fear and the impacts of application to hospital on the pregnant and family. It is necessary to form correct, efficient and applicable policies regarding the delivery and usage of the emergency health services of the country.

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PEER REVIEW

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CONFLICTS OF INTEREST

The authors declare that they have no competing interests.

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ETHICS COMMITTEE APPROVAL

Ethical approval was taken from Akdeniz University Clinical Trials Ethics Committee (approval reference number: 236).

Table 1: Definitive properties of the participants (n=473)

Properties	Number	%
Age (years)		
20 and below	119	25.1
21-25	229	48.4
26-30	86	18.2
31-35	31	6.6
36-41	8	1.7
Education		
Literate	29	6.1
Primary School	74	15.6
Middle School	170	35.9
High School	134	28.4
University	66	14.0
Working in a regular job		
No	417	88.2
Yes	56	11.8
Week of Pregnancy		
Week 29-32	24	5.0
Week 33-36	104	22.0
Week 37-40	296	62.6
Week 41 and above	49	10.4
Plan of pregnancy		
Desired, unplanned	173	36.6
Desired, planned	300	63.4
Training of birth preparation		
No	444	93.9
Yes	29	6.1
Knowledge of Childbirth		
Yes	38	8.0
No	435	92.0
Readiness for Childbirth		
Yes	237	50.1
No	236	49.9

Table 2: Childbirth fear levels of the women applying to emergency service according to “Wijma Childbirth Expectation/Experience – Version A”

Childbirth Fear Levels	Number	%
Low Level (0-37)	58	12.3
Medium Level (38-65)	165	34.8
High Level (66-84)	147	31.1
Clinical Level (85-165)	103	21.8
Mean average: :66.33±25.25	473	100
Total		

Table 3: Relation between the reasons for applying to emergency and childbirth fear (n=473)

Application Reason	n (%)	Scale point		F	p
		\bar{x}	SD		
Pain	320 (67.7)	66.00	24.26	3.263	0.012*
Early membrane rupture	75(15.8)	71.87	28.33		
Delayed pregnancies	35(7.4)	54.09	25.09		
Bleeding	35(7.4)	67.46	23.06		
Hypertension	8(1.7)	74.63	29.91		
Total	473(100)	66.33	25.25		

* P<.05

Table 4: Distribution of the groups forming the difference between the reasons for applying to emergency service and childbirth fear (n=473)

Reason for Application to Emergency Service	Other Reasons of Application to Emergency Service	p	95% Confidence Interval	
			Lower limit	Upper limit
Pain	Early membrane rupture	0.510	0.4774	0.1241
	Delayed pregnancies	0.128	0.0552	0.7796
	Bleeding	0.999	0.4604	0.3744
	Hypertension	0.922	10.995	0.5790
Early membrane rupture	Pain	0.510	0.1241	0.4774
	Delayed pregnancies	0.018*	0.0589	1.0188*
	Bleeding	0.946	0.3463	0.6136
	Hypertension	0.999	0.9556	0.7885
Delayed pregnancies	Pain	0.128	0.7796	0.0552
	Early membrane rupture	0.018*	10.188	-0.0589*
	Bleeding	0.289	0.9657	0.1553
	Hypertension	0.357	15.412	0.2964
Bleeding	Pain	0.999	0.3744	0.4604
	Early membrane rupture	0.946	0.6136	0.3463
	Delayed pregnancies	0.289	0.1553	0.9657
	Hypertension	0.970	11.360	0.7016
Hypertension	Pain	0.922	0.5790	10.995
	Early membrane rupture	0.999	0.7885	0.9556
	Delayed pregnancies	0.357	0.2964	15.412
	Bleeding	0.970	0.7016	11.360

p<0.05

Table 5: The relation between the childbirth fear and plan of pregnancy, knowledge about childbirth and readiness for childbirth (n=473)

Plan of Pregnancy	No	Scale Point		Difference	t	p	Levene F test	
		\bar{x}	SD				F	p
Plan of Pregnancy								
Desired but unplanned	173	74.46	22.46				4.263	0.04
Desired and planned	300	61.64	25.63	0.39	5.673	0.000		
Knowledge about childbirth								
Yes	38	51.79	29.82	0.13	-3.751	0.000	4.888	0.028
No	435	67.60	24.45					
Readiness for childbirth								
Yes	237	58.01	24.09					
No	236	74.68	23.64	-0.51	-7.594	0.000	1.343	0.247

$p < 0.05$