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Review Article

Prenatal Fear Of Child Birth

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ABSTRACT

One of life's most amazing events is giving birth. But numerous expecting mothers experience FOC such that Fear of child birth and labor in a variety of ways according to their personalities, Past experiences, pregnancy, and delivery conditions. The experience of giving birth is one that has many facets, is complex, and is particular to each woman. It is further impacted by the social cultural system in which the woman lives. The occurrence of labor was strongly and unfavorably anticipated by anxiety regarding birthing. Seven of the main themes include dread of the unborn child, anxiety about parenting, fear connected to delivery or method, fear following a bad pregnancy or delivery, mental causes for fear of pregnancy, fear of suffering, and communal context. (The subjects who took part in this longitudinal analytical investigation includes 254 pregnant women who experienced more maternal anxiety had poorer maternity results and were more likely to deliver through caesarean section. The more the fear the higher the probability of having an undesirable delivery process. Fear acted as a danger contributor to the delivery process. Promoting mindful listening and support techniques may help pregnant women feel more confident, which will lessen their dread of giving birth and enhance their experience throughout birthing)

INTRODUCTION

Are Skog and coworkers conducted the first study on fear of childbirth (FOC) in pregnant women in Sweden in 1981, and since then, there has been a rise in interest worldwide in the role that FOC plays in both primipara and multipara women's delivery experiences. Approximately 14% of pregnant women globally had FOC in 2016, according to a comprehensive review and Meta

analysis study, of which 6-10% had severe FOC. The majority of research over the past three decades has concentrated on the anxieties pregnant women have about giving birth, with little attention paid to their partners, who are, in the context of reproductive, maternal, and neonatal well-being of children, an integral component of the childbirth process. Birthing a child is a significant, profound, and life-altering event. In

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this sense, a happy and positive experience is anticipated, but fear of childbirth (or some other sort of worry) cannot be completely ruled out because it is hard to foresee how the process will proceed. FOC is a condition that affects nulliparous, primiparous, and multiparous women and has an impact on both labour and the puerperium in addition to having health repercussions. FOC ranges in intensity from mild to high. Phobic dread, which exhibits avoidance behaviours typical of a phobic condition, is its most extreme manifestation. Women's mental well-being, stress symptoms, effect on everyday life, and desire for a caesarean section during their subsequent pregnancies all seem to be connected to their fear of birthing experiences. The purpose of this study was to examine the impact of fear of childbirth (FOC) On the delivery process as well as the other obstetric and sociodemographic factors. According to the literature, anxiety personalities, prior sexual abuse, distressing births or other horrific medical experience, previous miscarriages, prolonged infertility, smoking, a lack of social support, and unhappy romantic relationships have all been linked to fear of childbirth.

Body:- Methodology

A. Study Design-

1. Utilizing questionnaires, a qualitative longitudinal was established.
2. The Birth Anticipation scale (BAS) score for "fear of childbirth" (FOC) and the Childbirth Experience Inventory in its validated Spanish form (CEQ-E) for "childbirth experience" were the variables for investigation
3. The study was carried out at a maternity and child health welfare facility run by an independent organization in Pune, Maharashtra, India.

B. Population and sample collection-

1. A total of 3269 pregnant women under follow-up who gave birth in two [Andalusia

hospitals Hospital Costa del Sol in Marbella (Malaga) and Hospital Punta de Europa in Algeciras (Cadiz)-] between July 2021 and June 2022 Made up the study population.

2. Women who visited any of the hospitals for a prenatal checkup and met the eligibility requirements as well as these who agreed to take part in the study were randomly chosen for the sample
3. Women who attended the pregnancy follow-up appointment in the 35th week of amenorrhea and biter gave birth in either of the two study hospitals via eutocic, dystocic, or caesarean section without having any peripartum pathologies, like placental abruption, a prolapsed cord, or acute foetal distress, met the eligibility requirement.

C. Instruments-

1. The Birth anticipation scale (BAS) and the childbirth Experience Questionnaire in tis validated Spanish version (CEQ-E) were both utilized as validated questionnaires to collect data. Furthermore, to these two techniques, sociodemographic information about the patients was gathered.
2. Given that Evander et al. validated this questionnaire in the United States, the relevant crosscultural adaptation was completed in order to employ it in the current study context and particular demographic.
3. The CEQ-E questionnaire has four domains: "Own capacity" (8items), "professional support" (5items), "perceived safety" (6items) "memories from the childbirth" (3 items), and "participation" (3items), which are related to one's own potential to control position, movement, and pain relief during labor and delivery.

D. Data Collection-

1. Data was gathered between July 1, 2021, and June 30, 2022. Data were retrieved from the Andalusia Public Health System's (Spain)



Comprehensive patient management database.

2. Data was gathered using an interview guide with partially structured questions with open answers that was created based on the research study.
3. The interview guide included questions on demographics, women's experiences in the birthing environment, pregnancy experience, childbirth anxiety, risk factors pertaining to women's birth experiences

DISCUSSION

In Kenya, pregnant women and their partners were studied to determine prenatal fear and relevant aspects.

- Prenatal FOC among partners in the current study was substantially correlated with participant domicile, educational attainment, health insurance coverage, wives' prior labor experiences, and attitudes toward the expected birth.
- Depending on their personalities, prior life and birth experiences, pregnancy, and birth conditions, numerous pregnant women experience extreme fear of childbirth (FOC) in diverse ways.
- Persistent FOC increases the risk of labor and delivery complications as well as pregnancy-related anxiety, such as childbirth phobia, which is linked to low neuro-emotional growth among neonates brought on by elevated levels of mother cortisol. The study's goal was to investigate the fundamental causes of birthing anxiety in women who had recently given birth. The study's data collection on reporting FOC parameters in the urban tertiary hospital in Pune, India, was a form of qualitative research.
- According to recent research, women who were new mothers and second-time mothers both experienced birthing anxiety.

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- Another of the significant and intriguing findings from the study was that Indian women with severe FOC avoid cesarean deliveries out of fear and opt for conventional births.
- According to the research, the majority of the participants were anxious about becoming parents, which led to their dread of labor.
- The majority of births in India are spontaneous, making them a financial and physical hardship for inexperienced parents and a greater strain on pregnant women."

RESULT:

An overall participation percentage of 88% was achieved with 254 pregnant women and their partners. The pregnant women's and their partners' relative average ages were 25.027 and 30.0413.73. Pregnant women were likely to live in Country - more (56.69% n = 144) Side regions have an elementary school certificate (36.61% n = 93), and have health coverage (25.20%; n = 64). The majority of the participants were between the ages of 18 and 35, which is their main demographic characteristic. The few respondents who were employed had quit their employment due to pregnancy, and the majority of the respondents were housewives. The topic "Fear related to child" is described as awakening any horrible feeling or believed in women during pregnancy, childbirth, and postpartum, resulting in maternal stress or anxiety. The thematic evaluation was utilized to the records presents the key apparent for FOC. Theories readily. Women who experienced challenges during pregnancy. Experienced higher level of concern for the unborn child because they worried that their own problems. Might affect the baby's health. Pregnant women who had previously delivered a girl and were now expecting a boy experienced anxiety. One of the primary topics that came up from the research was



the fear of having a bad birth experience, which is fear brought on by previous past bad birth experiences.

CONCLUSION

According to a study prenatal For among expectant mothers and their partners in kenya, dread can be extremely painful for partners. When a partner gives birth, they likely experience emotional loss to a considerable degree. There is a need for prenatal training among couples with high levels of birthing phobia, according to the research evaluation. Future research must therefore concentrate on the gap. Bridging FOC has a negative impact on the labor and delivery process. Therefore, it is crucial that medical professionals actively listen to pregnant- women and promote their self-expression. This will enable medical personel to take into account women’s emotions, incidents, and expectations during following check examinations, labor, and after delivery. It is important to identify and treat pregnancy – anxiety as soon as possible because failure to do so will have negative effects on both the health of the expectant mother and the unborn body, particularly in terms of the mother-child bond. And everyday activities for the woman. The Information on these variables. Be used to figure out pregnant may who need women prenatal psychological counselling. Additionally, it has been found that at antenatal check examinations, testing for anxiety, anxiety symptoms, predicted pain during labor, and areas of knowledge about childbirth can all predict higher levels of the Foc It Is advised to conduct more research.

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