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Childbirth related fears and psychological birth trauma in younger and older age adolescents

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ABSTRACT

Aim: The aim of this study is to explore childbirth fears on psychological birth trauma (PBT) by adolescent age.
Background: Among adults parity and intrapartum fears including fear of dying, loss of control, pain, and limited support have been associated with negative birth appraisal and symptoms of traumatic stress, defined here as PBT.
Methods: This cross-sectional study surveyed a convenience sample of 201 adolescents at a large, county hospital.
Results: Over 75% of adolescents perceived fear. Younger and older adolescents, similar in fears, were distinguished only by parity. The effects of parity, overall rating of fear, and father of baby absence were found to vary by age on birth appraisal; however, only parity varied by age on IES scores.
Conclusions: All age adolescents can be fearful and will benefit with childbirth education and labor support to help reduce fears and subsequent PBT.

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Childbirth is a common event for the majority of women, and once the cascade of labor begins, it cannot be avoided. If childbirth is a natural biological process, is the fear of childbirth a possibility? Anticipating or experiencing an unavoidable, potentially frightening situation can generate increased stress for many women. Specific events in childbirth may increase postpartum fear levels (Fenwick, Gamble, Nathan, Bayes, & Hauck, 2009). Women who experience fear or emotional distress in childbirth may experience psychological birth trauma (PBT). Noted symptoms in postpartum may suggest an acute stress reaction (ASR), traumatic stress response (TSR), (Ayers, 2004) or posttraumatic stress disorder (PTSD) (Melender, 2002; Nilsson, Bondas, & Lundgren, 2010; Sercekus & Okumus, 2009; Tsui et al., 2006). The woman's appraisal of the birth experience may also illustrate a fear of childbirth (Waldenstrom, Hildingsson, & Ryding, 2006) and suggest trauma. The fear of childbirth has garnered international attention; however, published studies primarily describe the experiences of adult women residing outside the United States (US), such as Finland, Sweden, Australia, and the United Kingdom. Research exploring the fear of childbirth and PBT among US women, especially adolescents, has largely been overlooked.

Adolescent pregnancies account for approximately 4 to 7% of US births (Center for Disease Control, Prevention (CDC), 2010; Guttmacher Institute, 2010). Adolescents present with different maturity and developmental levels than adults and are likely to perceive or experience childbirth differently than adults. Furthermore, differences related to the childbirth experience emerge between younger and older adolescents (Sauls, 2010). Childbirth fears and PBT among childbearing adolescents are of particular interest. The purpose of this study was to explore the fear of childbirth and PBT following birth among younger (13–16 years) and older (17–19 years) adolescents at 1 to 3 days postpartum. A distinction by age in overall childbirth fear and report of selected childbirth fears including fear of dying, limited overall labor support, fear of loss of control, poor pain management, absence of father of the baby at childbirth, and parity (lack of childbirth experience) was explored. Additionally effects of childbirth fears by age upon PBT (measured through birth appraisal and trauma impact) were examined.

1. Background

1.1. Physiology of fear

On a neuro-chemical level fear is a learned response during which there is activation of glutamate N-methyl-D aspartate (NMDA) receptors. Blocking these receptors can interfere with the ability to end the fear (Jovanovic & Ressler, 2010). The ability to inhibit fear is an important mechanism of the brain. Theories about brain functions and the ability to inhibit fear include the modulation of the inhibitory neurotransmitter *y*-aminobutyric acid (GABA), and the plasticity of

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the amygdala (Jovanovic & Ressler, 2010). People who are more susceptible to fear will interpret a threat as more intense or magnified than those who are less fear prone (Perkins, Cooper, Abdelall, Smillie, & Corr, 2010). A decreased ability to inhibit fear has been shown to characterize patients with PTSD (Jovanovic & Ressler, 2010).

Altered fear responses are factors present prior to the development of PTSD (Pole et al., 2009). Pole et al. found that police cadets who later developed PTSD symptoms were more likely to have the altered fear responses of hypersensitivity to threat, elevated sympathetic nervous system reactivity to threat, and failure to adapt to repeated threatening stimulus. For periods of up to 24 months post active firefighting, firefighter recruits in training were more prone to develop PTSD when they showed a decreased ability to unlearn fear responses (Guthrie & Bryant, 2006).

1.2. Childbirth fear

Considering the event of childbirth as fear provoking and capable of producing mild to severe consequences such as PTSD has had limited research attention. Yet, particular events at birth that are remembered as emotionally distressing have been associated with the re-experiencing of distressing events and later reports of PTSD symptoms (Harris & Ayers, 2012). These intrapartum "hotspots," associated with fear and resulting PTSD, were defined as interpersonal events, or mostly concerns of support; events concerning the baby; and obstetric events including pain (Harris & Ayers, 2012). Separate research by Campos, Schetter, Walsh, and Schenker (2007) noted that emotionally distressing events differed between Mexican and Anglo orientation adults. Both Harris and Ayers (2012) and Campos et al. (2007) studies were primarily among adult childbearing women above the age of 19. How "hotspots" associate with fear among ethnically diverse, childbearing adolescents is unknown.

The potential trauma following birth, or PBT, encompasses a range of childbirth consequences. PTSD resulting from a traumatic birth experience is not the norm (Alcorn, O' Donovan, Patrick, Creedy, & Devilly, 2010). Despite great research attention, PTSD will only be experienced by the minority of childbearing women with a prevalence reaching up to 9% (Beck, Gable, Sakala, & Declercq, 2011). More commonly a woman's initial reactions to childbirth may suggest an acute stress reaction. Symptoms such as appearing dazed, overactive or agitated, withdrawn, anxious, disoriented, or depressed may occur within minutes of birth and dissipate within hours to days (Church & Scanlan, 2002). One in three women may appraise their birth experience as traumatic (Ayers, 2004). A traumatic appraisal of childbirth by the woman may lead to acute symptoms of re-experiencing, avoidance, arousal, or dissociation within 1 month of the traumatic event. These symptoms, indicative of an acute stress disorder, can be a potential precursor to PTSD (Ayers, 2004). PTSD may be the diagnosis when symptoms of re-experiencing, avoidance, and arousal persist over 1 month with significant impairment to one's life. Women experiencing a traumatic stress response may show similar symptoms to actual PTSD but recover during the first 3 months of the event (Ayers, 2004). Symptoms of traumatic stress including disassociation, disconnection, apathy, anxiety, anger, and grief have been shown to be the result of fear related to a previously frightening childbirth experience (Nilsson et al., 2010).

1.3. Prevalence of childbirth fear

Reports documenting a fear of childbirth vary across countries. Between 20% and 74% of women residing in Scandinavian countries and Australia were found to experience a mild to moderate childbirth fear. Approximately 6% to 26% of these women experienced a disabling, or severe, fear of pending labor and birth (Fenwick et al., 2009; Hofberg & Ward, 2003; Melender, 2002; Waldenstrom et al., 2006). The lower prevalence for women of Scandinavian countries was believed to be due to infrequent obstetrical interventions and a universal health care system (Fenwick et al., 2009).

Reports of women from other countries also show a wide prevalence. All pregnant Chinese women ($N = 300$) interviewed reported some degree of fear (Tsui et al., 2006). Among 650 women residing in British Columbia 54% reported a moderate level of fear with 21% and 25% of women reporting low and high fear levels respectively (Hall et al., 2009). In western countries approximately one in five pregnant women has been shown to experience considerable fear of childbirth (Salomonsson, Bertero, & Alehagen, 2013). Inconsistencies in prevalence is most likely due to inconsistent use of data collection instruments and a lack of definition for the commonly used categories of fear such as mild, moderate, and severe. Despite inconsistency in the global definition of childbirth fear and cultural, societal, environmental, and medical conditions that differ across countries, reported prevalence shows a concept of interest around the world; and one perhaps, minimized as a research focus in the US.

1.4. Risk factors

Several studies have identified risk factors for the development of fear related to childbirth including lower self-rated health, no social network, unskilled job, vocational education, current smoking, young age, unemployment, depression, anxiety (Laursen, Hedegaard, & Johansen, 2008), decreased sleep, fatigue, (Hall et al., 2009), and nulliparity (Fenwick et al., 2009; Rouhe, Salmela-Aro, Halmesmaki, & Saisto, 2008). Specific study on normal stress responses has indicated that novel situations often lead to greater stress responses (Ayers, 2004), such as with a first pregnancy and birth. Other triggers potentially leading to childbirth related fear may include negative mood, negative stories and television shows, alarming information heard, child-related problems, and previous negative birth experiences (Melender, 2002; Munro, Kornelsen, & Hutton, 2009).

Childbirth fears during pregnancy may intensify in labor when triggered by traumatic intrapartal events. Among Australian women intrapartal events generating increased fear related to concerns over the health of the fetus during childbirth and obstetrical interventions such as caesarean birth, use of forceps, and vacuum assisted birth (Fenwick et al., 2009). Fears reported in one US sample of birthing women related to the distrust of the obstetrical staff, unfriendly staff, being left alone in labor, and having no decision making in labor (Soet, Brack, & Dilorio, 2003). Nulliparous Turkish women reported intrapartal fears such as fear of pain, fear of complications, fear of procedures, fear of panic or losing control, fear of health caregivers, and fear of the maternity ward environment (Sercekus & Okumus, 2009). Chinese women in labor reported fear of pain, fear of prolonged birth, fear of vaginal tearing, and fear of wellbeing for child and self (Tsui et al., 2006).

Fear due to a past childbirth experience may be an important risk factor to the childbearing decisions of both present and subsequent pregnancies. Childbirth fear during pregnancy has been found to influence one's desire for an elective cesarean birth, desire for future children, and request for increased analgesia in labor, as well as postnatal depression and impaired maternal–infant attachment ((Bryanton, Gagnon, Johnston, & Hatem, 2008; Fenwick et al., 2009; Laursen, Johansen, & Hedegaard, 2009; Pang, Leung, Lau, & Chung, 2008; Waldenstrom et al., 2006). Maintaining a fear of childbirth is a risk factor for a woman's negative birth experience (appraisal) and potentially PTSD following birth (Salomonsson et al., 2013).

1.5. The adolescent experience

Childbirth fear for the adolescent and resulting PBT is unclear and under researched. Age and development affects the adolescent's self-control, perspective-taking, self-esteem, lifetime adversities, and the effect of exposure to adverse events. Over time if development

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