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Exploring Fear of Childbirth in the United States Through a Qualitative Assessment of the Wijma Delivery Expectancy Questionnaire

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ABSTRACT

Objective: To explore women's experiences while completing the Wijma Delivery Expectancy Questionnaire (W-DEQ), an instrument used to measure fear of childbirth, and to analyze the readability and applicability of the instrument within a diverse population of women in the United States.

Design: Qualitative descriptive study using focus groups with women who were pregnant or had given birth in the last 5 years.

Setting: Urban health center in the Detroit metropolitan area.

Participants: Participants included 22 women who participated in three focus groups.

Methods: Focus groups were used to collect data, which were analyzed using content analysis. The Fry Readability Graph, in computer form, was used to rate the readability of the instrument.

Results: Women in the focus groups identified many themes that were consistent with previous research. However, the women indicated many new factors that contributed to their fear that were previously unidentified by the W-DEQ, including fear of abandonment by their clinicians and fear of how the structure of the maternity care system affects care during childbirth.

Conclusion: The findings from the focus groups challenge the utility and appropriateness of the W-DEQ for use as a screening tool to identify women who are pregnant and experiencing FOC in a U.S. context.

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Pregnancy and childbirth are normal physiological processes and significant social and emotional events in the life of any woman. The experience of childbirth, even though inherently unpredictable, should be a positive, life-affirming event associated with minimal risk of an adverse outcome (Fisher, Hauck, & Fenwick, 2006). Childbirth is a changeable, complex, and multifaceted event, and fear can alter the psychosocial health of the woman and may influence health outcomes for the woman and infant. Whereas general fear about impending childbirth is recognized as normal, evidence suggests that excessive fear of childbirth (FOC) can also be present (Hofberg & Ward, 2003).

For childbearing women, FOC may represent the convergence of various feelings of anxiety during pregnancy into a single socially and psychologically understandable entity. In some women the fear is specific and only concerns the event of childbirth. In others, FOC exists in parallel with other types of anxiety disorders. However, for most, FOC is a distinct phenomenon that differs from generalized anxiety and depression (Huizink, 2000). The existing literature defines FOC as a serious concern related to the well-being of the child, the labor process, loss of control, distrust of own competence, and lack of trust in the staff present to support the process (Sjogren & Thomassen, 1997). More recent researchers have defined FOC simply as very negative expectations of giving birth (Ryding et al., 2015). Despite this broad definition, the origin and pathology of FOC are still placed within the individual realm of the woman. What is clear is that FOC is a complex phenomenon deeply grounded in culture and context and that

more information is needed on how FOC manifests in the United States, particularly among marginalized populations with additional psychosocial risk factors.

The general prevalence of FOC suggested by previous investigators ranges from 5% to 52%. In the only study conducted in the United States with a sample of 280 women, the prevalence was reported at 52% (Lowe, 2000). Authors of other studies report 10% in a sample of 2,662 Finnish women (Waldenstrom, Hildingsson, & Ryding, 2006) and 5% in a sample of 8,000 Swedish women (Geissbuehler & Eberhard, 2002). Zar, Wijma, and Wijma (2001) found that 20% of women in developed countries, such as Sweden and Australia, experienced childbirth fear. In one sample, 25% of participants reported high levels of fear, 54% reported moderate levels of fear, and 21% reported low levels of fear (Hall et al., 2009). Women expecting their first birth report higher levels of fear than women who have given birth before (Alehagen, Wijma, & Wijma, 2001). The overly broad conceptualization of fear and variation in the time of its measurement may contribute to the inconsistency across findings of prevalence (Johnson & Slade, 2003). The broad range of prevalence across study populations suggests that FOC is deeply grounded in culture and context. How context and culture influence women's experiences of FOC in the United States, particularly among marginalized populations with additional psychosocial risk factors for poor obstetric outcomes, is unknown.

Recent decades have seen an increase in biopsychosocial approaches to enhance the study of pregnancy and birth outcomes and how those outcomes are influenced by perinatal mental health. There is considerable evidence in Scandinavian countries regarding the relationship between FOC and adverse birth outcomes. In these countries FOC has been associated with increased use of pharmacologic pain relief (Adams, Eberhard-Gran, & Eskild, 2012; Alipour, Lamyian, & Hajizadeh, 2011; Sjogren & Thomassen, 1997), longer times to accomplish birth (Adams et al., 2012), higher rates of operative vaginal delivery (Adams et al., 2012; Heimstad, Dahloe, Laache, Skogvoll, & Schei, 2006), emergency cesarean birth (Nilsson, Lundgren, Karlstrom, & Hildingsson, 2011; Ryding, Wirfelt, Wangborg, Sjogren, & Edman, 2007), preference for elective cesarean birth (Nieminen, Stephansson, & Ryding, 2009; Waldenstrom, 2004), self-reported negative birth experience (Nilsson et al., 2011; Ryding et al., 2007), higher rates of induction (Sjogren & Thomassen, 1997), increased used of synthetic oxytocin to promote labor progress (Sjogren & Thomassen, 1997), and decreased normal birth diagnosis (Sjogren & Thomassen, 1997).

Women who fear childbirth have the potential for adverse obstetric outcomes; adequate prenatal screening can help clinicians identify these women.

New instruments have been introduced to measure FOC; however, many have not been subject to theoretical grounding or psychometric evaluation, which raises questions about their validity (Alderdice, Lynn, & Lobel, 2012). Furthermore, instruments developed and validated in other countries cannot simply be translated with the expectation that they will have the same psychometric properties in other cultural contexts. Misapplication of instruments from one country to another without validation may lead to misclassification and distortion of prevalence rates (Canino & Alegria, 2008). Moreover, the instruments may not accurately capture the variables they are intended to measure in cultural contexts where the meaning, clustering, experience of symptoms (Kohrt et al., 2011), and language used to express symptoms may differ. Adequate prenatal measurement is necessary to provide obstetric nurses and obstetric care providers with the tools necessary to support women prenatally and during the birth process.

Perhaps the most widely used and valid measure of FOC is the Wijma Delivery Expectancy Questionnaire (W-DEQ). The W-DEQ is a theory-based instrument focused on the expectations a pregnant woman has about the anticipated birth, including the influence of any past birth experiences. As constructed, the instrument provides an estimate of the fear a woman may experience before and/or during a birth (Wijma, Wijma, & Zar, 1998). The W-DEQ has been used 25 times in studies in which investigators explored the issue of anxiety in pregnancy. It has been identified as the gold standard measure of FOC by international organizations exploring this topic (Wijma, 2013). Thus, it is a useful instrument with which to replicate other studies or to use to understand FOC within the context of American women. However, despite its wide use internationally,