



Review

Psychological perspectives on fear of childbirth



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ABSTRACT

The objective of this narrative review was to examine the literature on fear of childbirth from a psychological perspective, addressing the specificity of childbirth fear, the pathways of fear acquisition, and the physiological, cognitive and behavioral aspects of fear. Systematic procedures for literature search, inclusion and exclusion left 86 original research papers for analysis. Findings summarize the body of knowledge for each area of interest, as well as the number of studies addressing each theme. Overall, few studies adopt a clear-cut psychological perspective, leaving the psychological mechanisms of childbirth fear largely unexplored. Although methodological limitations make conclusions difficult, results give a hint of etiological diversity and possible psychological mechanisms commonly described as transdiagnostic features in anxiety. Systematic investigations of psychological mechanisms, longitudinal studies exploring possible vicious circles of fear, and studies comparing psychological characteristics within the group of women fearing childbirth are identified as research areas of high priority.

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1. Introduction

Nearly 80% of pregnant women express worries and fears in relation to their pregnancy or upcoming childbirth (Melender, 2002a). For a great deal of these women the fears are strong enough to be clinically relevant. However, estimations of prevalence are equivocal, presumably due to the lack of clear-cut definitions and conceptualizations of the concept to be measured (Saisto & Halmesmaki, 2003).

A wide array of methods has been used to capture childbirth fear, including more or less validated instruments, single questions, and diagnostic codes. The most widely used measure of fear of childbirth, the Wijma Delivery Expectancy-Experience Questionnaire, W-DEQ (Wijma, Wijma, & Zar, 1998) is a 33 item 6 point Likert scale in which the items refer to cognitive and emotional expectations of the forthcoming childbirth (e.g. responding to the question, “How do you think you will feel in general during the labour and delivery”), with anchor words indicating opposite extremes of the expected experiences (e.g. “Extremely strong” vs. “Not at all strong” or “Extremely proud” vs. “Not at all proud”). The W-DEQ gives prevalence ratings of intense fear of childbirth in approximately 10–15% of pregnant women (Lukasse, Schei, Ryding, & Bidens Study, 2014; Nieminen, Stephansson, & Ryding, 2009; Söderquist, Wijma, & Wijma, 2004), and very intense fear in 5–6% (Heimstad, Dahloe, Laache, Skogvoll, & Schei, 2006; Nieminen et al., 2009), with examples of much lower ratings of intense fear in some populations (e.g. 4.5% among Belgian primiparas and 3.6% in Australian multiparas; Lukasse et al., 2015; Toohill, Fenwick, Gamble, & Creedy, 2014). Repeated factor analyses of the instrument have revealed its multidimensional structure (Fenaroli & Saita, 2013; Fenwick, Gamble, Nathan, Bayes, & Hauck, 2009; Garthus-Niegel, Størksen, Torgersen, Von Soest, & Eberhard-Gran, 2011; Johnson & Slade, 2002; Lukasse et al., 2014). Limitations in cultural transferability and the length of the instrument have led to further criticism (Haines et al., 2015). In the abundance of non-validated instruments and questions designed to measure childbirth fear, a new instrument, the Fear of Birth Scale, FOBS (Haines, Pallant, Karlström, & Hildingsson, 2011) has been developed. In FOBS, the question, “How do you feel right now about the approaching birth?” is to be answered using two visual analogue scales, with the anchors (a) “calm” and “worried”, and (b) “no fear” and “strong fear”. FOBS is thus considerably shorter than the W-DEQ, asking directly for childbirth fear instead of measuring the concept indirectly via expectations. Thus far, prevalence studies using a FOBS cut off point of ≥ 50 , find fear of birth in about 30% of pregnant women (Haines et al., 2011), and using a cut point of ≥ 60 revealed in a Swedish community sample childbirth fear in 18% of Swedish born and 37% of foreign born pregnant women (Ternström, Hildingsson, Haines, & Rubertsson, 2015).

Fear of childbirth is commonly framed as a phenomenon within the domain of anxiety (Huizink, Mulder, de Medina, Visser, & Buitelaar, 2004; Wijma et al., 1998), and clinical descriptions of childbirth fear are often characterized by symptom expressions resembling those of various emotional disorders. However, to our knowledge, findings relating childbirth fear to different parameters of anxiety have never been structurally aggregated and evaluated, and little is known about the psychological mechanisms underlying this problem.

Established psychological models of anxiety disorders typically include physiological, cognitive and behavioral components of anxiety. The physiological aspects of fear and anxiety include responses such as palpitations, hyperventilation, dizziness etc. (Diagnostic and statistical manual of mental disorders: DSM-5TM (5th ed.), 2013), and typically interact with cognitive and behavioral components in driving and maintaining an anxiety response (e.g. Clark, 1986; James, 1884). The cognitive components include concepts such as

negative automatic thoughts (Beck, 1976; Clark & Wells, 1995), negative beliefs and expectations about oneself, others, the world or the future (Beck, 1976; Foa, Huppert, & Cahill, 2006), and disorder specific attentional biases for threatening stimuli (Mineka & Sutton, 1992; Williams, Mathews, & MacLeod, 1996). Catastrophizing, or the tendency to exaggerate the possible negative aspects of future events is another relevant concept (Beck, 1976; Ellis, 1962), as is the related concept of pain catastrophizing that is used with regard to experiences of actual or anticipated pain (Sullivan, Bishop, & Pivik, 1995; Sullivan et al., 2001). Yet another example is the expectancy of personal mastery of a specific situation, self-efficacy, affecting the likelihood of exposing oneself to that particular situation (Bandura, 1977a).

By means of escaping from or avoiding unpleasant experiences, the behavioral components of anxiety function to avoid entering a state of anxious apprehension. Avoidance of private experiences such as thoughts, emotions, memories, and bodily sensations are commonly clustered using the term experiential avoidance (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996). Avoidance of aversive experiences and emotions (e.g. avoidance of uncertainty) can also be sought by means of reassurance (Salkovskis & Warwick, 1986), e.g. from family and friends, care givers, bodily checks or other sources of information. When avoiding fear relevant cues, the subsequent relief in negative affect will increase the strength of the avoidant behavior (Bouton, 2007). In the long run, avoidance behaviors make alternative, nonthreatening experiences of the avoided stimulus unlikely (Mowrer, 1947), and thus prevents learning of adaptive behaviors.

Fears can be acquired by at least three major pathways (Rachman, 1977); by conditioning, in which a learned association develops when a specific object or situation (e.g. being in hospital or thoughts of delivery) is paired with aversive experiences (e.g. discomfort), by vicarious exposure (e.g. when watching someone else give birth), and by indirect transmission via information (e.g. horror stories about childbirth). Research on vicarious exposure (or observational learning) has successfully demonstrated that vicarious experiences can lead to both fear acquisition (Bandura, 1977b) and fear reduction (Bandura, 1977a).

The object of this article is to review the existing knowledge on childbirth-related fear from a psychological perspective, giving an overview and critical evaluation of the current knowledge regarding the specificity of the syndrome, the pathways of fear acquisition, and the physiological, cognitive, and behavioral aspects of this form of anxiety.

2. Method

A computer-based literature search was conducted for the period January 1, 2000 to August 12, 2015, using the two databases Medline and Psycinfo to search for peer reviewed articles written in English. Titles and abstracts were screened in order to find papers focusing on fear of childbirth. The search string, therefore narrowed down to the words *childbirth AND (fear OR anxiety)* in any field, resulted in 639 articles. Fig. 1 shows all steps in the selection process.

Inclusion criteria: to be included in the review studies had to include the concept of fear of childbirth/childbirth-related anxiety and relate fear to any other factor relevant for the understanding of the concept – antecedents (e.g. obstetric history and other background factors), consequences (e.g. mode of birth and birth outcomes) or correlates of fear (e.g. psychiatric symptoms and psychological traits), as well as qualitative descriptions of women's experiences of childbirth fear. This first selection, fulfilling the above criteria, rendered 116 papers, and another 20 articles were added after review of their bibliographies. In a second screening for

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