



The Effect of Childbirth Self-Efficacy on Perinatal Outcomes

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ABSTRACT

Objective: To synthesize and critique the quantitative literature on measuring childbirth self-efficacy and the effect of childbirth self-efficacy on perinatal outcomes.

Data Sources: Eligible studies were identified through searches of MEDLINE, CINAHL, Scopus, and Google Scholar databases.

Study Selection: Published research articles that used a tool explicitly intended to measure childbirth self-efficacy and that examined outcomes within the perinatal period were included. All articles were in English and were published in peer-reviewed journals.

Data Extraction: First author, country, year of publication, reference and definition of childbirth self-efficacy, measurement of childbirth self-efficacy, sample recruitment and retention, sample characteristics, study design, interventions (with experimental and quasiexperimental studies), and perinatal outcomes were extracted and summarized.

Data Synthesis: Of 619 publications, 23 studies published between 1983 and 2015 met inclusion criteria and were critiqued and synthesized in this review.

Conclusion: There is overall consistency in how childbirth self-efficacy is defined and measured among studies, which facilitates comparison and synthesis. Our findings suggest that increased childbirth self-efficacy is associated with a wide variety of improved perinatal outcomes. Moreover, there is evidence that childbirth self-efficacy is a psychosocial factor that can be modified through various efficacy-enhancing interventions. Future researchers will be able to build knowledge in this area through (a) use of experimental and quasiexperimental design, (b) recruitment and retention of more diverse samples, (c) explicit reporting of definitions of terms (e.g., *high risk*), (d) investigation of interventions that increase childbirth self-efficacy during pregnancy, and (e) investigation about how childbirth self-efficacy-enhancing interventions might lead to decreased active labor pain and suffering. Exploratory research should continue to examine the potential association between higher prenatal childbirth self-efficacy and improved early parenting outcomes.

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Multiple physiologic factors likely influence outcomes during the perinatal period, defined as obstetric events from midpregnancy (i.e., 20 weeks gestation) through the first month postpartum (Gabbe, 2012). There is also evidence that a woman's psychosocial status can affect perinatal outcomes. For example, increased stress during pregnancy is associated with greater rates of premature birth (Arck, 2010), grief during pregnancy is associated with stillbirth (Laszlo, 2013), and women with fear of childbirth more frequently have unplanned cesarean births (Sydsjo, Sydsjo, Gunnervik, Bladh, & Josefsson, 2012). However, there are inconsistencies in knowledge about the enhancement of a woman's psychosocial status with the goal of improving

perinatal outcomes (Gagnon & Sandall, 2007; Goldenberg, 2011; Kogan et al., 1998; Novick, 2004; Ruiz-Mirazo, Lopez-Yarto, & McDonald, 2012). The identification of modifiable psychosocial factors that positively affect perinatal outcomes is an important but poorly understood area of investigation. One psychosocial variable that holds promise for this purpose is self-efficacy.

Self-efficacy is a concept widely used to predict health behavior (Lenz, 2002) and was hypothesized to reduce fear (Bandura, 2004) and anxiety during the perinatal period (Khorsandi, 2008). Originally proposed by Bandura (1977), *self-efficacy* is defined as the belief that one can

For more than 30 years researchers have explored whether the psychosocial variable *childbirth self-efficacy* is relevant to the prediction of perinatal outcomes.

successfully accomplish a task (i.e., efficacy expectancies) and one's estimation that if the task is accomplished it will lead to specific outcomes (i.e., outcome expectancies). Self-efficacy is proposed to be situation or domain specific and to emerge from past performance accomplishments, vicarious experience, verbal persuasion, and emotional arousal (Bandura, 1977).

Manning and Wright (1983) were the first to investigate self-efficacy in the context of childbirth; they observed that greater childbirth self-efficacy was associated with an increased capacity to cope with labor pain. Lowe (1993) later identified *childbirth self-efficacy* as the conceptual framework that predicts confidence for coping with labor. Others have built on these seminal studies, and there has been an evolution of science on childbirth self-efficacy and perinatal outcomes that began with small descriptive work and has progressed to recent quasiexperimental and experimental designs. The purpose of our integrated review was to synthesize and critique the quantitative research literature and, in so doing, summarize the state of the science on childbirth self-efficacy and its effect on perinatal outcomes.

Methods

Inclusion Criteria

The following criteria were used to select eligible studies for this review: (a) childbirth self-efficacy was measured explicitly, (b) outcomes measured (e.g., labor pain scores, intention to attempt vaginal birth, parenting self-efficacy) fell within the perinatal period, (c) written in English, (d) published in a peer-reviewed journal, and (e) intended for outcomes research, not translation and psychometric testing.

Search Strategy

The first author searched for articles in the MEDLINE and CINAHL databases and used the MeSH terms or keywords *self-efficacy* and *childbirth*, or *birth*, or *pregnancy/pregnan**, or *labor*, or *labour*, or *perinatal*, or *postpartum*. After identification of all measures used to quantify childbirth self-efficacy, Scopus and Google Scholar databases were searched for

publications with references to childbirth self-efficacy measures.

Data Selection

The first author screened titles and abstracts of all studies identified through the literature search. Abstracts suggesting that a publication likely met all inclusion criteria were compiled, and the full text of those articles was reviewed. If abstract review left any uncertainty about whether a publication met criteria for inclusion, the full text of this publication was also reviewed.

Results

We reviewed abstracts and identified 608 articles; 85 full-text articles were reviewed, which yielded 19 articles. After identification of all measures used to quantify childbirth self-efficacy within the original 19 articles, 1 additional article was identified through measure-citing sources. A review of citations of these 20 publications identified 3 additional articles, for a total of 23 articles that met inclusion criteria for this review (see Figure 1).

Theory and Measurement

Two important patterns with regard to theory and measurement emerged from this integrative review (see Table 1). First, authors of all the studies used Bandura's framework and definition of self-efficacy and included citations to either Bandura or Lowe. Second, authors of more than half of the studies (15 of 23) used the Childbirth Self-Efficacy Inventory (CBSEI; Lowe, 1993). The CBSEI is a 62-item measure that has two subscales for efficacy expectations and two for outcome expectations. The reliability and validity of the CBSEI has been supported across a variety of populations (Cunheiro, 2009; Gao, Ip, & Sun, 2011; Sinclair & O'Boyle, 1999).

In the eight articles in which the CBSEI was not used, investigators developed their own childbirth self-efficacy tools. In two of these studies, researchers reported childbirth self-efficacy measures with acceptable internal consistency (Cronbach's alpha .70–.93; Larsen, O'Hara, Brewer, & Wenzel, 2001; Larsen & Plog, 2012). In the other six studies, authors either did not report metrics of internal consistency (Manning & Wright, 1983; Stockman & Altmaier, 2001; Svensson, Barclay, & Cooke, 2009), reported low internal consistency (Cronbach's alpha .59; Slade, Escott, Spiby, Henderson, & Fraser, 2000), or the researchers used tools that were designed

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