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### ORIGINAL RESEARCH – QUANTITATIVE

# Association between childbirth attitudes and fear on birth preferences of a future generation of Australian parents

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#### ABSTRACT

**Background:** The reality of childbirth fear is recognised for expectant parents but we lack knowledge about the childbirth attitudes of the next generation of Australian parents.

**Aim:** Examination of adults' attitudes toward childbirth including influencing contributing factors, fear scores, birth preferences and reasons for this preference.

**Methods:** A cross-sectional online study was conducted with 654 Western Australian students attending one tertiary institution. Students (male and female) were eligible to participate if they were less than 40 years of age and did not currently have children but confirmed their intention to become parents. To assess associations or comparison of means, bi-variable analyses (Chi square test, Fisher's Exact test, Independent Student's *t*-test or one way ANOVA) were used. Factors associated with childbirth fear and birth preferences were assessed with binary logistic regression analysis.

**Findings:** Childbirth attitudes were shaped by family members' (82.0%) and friends' experiences (64.4%) plus media (TV, YouTube, and movies) (63.5%). Furthermore, 15.6% of adults indicated a preference for a caesarean birth, even without obstetric complications. Likewise, 26.1% reported elevated fear; students with elevated fear scores had 2.6 times greater odds of wanting a caesarean birth. Only 23.4% of students felt confident about their childbirth knowledge.

**Conclusion:** Adults reported fear levels that warrant attention prior to a future pregnancy. Although the majority would choose a vaginal birth, they require awareness of benefits and risks for both vaginal and caesarean births to ensure their decisions reflect informed choice rather than influences of inadequate knowledge or fear.

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#### Summary of Relevance:

##### Problem or Issue

Childbirth fear is a recognised problem for expectant parents. We lack knowledge about childbirth attitudes and associated fear for the next generation of Australian parents.

##### What is Already Known

High fear scores were associated with a preference for a caesarean birth for 9–14% of North-American students who viewed birth as unpredictable and risky and regarded intervention as a means to avoid labour pain.

##### What this paper adds

For a group of Australian adults engaged in post-secondary education, 26.1% reported elevated fear and those with elevated fear scores had 2.6 times greater odds of wanting a caesarean birth; 15.6% preferred a caesarean birth even without pregnancy complications.

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## 1. Introduction

Childbirth fear is a condition that is increasingly recognized in the literature; however, most evidence has focused upon pregnant women.<sup>1–5</sup> Within Australia, high fear levels have been reported by 31% of nulliparous and 19% of multiparous women.<sup>5</sup> In 2009, Hanson and colleagues<sup>6</sup> suggested that paternal childbirth fear warranted attention. There has been an increase in recent evidence on fathers' attitudes toward birth, particularly within Scandinavian countries.<sup>7–10</sup> To date, only three North American studies have examined fear of birth and preferences for obstetric interventions, such as epidural use and caesarean birth preferences, among university students who represent the next generation of maternity care consumers.<sup>11–13</sup>

A Canadian survey was conducted in 2006 with 3680 students at the University of British Columbia who were not parents.<sup>12</sup> Fear scores were significantly higher among females, Asian students, students who would choose a caesarean birth or epidural anaesthesia, those who believed that childbirth is inherently risky, and those who reported their childbirth attitudes were shaped by the media. Students who preferred caesarean birth (9% of sample) were more likely to be Asian, hold favourable views towards obstetric technology, be less concerned about caesarean surgery, express worries about physical changes associated with pregnancy and birth, and report that the media shaped their childbirth attitudes.<sup>12</sup> In an analysis of a subset of women, those who reported confidence in their knowledge of pregnancy and birth and students who had witnessed a birth had significantly lower fear scores. Students who witnessed a home birth had the lowest fear scores.<sup>13</sup>

Qualitative findings from a thematic analysis of open-ended comments with the same sample of Canadian students revealed divergent views about birth among women who scored in the high versus low range on the fear of birth measure.<sup>14</sup> Young women with high fear scores felt vulnerable when thinking about pregnancy and birth, viewed birth as unpredictable and risky, and were worried about being damaged by childbirth. Obstetric complications were regarded as unavoidable, often because of a family history of complications or pre-existing health problems. These women believed that labour would be frightening, painful and unmanageable and regarded interventions as a means to avoid pain and bodily damage.<sup>14</sup> In contrast, young women with low fear scores described their bodies as strong and prepared for childbirth and believed that birth is a normal and natural process. They generally did not expect complications and thought of labour as a painful, but necessary and manageable process. Women with low fear scores tended to evaluate obstetric interventions more critically and advocated judicious use of interventions.

A second Canadian study described results of a survey with 359 university students from Quebec.<sup>15</sup> In this study, fear of birth was measured with one question: rate your fear about giving birth/a birth experience? Female students scored an average of 7.44 and male students had an average score of 6.15 out of 10. Consistent with the findings from Western Canadian students,<sup>12</sup> nine percent of these Eastern Canadian students also expressed a preference for a caesarean birth.

The survey that was designed in Western Canada<sup>12</sup> was adapted for use with 758 American female university students who attended a college in the Eastern United States; findings revealed that the majority expressed a preference for a vaginal birth in a hospital.<sup>11</sup> Fourteen percent of students indicated they would choose a caesarean birth; the most common reason for this choice was fear of vaginal birth and avoidance of labour pain (cited by 45% of students). Friends and family were the most influential sources of childbirth information for the American students.<sup>11</sup>

A small number of North American studies have confirmed that fear of childbirth is expressed prior to childbearing and appears to

influence adults' preferences around mode of birth. Insight into these attitudes can inform interventions to educate adults about childbirth, reduce fears arising from misinformation, and promote judicious use of obstetric interventions.<sup>16–20</sup>

Evidence about whether childbirth attitudes and fear levels of Australian adults are similar to international findings is lacking. In a climate of increasing intervention around childbirth in Australia, knowledge about childbirth attitudes in the future generation of maternity consumers is important to determine if early educational intervention is necessary to promote vaginal birth as the preferred choice among adults. To address the identified gap in knowledge, we have used the following research questions with Australian adults who are attending postsecondary education: What are students' birth preferences, reasons for these preferences and attitudes that are associated with students' choices for a caesarean or vaginal birth? Are socio-demographic factors, direct and vicarious exposure to birth via several sources (media, family, friends, school), and students' confidence in their knowledge of pregnancy and birth linked to (1) elevated childbirth fear and (2) normal birth intentions, controlling for differences in the socio-demographic and psychological profile (general anxiety, and depression) of students and stress levels?

## 2. Methods

### 2.1. Design and participants

A cross-sectional study incorporating an online survey was conducted in Western Australia with students attending one tertiary institution. Students were eligible to participate if they were less than 40 years of age and did not currently have children but confirmed a future intention to become a parent. Both genders were encouraged to participate as the attitudes of partners towards birth can influence mode of birth.<sup>8</sup> Following approval by the university Human Research Ethics Committee (Approval HR15/2014), an invitation to participate in the online survey was distributed to 8000 domestic students in March 2014. A reminder e-mail was sent one month after the initial email and the survey remained accessible for an eight week period.

### 2.2. Survey instrument

The survey instrument was adapted from a pregnancy and birth survey administered at the University of British Columbia (Vancouver, Canada) in 2006. The majority of survey items were retained. Open-ended comments from the Canadian study<sup>21,22</sup> informed response options for follow up questions about mode of birth and reasons for students' preference. We also adapted the 2006 fear of childbirth scale: two of the original items were retained, one item was revised and seven were added, based on feedback from the study team and qualitative data.<sup>12,14</sup> For example, in the 2006 survey fear of birth was measured with 6 items, with 3 confidence items reverse-scored. The scale had a Cronbach alpha of 0.75; all items had factor loadings above 0.5.<sup>12</sup> The scale was modified to remove confidence items and incorporate items about fear identified from a thematic analysis of open-ended comments ('Please describe your feelings about childbirth') from the 2006 survey qualitative data.<sup>14</sup> The 10 item fear of childbirth scale used in this study had acceptable reliability (alpha = 0.86) and measured one latent construct (all items loaded >0.6 in an unweighted least squares factor analysis). The scale included items such as 'I am worried that labour pain will be very intense'; 'I am afraid that I might panic and not know what to do during labour' and; 'I am fearful of birth'. Response options ranged from strongly disagree (1) to strongly agree (6). The scale scores were significantly and strongly correlated with the scores of a 2-item fear

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