

Opting for natural birth: A survey of birth intentions among young Icelandic women



Emma Marie Swift ^{a,*}, Helga Gottfredsdottir ^{a,b}, Helga Zoega ^c, Mechthild M. Gross ^d, Kathrin Stoll ^e

^a Department of Nursing, University of Iceland, Eirberg vid Eiríksgötu, 101 Reykjavík, Iceland

^b University Dept. of Obstetrics and Gynecology, Women's Clinic, Landspítali University Hospital

^c Department of Medicine and Centre of Public Health, University of Iceland, Stapi v/Hringbraut, 101 Reykjavík, Iceland

^d Midwifery Research and Education Unit, Department of Obstetrics, Gynaecology & Reproductive Medicine, Hannover Medical School, Carl-Neuberg-Str. 1, 30625 Hannover, Germany

^e School of Population and Public Health, University of British Columbia, 2206 East Mall, Vancouver, BC, Canada V6T 1Z3

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ABSTRACT

Objective: To describe and analyse factors associated with natural birth intentions in a sample of pre-pregnant Icelandic women.

Methods: An internationally validated tool was used to survey pre-pregnant women about their attitudes towards birth. The online survey was sent to all students at the University of Iceland in November 2014. Log binomial regression was used to calculate crude and adjusted relative risks (RR_a), and corresponding 95% confidence intervals (CI), for intentions of natural birth (defined as vaginal birth without epidural analgesia) by high, moderate and low childbirth fear and by high, moderate and low confidence in birth knowledge. Models were adjusted for socio-demographic and psychological factors.

Results: 410 eligible women completed the cross-sectional survey. Women with low fear of birth were more likely to have natural birth intentions when compared to women with moderate ($RR_a = 2.83$; 95% CI: 1.48–5.41) and high ($RR_a = 4.86$; 95% CI: 1.37–17.27) fear. Women with high confidence in their birth knowledge were more likely to have natural birth intentions compared to women with moderate ($RR_a = 2.81$; 95% CI: 1.51–5.22) and low ($RR_a = 3.42$; 95% CI: 1.43–8.18) confidence in their birth knowledge.

Conclusion: Pre-pregnant women with low fear of birth and high confidence in their birth knowledge are more likely to have natural birth intentions. Addressing concerns about pain, safety, the perceived unpredictability of birth and worries about the physical impact of childbirth may strengthen natural birth intentions.

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Introduction

With advances in medical technology, maternity care in industrialized countries has seen a rapid rise in the use of medical interventions during childbirth [1–4]. Childbirth fear is one of many factors contributing to this phenomenon. Pregnant women with high fear of birth are more likely to prefer a caesarean section [5,6] and deliver by caesarean section [6–8]. The most frequent fears reported in recent studies are concerns for the health and life of the baby and fear of labour pain [9,10]. Fear related to women's capabilities to give birth, worries about losing control and fear related to women's own health have also been documented [10]. Fear of birth is commonly met with the choice of epidural analgesia [11] however non-pharmacological methods of pain relief (such as water

immersion, massage, ambulation, and changing positions) have been associated with higher maternal childbirth satisfaction [12] indicating that women should be encouraged to try non-pharmacological pain management techniques before resorting to epidural analgesia. Furthermore, while women with childbirth fear may fear labour pain, women with fear related to the child's safety would not necessarily benefit from pain management strategies. This is an important clinical issue, as fear of childbirth is often countered by ensuring the possibility of epidural analgesia. However, Alehagen et al. [13] found that women who expressed fear before delivery and who had epidural analgesia did not have lower levels of fear during delivery. While this study had a small sample size ($n = 47$), the results suggest that epidural analgesia alone is not an appropriate strategy to overcome fear of childbirth.

To date, only two papers have been published on childbirth fear in the Icelandic population [8,14] and both papers report on data from a cross-cultural study, comparing childbirth fear during pregnancy across six European countries. While the prevalence of severe childbirth fear varied among the different countries in the study,

* Corresponding author. University of Iceland, Eirberg vid Eiríksgötu, 101 Reykjavík, Iceland.

E-mail address: ems23@hi.is (E.M. Swift).

Icelandic women had the lowest mean fear scores while Swedish women had the highest score [14]. Furthermore, severe fear of birth was found to be a risk factor for elective caesarean delivery for women across all countries studied [8].

While childbirth fear is most commonly researched in the pregnant population, the phenomenon has been described in other sub-populations as well, for example among pre-pregnant Canadian and American students [15,16]. No studies on childbirth fear in the pre-pregnant Nordic population have been published to date. A comparison of childbirth fear scores among young adults who plan to become pregnant (using the same measure to assess childbirth fear used in our study) suggests that childbirth fear in Iceland falls in the middle range when compared to Australia, Canada, England, Germany and the United States of America [17]. Previous studies have almost exclusively focused on the link between fear and preferences for interventions [5–8,18], with some authors reporting on the association between childbirth self-efficacy and fear [19,20]. As a primary concept of social learning theory, self-efficacy provides a theoretical framework of behaviour to study maternal confidence in the ability to cope with labour [21]. Within salutogenesis, health promotion can be viewed as generating and maintaining healthy outcomes, instead of focusing on outcomes linked with illness or disability [22]. Working within this framework as well as with a population in a country with low caesarean section rates and good perinatal outcomes [1,4], we focused on the association

between low, moderate and high levels of childbirth fear and young women's intention to have a natural birth, defined as vaginal birth without epidural analgesia. By using this definition of natural birth intentions, we report on a group of women with strong intentions to birth without using obstetric interventions and draw attention to parameters that can be emphasized within midwifery care when promoting natural birth. In addition to examining the association between childbirth fear and natural birth intentions, we also report the association between self-reported confidence in young women's knowledge of pregnancy and birth and natural birth intentions.

Material and methods

Study setting and sample

This Icelandic web-based cross-sectional study is part of an international study that examines attitudes towards birth among young men and women in eight OECD countries. As previous studies with the pre-pregnant population have revealed important gender differences in birth attitudes and fear of childbirth [15,17] we decided to focus our analysis on Icelandic women only. A recruitment email with a link to the online survey was sent to the whole student population of the University of Iceland (N = 9805) on November 1, 2014 and a reminder email was sent one week later [23]. The survey items were adapted from a Canadian instrument [15] and included the

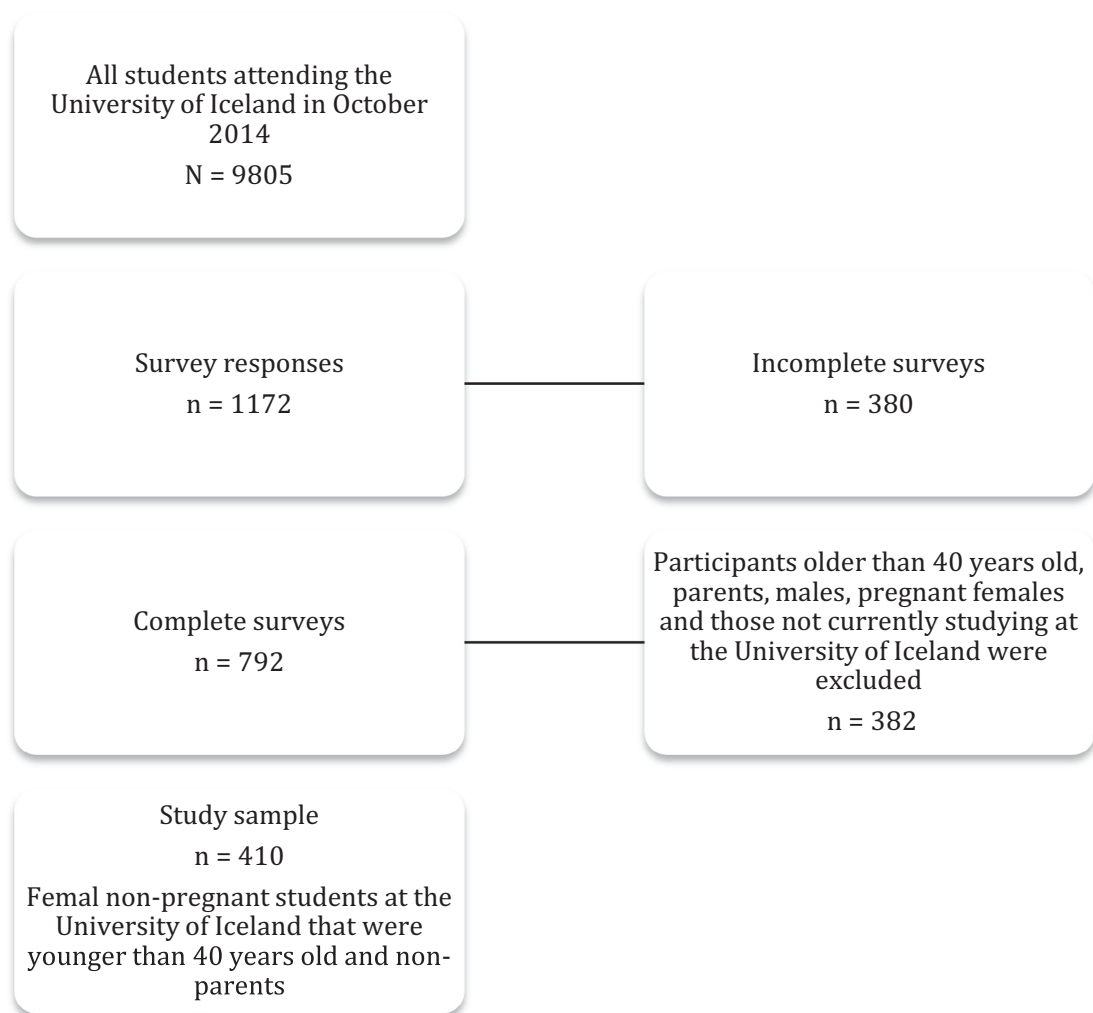


Fig. 1. Flowchart showing the number of students entering the study and the final study sample.

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