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How social context impacts on women's fears of childbirth: A Western Australian example

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Abstract

This paper addresses the limited sociological understanding of the phenomena of childbirth fear using data from a qualitative research project conducted in Western Australia. This qualitative study used an exploratory descriptive design, with 22 women identified as being fearful of birth participating in an in-depth interview. Data analysis using the method of constant comparison revealed that social context, explored within the framework of the medicalisation of childbirth, and the intervening circumstances in which the women gave birth, impacted on how and why they experienced fear. As such, this paper argues that fear of childbirth has social as well as personal dimensions and is both a prospective and retrospective phenomena.

The analysis identified prospective fear as both social and personal. The social dimensions were labelled as 'fear of the unknown', 'horror stories' and 'general fear for the well-being of the baby'. Personal dimensions included the 'fear of pain', 'losing control and disempowerment' and 'uniqueness of each birth'. Retrospective fear was exclusively personal and was clustered around the themes of 'previous horror birth' and 'speed of birth'. The analysis also revealed two central factors that mediated against childbirth fear: positive relationships formed with midwives, and the support women received from their informal network. Understanding and unpacking the dimensions of women's childbirth fear, and understanding the nature of relationships that mediate women's fear, provides health care professionals with information on which to base potential intervention strategies and support women in ways that lessen rather than heighten their fear.

Keywords: Australia; Childbirth; Women's fear; Medicalisation

Introduction

Pregnancy and childbirth are normal physiological processes and significant social and emotional events in the life of any woman and her family. In today's developed world the experience of childbirth, even though inherently unpredictable (Bewley & Cockburn, 2002), should be a positive life-affirming event associated with minimal risk of an adverse outcome (Geissbuehler & Eberhard, 2002; Searle, 1996). Research demonstrates, however, that there is a high prevalence of fear associated with childbirth (Zar, Wijma, & Wijma, 2001). Although up to 80% of women identify common concerns (Saisto & Halmesmaki, 2003), just over 20%

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(Hofberg & Ward, 2003; Zar et al., 2001) report more specific or intense worries with between 6–10% of women experiencing severe fear of labour and birth that is dysfunctional or disabling (Wijma, 2003).

In Western societies birth 'fear' has been associated with pregnancy complications, increasing childbirth interventions, emergency and elective Caesarean Section (CS), postnatal depression (PND), Post Traumatic Stress Disorder (PTSD) and impaired maternal–infant connection (Bewley & Cockburn, 2002; Johnson & Slade, 2002; Ryding, Persson, Onell, & Kvist, 2003). These outcomes have consequences for a woman's physical and emotional well-being, for her role as a mother as well as for her interpersonal parental relationships (Ogrodniczuk, 2004). The importance of nurturing and supporting women's mental health through pregnancy is becoming increasingly apparent (Hofberg & Ward, 2003). The most recent Confidential Enquiries into Maternal Deaths in the United Kingdom (2001) identified suicide as the leading cause of maternal death leaving no doubt that psychological morbidity in childbearing women is a significant and pressing issue in the developed world.

The object of women's fears

Universally the focus of most childbirth concerns is the well-being of the baby (Searle, 1996). Women commonly worry about the health of the unborn child and congenital abnormalities (Szeverenyi, Poka, Hetey, & Torok, 1998). Potential complications that may affect women's own health and well-being are also rated as concerns (Fava, Grandi, & Michelacchi, 1990). It is also common for women to worry about the biological process of giving birth such as the process of labour, the pain of contractions and possible medical interventions (Melender, 2002b; Ryding, Wijma, & Wijma, 1997; Sjogren, 1998).

When summarising women's childbirth fears, Wijma, Alehagenm, and Wijma (2002) note that personal and external conditions play a major role in generating fears. Personal conditions are a reflection of women's anxieties about maintaining a sense of personal control. In a study of 100 Scandinavian women identified as suffering intense childbirth fear, over 65% were worried about their performance in labour and their own body's ability to birth (Saisto & Halmesmaki, 2003). These findings are confirmed by Soet, Brack, and Dilorio (2003) who reported that women commonly were fearful of not having the strength to cope with labour and birth, not being able to breathe and/or push during the actual birth process and feeling powerless.

External conditions that generate childbirth fears often relate to the context or environment in which women birth and the interactions and actions shared with health care professionals. Saisto and Halmesmaki (2003), for example, found the most common reason for fear was lack of trust in the obstetric staff (73%). Other studies have identified similar results. Melender (2002a) for example, in an exploration of 329 antenatal women's fears revealed that many Finnish women were worried about unfriendly staff, being left alone, appearing silly and not being involved in decisions. These studies were quantitative and used structured questionnaires. As such the voices of women are not heard.

Australian context

In Australia there has been relatively little work specifically addressing childbirth fear. Searle (1996) conducted a cross-sectional study of 376 postnatal women in a major teaching hospital in Melbourne. This study explored women's beliefs and fears about pregnancy and birthing outcomes, through their perceptions and use of routine antenatal screening. Fifty-five per cent of women were found to have common anxieties, and as suggested by the international literature, these related to the health and well-being of the baby. In this study unlike others (Farrant, 1985; Lupton, 1995) Searle found that women seek normality but worry about having an abnormality detected. In her discussion Searle purported that women's concern over detection is consistent with the medical model of pregnancy. She went on to say that the medical model plays a dominant role in influencing the perceptions of recipients of antenatal care. Searle also concluded that women's perceptions of their own risk of having a baby with an abnormality was out of proportion to actual risk, and to their perception to what the actual risk was.

More recently Australian researchers such as Gamble, Creedy, and Moyle (2004) have investigated the relatively new area of PTSD in the childbearing population. There appears to be a high percentage of childbearing women at risk of developing psychological trauma symptoms