

ORIGINAL ARTICLE

**Fear of Childbirth: Wellbeing and Partner Support in First-time Pregnant Women**

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### ABSTRACT

**OBJECTIVE:** To assess the fear of childbirth, well-being and partner support in first-time pregnant women.

**METHODOLOGY:** This Cross-sectional study included 100 participants selected by purposive sampling. The sample was collected from two Hospitals in Lahore (Lady Wallington Hospital and Hameed Lateef Hospital) from June to October 2019. Wijma Delivery Expectancy Questionnaire, Wellbeing in Pregnant Women Questionnaire and Partner Support Questionnaire were used to collect data. Analysis was completed using SPSS version 23. Pearson correlation was used to assess the relationship between study variables. An Independent sample t-test was used to compare study variables, and simple linear regression analysis was calculated to predict fear of childbirth on their perception of partner support.

**RESULTS:** 62% of first-time pregnant women showed fear of childbirth. Women who had more fear of childbirth had a low level of well-being ( $p < 0.001$ ). Partner support was significantly negatively correlated with fear of childbirth while positively correlated with well-being ( $r = .48$ ,  $p < .001$ ).

**CONCLUSION:** Women with first pregnancy suffer from fear of childbirth. However, partner support is essential to overcome this fear and help increase first-time pregnant women's well-being.

**KEYWORDS:** Partner support, fear of childbirth, well-being, emotional support, First Pregnancy, history of miscarriage

**INTRODUCTION**

Birth is a physiological event; however, it is seen as a crisis in terms of psychological anxieties for women. Fear of childbirth has become so severe that it meets the criteria of a specific phobia according to the DSM-IV<sup>1</sup>. Fear of childbirth is a feeling of anxiousness before, during, or after the delivery<sup>2</sup>; this is defined as a phobic fear resulting from a distressing or even traumatizing childbirth experience, also called Tokophobia. Fear of Childbirth may be rooted in numerous factors like fear of labor pain and the baby being hurt in childbirth, or this may have psychological roots. Women who fear pregnancy and childbirth often avoid becoming pregnant even though they wish to have kids. Prim-parous women (first-time pregnant women) are likelier to report fear of childbirth than multi-parous women<sup>3</sup>. Time of pregnancy and birth is expected to remain happy and contented<sup>4</sup>. But, for some women and their partners, this is a time of tension<sup>5</sup>.

Well-being is often conceptualized as a broad domain of interest rather than a specific construct. Emotional highs and lows are natural and normal when you're pregnant. Some women have good mental health during pregnancy, though others find it harder to manage. According to a multidimensional psychological well-being model, six factors, including self-growth, a purpose for life, personal growth, environmental mastery, positive relations with others and autonomy, are fundamental for well-being<sup>6</sup>. Women with good mental health can manage pregnancy time's stress and worries.

Emotional support is empathy, love and genuine concern for someone. People with healthy relationships have great emotional well-being that helps to find a way through difficulty. A large scale was conducted including 1764 women and concluded a higher level of antenatal anxiety and depression in pregnant women who reported lower partner support<sup>7</sup>.

In developing countries such as Pakistan, women are often under-represented, and their issues are not paid much attention<sup>8</sup>; during pregnancy, partners' support is mandatory to avoid mental health problems. Furthermore, due to the scarcity of health facilities in the country, the childbirth process for women does not get any easier compared with well-developed countries<sup>9</sup>. So, it is also essential to identify factors contributing to the fear of childbirth.

Therefore, this study plan to explore the relationship among women's fear of childbirth, well-being and partner support. Another aim of this study was to find the relationship between fear of childbirth, well-being and partner support concerning ethnicity (Rural and Urban), prior experience of miscarriage and women who never experienced miscarriage.

## **METHODOLOGY**

This Cross-sectional study was carried out in two Hospitals in Lahore (Lady Wallington Hospital and Hameed Lateef Hospital) from June to October 2019. Purposive sampling was used to collect data. One hundred pregnant women participated in this study, and the participants' age range was 16 to 29 years. In this study, only those participants who had first-time pregnancies were included. But, women who had experienced miscarriage also participated in this study. The inclusion criteria consisted of nulliparous pregnancy (never experienced risky or premature pregnancy), gestational age of 35 weeks and higher, lack of recognized psychological disorder, such as depression and mood disorder and currently low-risk pregnancy, such as lack of chronic disease like heart disease, hypertension and diabetes. Wijma Delivery Expectancy Questionnaire, Wellbeing in Pregnant Women Questionnaire and Partner Support Questionnaire were used to collect data <sup>10</sup>. The alpha reliability of the fear of childbirth scale was .78, the Partner Support scale .64 and the well-being scale .70 <sup>11</sup>.

As per the research ethics, the authors gained the first formal authorizations to use their tool in the present study. An authoritative letter and inclusion and exclusion sheet were presented to the concerned person before commencing data collection. Individuals were provided with an information sheet to understand better what they were supposed to do, the purpose of this research and their rights regarding the present study. A consent form was given to the females to show their willingness or unwillingness to participate in the study. The confidentiality and anonymity of research participants were maintained. For statistical analyses of data, SPSS-23 was used. Pearson correlation, t-test and regression analyses were applied to get results.

RESULTS

The mean age of the participant was 25.02±6.48 years, and 62 % of first-time pregnant women feared childbirth. **Table I** shows the Pearson correlation among study variables. The results reveal that fear of childbirth is significantly negatively correlated with partner support and well-being, and partner support is positively associated with well-being.

**Table II** indicates that women following miscarriage had high fear of childbirth compared to those who did not suffer the following miscarriage. Women following miscarriage had better partner support and less well-being than women who did not have the subsequent miscarriage.

**Table III** indicates that women living in urban areas had more fear of childbirth, higher well-being and better partner support than women living in rural areas.

**Table IV** shows a simple linear regression analysis was calculated to predict fear of childbirth on their perception of partner support. A significance regression equation was found  $F(2, 98) 22.28, .001$ , with an  $R^2$  of .20.

**Table I: Pearson Correlation, Mean and Standard Deviation on Fear of Childbirth, Wellbeing and Partner Support in First Time Pregnant Women (n = 100)**

Variable	1	2	3
Fear of Childbirth	--	-.51**	-.49***
Partner Support	--	--	.48***
Wellbeing	--	--	--

Note: \*\*\* $p < 0.001$ .

**Table II: Means, Standard Deviation and p-value of Fear of Childbirth, Partner Support and Wellbeing Score in Women Following Miscarriage (n = 100)**

Variable	Group I (yes) (n = 19)		Group II (no) (n = 81)		<i>t</i> (98)	<i>P</i>	95% CI		Cohen's d
	M	SD	M	SD			LL	UL	
Fear of childbirth	122.52	10.87	117.17	20.40	5.57	.001	-17.26	1.97	1.41
Partner Support	55.89	4.14	54.34	6.48	.99	.32	-1.54	4.64	.22
Wellbeing	53.79	4.45	58.79	5.43	5.74	.001	-1.66	3.66	1.32

Note. Yes= have miscarriage, No= have not miscarriage

**ONLINE FIRST****Table III: Means, Standard Deviation and t-value of Fear of Childbirth, Partner Support and well-being Score of Urban and Rural Women (n=100)**

Variable	Group I (Urban) (n = 66)		Group II (Rural) (n = 34)		t(98)	p	95% CI		Cohen's d
	M	SD	M	SD			LL	UL	
Fear of childbirth	126.16	17.69	117.61	19.07	-2.66	.009	-18.24	-2.66	1.3
Partner Support	56.29	6.39	53.78	5.26	-1.96	.05	-5.03	.02	1.23
Wellbeing	61.03	4.95	58.82	5.40	-3.58	.01	-4.93	-.65	1.41

Note: \*\*\* $p < .001$ , \* $p < .05$

**Table IV: Regression Analysis for Partner Support Predicting Fear of Childbirth (n= 100)**

Variable	B	95% CL	Beta	T	P
Constant	20.12	8.76, 31.47		3.52	.001***
Partner support	.57	.33, .85	.45	4.72	.001***

Note.  $R^2$  adjusted = .193, \*\*\* $p < .001$

**DISCUSSION**

This study explored the relationship between fear of childbirth, well-being and partner support in first-time pregnant women. The findings of this study showed that first-time pregnant women feared birth, and this childbirth fear harms women's psychological well-being<sup>12</sup>. So, it was hypothesized that there would be a significant negative correlation between fear of childbirth and women's well-being. Our results proved this hypothesis and found that fear of childbirth significantly impacts the psychological health of pregnant women. Results of previous studies also showed that an irrational fear of childbirth could affect maternal and fetal well-being<sup>13</sup>. So, controlling the fear of childbirth is essential for pregnant women's psychological well-being.

According to previous studies, a partner's support is essential to reduce fear of child birth<sup>14</sup>. So, our second hypothesis was that there would be a significant negative relationship between fear of childbirth and partner support in first-time pregnant women. The findings of the present study illustrate that women with first pregnancy have more fear of birth when they have less partner support. Previous studies also revealed a negative relationship between Fear of childbirth and partner support in first-time pregnant women<sup>15</sup>. Johnson AR 2019<sup>16</sup> described that social relation, particularly with partners, significantly impact pregnancy outcomes. Furthermore, social and environmental circumstances also help women cope with stressful pregnancy and childbirth pain management.

The third hypothesis of the present study was that there would be a significant positive relationship between a partner's support and well-being in first-time pregnant women. Results reveal that pregnant women with more partner support have more well-being and vice versa. Previous studies also show a positive relationship between fear of childbirth and well-being<sup>8</sup>. So, partner support is positively correlated with the psychological well-being of pregnant women.

It was hypothesized that well-being would be less in women following miscarriage than in women who never experienced miscarriage. This study showed that women following a miscarriage have less well-being. Results of previous studies also showed that women with experience of miscarriage had low state of well-being in pregnancy than women with no history of miscarriage<sup>17</sup>.

Although pregnancy is a stressful period of life, as pregnancy progresses, emotional distress may decline dramatically for women with prior history of miscarriage, because they feel safe, and their memories associated with the preceding loss start to disappear<sup>18</sup>. As for area-wise findings, results showed that fear of childbirth is more in women living in urban areas than women living in rural areas. The previous study also found more fear of childbirth in women of urban areas<sup>19</sup>. In urban areas, hospitalization for childbirth is advocated, and hospitals are rich in maternal-child healthcare resources.

Whereas hospitals in rural areas still lack healthcare services<sup>20</sup> and these factors are considered essential to reduce childbirth fear in women<sup>21</sup>.

## **CONCLUSION**

Results of this study show that first-time pregnant women suffer in fear of childbirth, which decreases the well-being of pregnant women. To mother and child's health, there is an immense need to identify the factors that can help to reduce the fear of childbirth. One of those factors is providing health care facilities because women with good mental health can successfully manage pregnancy time stress and worries. Furthermore, Partner support is another important factor that decreases the fear of childbirth and increases the well-being of first-time pregnant women.

**Ethical Permission:** Government M.A.O College Lahore Ethical permission letter No. 341/Psy. Dated: 11-10-2021.

**Conflict of Interest:** The authors have no conflict of interest to declare.

**Financial Disclosure / Grant Approval:** No funding agency was used for this research.

**Data Sharing Statement:** The data supporting this study's findings are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

## **AUTHORS' CONTRIBUTION**

Anjum A: Conceived the idea, manuscript drafting, planning, statistical analysis  
Mushtaq M: Data collection, drafting, analysis, critically revising the manuscript  
Anwar T: Data collection, drafted the manuscript  
Ali M: Data collection, manuscript drafting, manuscript revision



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