



ASSESSMENT OF FEAR OF CHILDBIRTH (FOC) AND QUALITY OF LIFE IN WOMEN ATTENDING ANTENATAL CARE CLINIC – A CROSS SECTIONAL STUDY

Psychiatry

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ABSTRACT

Fear of Childbirth (FOC) is common in both pregnant and postpartum women in developed countries. This was a cross-sectional study was conducted on 100 participants attending the antenatal clinic for routine checkups. Women were assessed using socio-demographic proforma, FOC questionnaire, PGI Health Questionnaire N-1 (PGIHQN-1), WHO-Quality of life (QoL)-BREF. 28% of the study population (n=100) had FOC. FOC was more in 3rd trimester of pregnancy and in patients with bad obstetric history. The association between these parameters was highly statistically significant ($p < 0.001$). Impairment of physical and psychological domains of QoL was highly statistically significant ($p < 0.001$) in patients who had FOC. FOC is an important factor affecting the physical and psychological QoL during pregnancy. It must be evaluated and addressed in every pregnancy. Very few studies are done to explore the FOC and its relationship with the different sociodemographic factors in Indian set up. Limited literature is available focusing the correlation between FOC and Quality of Life among pregnant women is available.

KEYWORDS

Fear of Childbirth; Quality of life; Antenatal care; Pregnancy

INTRODUCTION

Pregnancy is a time of enjoyment and fulfilment for women. However, evidence indicates that there is an increase in psychiatric morbidity, particularly depression and anxiety, during this period^[1].

The term Fear of Childbirth (FOC) was used in 1981 in a population of Swedish pregnant women, defined as: a strong anxiety which had impaired their daily functioning and wellbeing.^[2] Tokophobia is also described as a symptom of ante-partum depression.^[3,4] Tokophobia is a pathological fear of pregnancy and can lead to avoidance of childbirth. FOC in pregnant women is assessed based on their expectations of anticipatory delivery, while FOC in postpartum women is measured with women's actual childbirth experiences.^[5] Women's fears with pregnancy and childbirth can be explained by various factors viz. pain, obstetric injury, emergency caesarean section, and behavior of healthcare staff.

Evidence suggests that socio-cultural factors and health care services are likely to influence the extent of FOC and the consequences associated with the fear.^[8,9] Previous studies on FOC suggest that the demographic, obstetric characteristics, and social support, are potential factors associated with FOC among childbearing women.^[10,11] The most common fears regarding childbirth reported by previous studies are: not feeling confident about childbirth, being afraid or tense, and fear of labor pains, caesarean section or episiotomy.^[7] It can lead to postpartum depression, lower birth weight and premature delivery, and have a negative impact on child development.^[12] Health care workers and professionals should be aware of the possible fears of childbirth that pregnant women may have, in order to identify and address these fears in the antenatal period.

A review of the existing literature suggests that most of the studies on FOC have either focused on pregnant or postpartum mothers, but not on both. Understanding FOC in both pregnant and postpartum mothers is necessary for developing comprehensive psychological maternal care programs. Very few studies are done to explore the FOC and its relationship with the different sociodemographic factors in Indian set up. Also, limited literature is available focusing the correlation between Fear of Child birth and Quality of Life among pregnant women. So, this study was planned.

MATERIAL AND METHODOLOGY

Sample

Study Design: Cross Sectional

Study Sample size: 100

Inclusion Criteria:

1. Pregnant women attending antenatal care clinic.
2. Those women giving consent for the study.

Exclusion Criteria:

1. Pre-existing medical co morbid condition.
2. Known cases of psychiatric illness.
3. Women in active labor.

Methodology

This cross-sectional study was conducted at a tertiary care center. During covid-19 pandemic situation, the tertiary care clinic in which the study was conducted was converted into Dedicated Covid-19 Hospital (DCH) twice in- 2019, the first wave and in 2020, the second wave. So, all the services including routine 52 Antenatal Care Clinic were withheld during that period and data was collected during the twelve months period instead of eighteen months period. Every tenth woman attending antenatal care clinic was selected on every Thursday. Thus, 100 pregnant women who visited for routine ante-natal check-up and who fulfilled the inclusion and exclusion criteria were selected using systematic random sampling method. They were given information about the nature of the study and if willing, the written informed consent of the patient was taken in the mother tongue of the study subject. Socio demographic data, Fear of Childbirth (FOC) questionnaire, PGI Health Questionnaire N-1 (PGIHQN-1), WHO Quality of life-BREF, Modified Kuppuswamy's socio economic scale were applied to subjects. Fear of Childbirth (FOC) questionnaire and PGI Questionnaire were validated after translating to Marathi and Hindi. The prior permission for using FOC questionnaire was taken by E-mail from the authors who created the scale. The results obtained were tabulated and statistical analysis was done.

Statistical Analysis

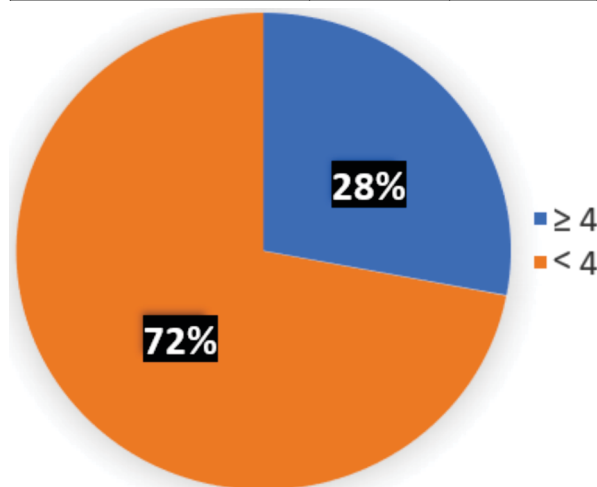
Data analysis performed by using SPSS (Statistical Package for social Sciences) version 27:0. Qualitative data variables expressed by using frequency and Percentage (%). Quantitative data variables expressed by using Mean and SD etc. One Way ANOVA test used to compare the Mean WHO-QOL domain score and FOC score with age group of patients, Trimester, Socioeconomic Status, Education etc. Unpaired t-test used to compare Mean WHO-QOL domain score and FOC score, Gravida, Bad Obstetric History Occupation, Family type etc. p -value < 0.05 considered as significant.

RESULTS

We found that, out of the total sample of 100, 28 patients scored more than 4 on the Fear of Childbirth questionnaire, suggesting that were having fear of childbirth.

Table 1: Sociodemographic And Clinical Of Participants (N= 100)

Variable	Frequency (n)	Percentage (%)
Age group		
20- 30 yr	21	21
30-40 yr	79	79
Employment status		
Employed	44	44
Unemployed	56	56
Socioeconomic class		
Upper-lower	41	41
Lower-middle	33	33
Upper-middle	26	26
Type of family		
Nuclear	69	69
Joint	31	31
Obstetric history		
Primigravida	58	58
Multigravida	42	42
Trimester		
First	20	20
Second	38	38
Third	42	42

**Figure 1:** Distribution according to FOC group

The primary aim of the study to assess the association between FOC and QoL showed that female who had a higher FOC were also showing significant scores on the physical and psychological domains of the QoL-BREF scale.

Among the sociodemographic parameters, FOC score was found to be significantly associated with education level ($p < 0.001$) with women having higher level of education scoring more. Women from nuclear family also had higher scores on FOC questionnaire. We also found that, there was a statistically significant ($p < 0.05$) difference in the physical and psychological domains among the women with different educational status suggesting that the physical and psychological problems decreased with increase in the educational level of the women. It was also found that QOL decreased in women belonging to nuclear family due to unfriendly environmental issues.

Comparison of the clinical parameters was as follows- Patients who were closer to delivery (third trimester) had a greater FOC score and had more physical and psychological problems. Also, there was a significant association ($p < 0.001$) between bad obstetric history and FOC score. Patients with bad obstetric history also had physical and psychological problems ($p < 0.001$).

DISCUSSION

Fear of childbirth is common among pregnant and postpartum women. Previous study has shown that the prevalence of fear of childbirth was 45.4%.^[7] An irrational fear of childbirth can affect maternal and fetal outcome.

The primary aim of our study was to estimate the fear of childbirth and quality of life among pregnant female. Fear of childbirth was found to

be 28% in our study which is close to that found in a study conducted in the UK by Hofberg et al. which reported 20% FOC.^[13] In a cohort study conducted among Swedish women, the prevalence of fear of birth was 22% in mid-pregnancy and 19% in late pregnancy.^[14]

Among the sociodemographic profile, FOC showed statistically significant association with educational status, that is FOC increased with higher educational status. This was in contrast to the findings of a study by Johnson et al which found no statistical significance between FOC and education status of the women.^[7] Our finding might be due to the fact that with increase in education, access to the information like methods of delivery, episiotomy, etc. - caused comparatively higher score in educated women. Our study found that participants from a lower socioeconomic background had a higher FOC score and increased physical and psychological problems on the QoL scale. This was in line with the studies conducted by Johnson et al and Calou et al respectively.^[7,15] Type of family was another sociodemographic parameter which showed significant association with FOC and QoL in our study. FOC scores and environmental issues were higher among women from a nuclear family. This was similar to the findings of Matus et al and Calou et al.^[15,16]

Among the clinical parameters, in contrast to a study by Ningthoujan et al, in our study, multigravida females did not show any statistically significant association between FOC score.^[17] Mean FOC score was highest for patients in third trimester. There was a statistically significant association between FOC score and patients in third trimester. This suggests that FOC increased in the patients closer to delivery period. This could be attributed to the fact that the women might think and get worried more about the childbirth as the delivery date comes closer. In a study by Alehagen et al contrasting findings were reported, that there were no significant differences in levels of fear of childbirth during late pregnancy between women in both the groups.^[18] There was statistically significant difference in the women in different trimesters in terms of Physical and Psychological domain suggesting that more physical problems seen with first trimester than the third while psychological problems increased with the progress of trimesters. Physical symptoms like hyperemesis, fatigue is seen in first trimester could have led to the reporting of higher physical problems. Psychological disturbances may have shown an increasing trend with progress of trimester, due to worries about childbirth as date of delivery comes closer. FOC and QoL were also found significantly associated with bad obstetric history. FOC increased in patients with previous bad obstetric history. This can be attributed to the fact that due to bad obstetric history like previous abortions or miscarriages, women might have the memories of those experiences and might have fear of possibility of the similar incidents. physical and psychological problems and its associated QoL factors in women decreased with increase in bad obstetric history. Similar findings were presented in a study by Ningthoujan et al.^[17]

We found that there was a statistically significant ($p < 0.05$) difference in the physical and psychological domains. This suggested that physical and psychological problems increased in patients presenting with FOC, thereby decreasing the quality of life. In a similar study by Krzepota et al, reported the findings of WHO-QoLBREF indicating the patients rated their quality of life in the psychological domain as the highest whereas the lowest ratings were recorded for the environmental domain, however this difference was not statistically significant.^[19]

CONCLUSION

FOC is a significant issue affecting pregnant women and has a demonstrable impact on QOL. Routine screening for FOC and early psychological interventions are essential components of comprehensive antenatal care. Strengthening psychosocial support and awareness about labor can reduce FOC and improve pregnancy outcomes.

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