International Journal of Multidisciplinary Approach and Studies

ISSN NO:: 2348 – 537X

Exploring the Prevalence of Fear of Childbirth and Depressive Symptoms among Women

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ABSTRACT

"Fear of childbirth (FOC) can have a negative impact on a woman's psychological wellbeing during pregnancy and her experience of birth. It has also been associated with adverse obstetric outcomes and postpartum mental health difficulties. However the FOC construct is itself poorly defined. This study aimed to systematically identify the key elements of FOC as reported by women themselves."

Expectations formed about childbirth before or during pregnancy are key determinants for women's experience of and behavior before and during childbirth. Some women experience high levels of fear specific to giving birth, and at its most severe fear of childbirth has been likened to a phobic response ('tokophobia')

Although some concerns relating to how a forthcoming birth may be experienced can be considered normal for many women, and may in some instances be potentially adaptive, severe fears of childbirth (or tokophobia) involving extreme fear, worry or concern specific to giving birth is likely to be more problematic. To date, an absence of a clear definition for fear of childbirth and identification of levels that may constitute a phobic response has led to significant heterogeneity in estimations of prevalence.

Fear of childbirth holds implications for women's experiences of pregnancy and birth. Elevated fear during pregnancy has been associated with the progression of birth (longer birth duration), an increased likelihood of intervention including augmentation of labour and emergency caesarean section and an increased likelihood of elective caesarean section. However studies exploring relationships between fear of childbirth and adverse birth outcomes are inconsistent and further examination is required.

Elevated anxiety and fear during pregnancy holds important implications for both maternal postpartum wellbeing and child development. Although there are parallels between generalized anxiety and fear of childbirth, studies have shown that the two are not synonymous and can be considered separate constructs. Furthermore, assessment of specific fear of childbirth has been identified as a superior predictor of both maternal and infant outcome over generalized anxiety alone.

Reliable and valid identification of high levels of fear early in pregnancy could enable interventions to support and manage these concerns to reduce distress and fear of childbirth. However, in order to ask more specifically about FOC, it is important that a clear, comprehensive and culturally appropriate definition for fear of childbirth is developed. In addition to this, optimal timing of assessment for FOC needs to be informed by the views of women and midwives.

If you're scared of childbirth, you're not alone! About 15 to 22 percent of women worldwide experience fear about the birth process at some point during pregnancy. Studies suggest as many as 50 percent of women in the U.S. experience this fear.

It's not just first-time mothers who feel this way. Women who have given birth before can also develop significant anxiety about their upcoming birth. For first-time and experienced mothers alike, the fear is rooted in not knowing what exactly will happen during labor and delivery. First-time moms lack experience and don't know what to expect, while women with children realize it is difficult to know *for certain* what will happen during labor.

"Exploring the prevalence of fear of childbirth and depressive symptoms among women during antenatal and postnatal period and their health needs in selected hospitals of Jabalpur, M.P."

AIM:

The aim of the study is to explore the prevalence of fear of childbirth (FoB) and depressive symptoms among women during antenatal and postnatal period and their health needs.

OBJECTIVES:

1. To Explore the prevalence of fear of childbirth (FoB) and depressive symptoms among women during antenatal period.

2. To Explore the prevalence of fear of childbirth (FoB) and depressive symptoms among women postnatal period period.

3. To find out the correlation between fear of childbirth (FoB) and depressive symptoms among women during antenatal period and fear of childbirth (FoB) and depressive symptoms among women during postnatal period.

4. To study the association of selected socio-demographic variables with presence of fear of childbirth (FoB among women during antenatal period.

5. To study the association of selected socio-demographic variables with presence of depressive symptoms among women during antenatal period.

6. To study the association of selected socio-demographic variables with presence of fear of childbirth (FoB among women during postnatal period.

7. To study the association of selected socio-demographic variables with presence of depressive symptoms among women during postnatal period.

8. To explore the lived experiences of mothers having FoB and depressive symptoms through an IDI to better understand their health needs.

9. To develop an intervention protocol based on study findings to improve maternal mental health outcomes related to the mental health of women in antenatal and postnatal period.

RESEARCH APPROACH

The research approach is the most significant part of any research. The appropriate choice of the research approach depends upon the purpose of the research study, which has been undertaken.

Mixed- method (cross-sectional) approach was adopted to "Exploring the prevalence of fear of childbirth and depressive symptoms among women during antenatal and postnatal period and their health needs in selected hospitals of Jabalpur, M.P."

Mixed method- Qualitative and Quantitative research approach will be used.
In Quantitative study use–
- Wijma's delivery expectancy questionnaires Version A
- Wijma's delivery experience questionnaires Version B
- Edinburgh Postnatal depression scale (EPDS)

In Qualitative study use – In-depth Interview

RESEARCH DESIGN

The research design refers to the researcher's overall approach for getting answers to the research questions in order to evaluate the research hypothesis. The most important consideration in developing a study's research design is how participants will be recruited and how they will be used in the study.

- ✓ Mixed- method cross section study comprising of survey methodology. plan to use The Wijma Delivery Expectancy Questionnaire Version A and The Wijma Delivery Experience Questionnaire Version B through a survey collecting data at two timepoints, once during 3rd trimester and then again with same women within 6 weeks post birth, through a paper and pen-based survey.
- ✓ The finding from the survey and content analyses will be triangulated to derive the final study findings, and will be used to develop an intervention protocol to improve maternal mental health outcomes.

In this connection, I have prepared a section A s**ociodemographic and economic profile of the participants to be completed by the participant in antenatal period,** standard scale adapted for India are The Wijma Delivery Expectancy Questionnaire Version A,and Edinburgh Prenatal Depression Scale (EPDS) In section B s**ociodemographic and economic profile of the participants Only ask to the postnatal women,** standard scale adapted for India are The Wijma Experience Questionnaire Version B and Edinburgh Postnatal Depression Scale (EPDS) use for exploring the prevalence of fear of childbirth and depressive symptoms among women during antenatal and postnatal period.

SAMPLE SIZE

The sample size is a portion of the population that has been selected to represent the population of interest

The sample size for the study was 400 Antenatal and 400 postnatal women, who was available at the time of data collection and also who fulfil the inclusion criteria

The sample size of this study has been calculated using Cochrane formula.

$n_0 = z^2pq \div e^2$

where, n_0 = sample size

z= desired confidence level

p = estimated proportion of an attribute that is present in the population

q = 1- p

e = desired level of precision

p = 0.5

q = 1 – 0.05 = 0.05

e =±5% = 0.05

z = 2.576

hence, $n_0 = \frac{(2.756)^2 \times 0.5 \times 0.5}{(0.05)^2} = \frac{1.65875}{0.0025} = 663.5$

Assuming, p = 0.5 and taking 99% confidence level with ±5% precision, the calculation for required sample size will be 664. Since the review of literature from India shows an average mid-survey dropout of 20%, 800 participants will be recruited for the study in order to have at least 665 completely filled questionnaires

SAMPLING TECHNIQUE

Sampling technique is an important step in the research process. It is the process of selecting representative units or subsets of a population of the study in research.

Non-probability consecutive sampling technique was utilized to select the samples in this study.

STUDY SETTING

Public health care facilities of Jabalpur:

- ✓ Netaji Subhash Chandra Bose Medical College and Hospital, Jabalpur, Tertiary care hospital
- ✓ Rani Durgavati (Lady Elgin) Hospital, District Hospital
- ✓ Private Hospital (having at least 20 deliveries per month)

CRITERIA FOR SAMPLE SELECTION

The criteria for sample selection are mainly depicted under two headings, which includes the Inclusion and Exclusion Criteria.

Inclusion criteria

- ✓ Women who can be present during their antenatal and postnatal period both at IPD and at OPD.
- ✓ Women who can understand Hindi.
- ✓ Antenatal and postnatal women who are Primigravida, multigravida, primipara and multipara.

Exclusion criteria

- ✓ Still Birth
- ✓ Unmarried antenatal and postnatal women.
- ✓ Unwanted Pregnancy.

Antenatal and postnatal mothers with known clinical history of depression.

RESULT

In research, study is a smaller replica of a larger study that serves as a test run. An important part of this process is collecting data that can be used to improve and evaluate the project's viability. The evaluation of measurement adequacy is the primary objective. Upon receiving approval from the appropriate authorities, a pilot research was undertaken. About 46 women during antenatal period and 40 women in post natal period 06 women are not reached in postnatal period the sample taken from Jabalpur Hospital and research centre and Jamdar hospital Pvt. Ltd. Jabalpur were chosen for the study because they matched the inclusion criteria. The nonprobability convenient sampling technique was used to select the samples The data was analyzed by using descriptive and inferential statistics and the findings of the pilot study showed that the prevalence of fear of birth among woman during antenatal period was (SD± 11.15) and depressive symptom in antenatal women by EPDS scale (SD± 3.66), the prevalence of fear of birth among woman during postnatal period was (SD± 11.63) and depressive symptom in postnatal women by EPDS scale (SD± 6.18) Correlation 0.65 between women during antenatal and postnatal period (r=0.98). Assessment of fear of birth of Postnatal women using version B (W-DEQ) (N=39) in this majority of mothers Little disagree 71.73% and Little agree13.4% but total disagree percentage was 15.21% as well Quite disagree 2.17% and when researcher assessed the Assessment of depressive symptom in postnatal women by EPDS scale n=46 it showed majority of women 23 (50%) given response of Never and 20 women's comes under rare categories that is 43.4 %, and sometimes that is 3(6%). This study showed that Depression during pregnancy is a significant public health problem because of its negative effects on the health of both mother and infant. The maternal mood across the transition from pregnancy to postnatal period should be the focus of research and clinical attention because the disturbance of maternal mood during this period may affect developmental outcome in the child.

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