

Determinants and Outcomes in the Studies of Fear of Child Birth: A Systematic Review of Literature

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ABSTRACT

Aim: To investigate the level of antenatal fear of childbirth at various gestational ages and factors associated with intense fear among pregnant women. **Materials and methods:** The present systematic review comprised 14 full-text cross-sectional, qualitative, analytical study, experimental studies and cohort studies published in English between 2018 and 2025, that were obtained from PubMed and Google Scholar databases, and it was conducted according to the PRISMA guideline. **Result:** the study analyzed the level of fear among women's is due to attributes, moreover for the high level of fear a specific interventions like psycho-education, preparatory courses, and specialized counseling by qualified midwives are effective strategies for alleviating to child birth fear

Keywords: Fear of childbirth, Antenatal fear, Pregnancy, Systematic review, Psycho-education, Counseling.

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Introduction

Fear of childbirth (FoC) refers to the feelings of anxiety, fear, or worry that women may encounter during their pregnancy and the birthing process. This fear affects as many as 20% of pregnant women and has been associated with pregnancy termination, extended labor, a higher likelihood of both emergency and elective cesarean deliveries, negative maternal mental health outcomes, and difficulties in bonding with the infant (Fairbrother et al., 2022). It occurs in women who are nulliparous, primiparous, and multiparous, impacting their health as well as their experiences during labor, delivery, and the postpartum phase.¹

The prevalence of childbirth related fear is around 20% and from this approximately 6%–10% of woman experiencing intense fear of labor and birth that is dysfunctioning or disabling. Around 13% of nonpregnant women who have not given birth in their life are fearful and avoid or postpone pregnancy.²

Anxiety is associated with the unplanned cesarean request by mothers and also found severe anxiety of childbirth that is 93% among third trimester pregnant.³

According to epidemiological data, the prevalence of FOC varies greatly between nations and regions, ranging from 12 to 58.6%.

This variation is affected by cultural factors, healthcare standards, and the instruments used to measure FOC Studies always emphasize the severity and broad incidence of FOC, despite fluctuating rates. FOC occurs in late pregnancy in a

bout 33% of pregnant women, with 11

14% of them reporting severe anxiety and needing medical attention.⁴

FOC mainly concentrates on psychological or sociodemographic factors, like maternal age, educational attainment, anxiety, or depression (19, 20), whereas the effects of pregnancy comorbidities, complications, or specific obstetric conditions remain underexplored⁵

Severe FOC may lower the pain threshold, heighten pain perception, and magnify the sensation of labor pain leading many women to select cesarean sections as a safer and less painful choice.⁶

High fear scores make it difficult for women to give birth vaginally, which makes them seek a cesarean section again.

Consequently, the percentage of cesarean sections has sharply increased in recent years, and the fear of a typical delivery visit may be one factor contributing to this increase

Furthermore, postterm delivery, a higher usage of pharmaceutical painkillers, emergency cesarean sections, and unpleasant birth experiences are all linked to dread of childbirth.

It is important for midwives to be able to identify tocophobic women so they can appropriately approach them⁷

offering them effective care and necessary services. Since little is known about how to treat tocophobia, our goal was to

perform a systematic review to identify the risk factors for fear and identify women who are afraid in a timely manner.

This will help identify high-risk women and provide them with extra care, which will help to reduce tocophobia.⁸

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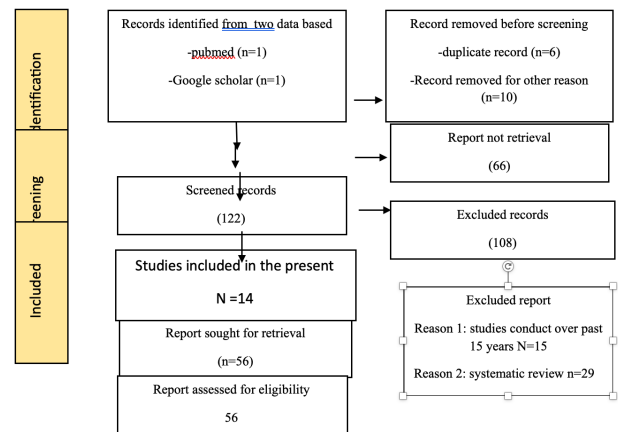
Material And Methods

The preferred reporting items for systematic review (PRISMA) were used to conduct the systematic review . the PRISMA flow chart for the systematic review is displayed in figure 1. fiveteen research address the causes and outcomes of child birth fear among a woman who received midwife care.

We included full text observational studies and clinical trials , which had full text papers . papers that did not fulfill the objectives of our study were excluded . after screening the process, we included papers with the following features

- (1) Full text papers
- (2) Patients: with fear of childbirth
- (3) Diagnosis: use of Wijma Delivery Expectancy Questionnaire
- (4) Management of child birth fear : midwifery education and care.

Identification Of Studies Via Databases



Database and search strategies

A systematic review was undertaken using a PubMed Database and Google Scholar search between 4 January 2018 and 15 January 2025. We searched through advanced strategy using the following terms: tokophobia, factors of tokophobia, request for caesarean section, and midwifery care.

Data extraction and analysis

We collected the following information from each paper: the author year of publication, the number of women’s who participated , the selection of women, the method of data collection , the risk factor and the percentage of tokophobia and the midwives impact on tokophobia and the main conclusion

Author and year of publication	Country	Study design	Number of participants	Main conclusion
Chekol Alemu <i>et.al</i> (2024)	Northwest Ethiopia	cross-sectional study	575	To reduce further FOC difficulties, it is critical that health care providers identify pregnant women who exhibit high level of fear of childbirth early in the pregnancy and offer cognitive behavioral therapy as well as support for their psychological and physical well-being. It is also recommended that family planning and ANC clinicians provide suitable information regarding early age and preventive measures. ¹²
Matias Vaajala <i>et.al</i> (2023)	Finland	case-control study	13 064	The findings of this study are useful in a clinical setting to improve the prevention of FOC. Psychological support should also be offered after a complicated delivery to prevent secondary FOC. ¹¹

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Azahara Rúger-Navarrete <i>et.al (2023)</i>	Europe	cross-sectional study	3269	Antenatal training is essential for women to be reassured by healthcare professionals by listening to them and giving them hope, fostering feelings of control and confidence, and supporting them to enter the unknown of pregnancy and childbirth. This will increase women's trust in their healthcare providers, reduce their fear, and enable them to have a more positive childbirth experience. ¹³
Javad Yoosefi Lebni <i>et.al (2021)</i>	Iran	Qualitative study	15	These women also use strategies such as choosing appropriate medical centers, increasing information on childbirth, avoiding stressful sources, improving self-care, getting prepared for day of delivery, and resorting to spirituality to alleviate or reduce these fears. ⁹
Ingegerd Hildingsson <i>et.al (2022)</i>	Sweden	Cross-sectional study	584	When identified with fear of birth, an additional anamnesis or screening for depressive symptoms are suggested. Screening for depressive symptoms and fear of birth during pregnancy is important to identify women at risk and offer specific treatment. ¹⁴

Forough Mortazavi <i>et.al (2021)</i>	Iran	cross-sectional study	662	In designing programs to increase the rate of normal vaginal birth, the following factors should be considered: limiting induced labor, encouraging women to recruit a doula to help them at labor, facilitate husband's attendance throughout antenatal/intrapartum, and postnatal care to support his wife, and pay attention to women's common misunderstandings about the effect of vaginal birth on marital/sexual relationship. ¹⁶
Swift EM <i>et.al (2021)</i>	Ice land	Quasi experimental Control trail	32	new approach could be advantageous for offering education and assistance, in addition to reducing anxiety related to childbirth. ²⁰
Hamide Zengin <i>et.al(2020)</i>	Turkey	analytical study.	500	It was determined that pregnant women's anxieties about delivery and baby care increased, especially in the last trimester. ¹⁹
Hassanzadeh R <i>et.al (2020)</i>	Iran	Cross-sectional study	204	Prenatal training can reduce fear, anxiety and depression in primiparous women. Incorporating such training into prenatal care helps improve maternal health. ¹⁸
Sharma, Kanchan <i>et.al (2019)</i>		Exploratory study	226	A regular screening related to their fear of childbirth among all pregnant mothers should be promoted and health awareness program should be conducted for better utilization of health services. ¹⁰
Matus Phunyammalee <i>et.al (2019)</i>	Thailand	cross-sectional study	305	explore and understand more about social and cultural factors associated with FOC. identification of women with high or severe degree of FOC could help in preparing the women at risk before

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				or during pregnancy to lessen FOC in order to improve their childbirth experiences. In addition, effective interventions to reduce FOC should be developed, evaluated, and implemented in the future. ¹⁵
Fenarol V	Italy	Prospective longitudinal study	111	There is a need of Further exploration of this subject may be beneficial for creating targeted strategies to equip women for childbirth ¹⁷
Khwepeya M <i>et.al</i> (2018)	Malawi	cross-sectional study	152	It is clinically vital to identify and create interventions for women exhibiting these related traits to help reduce childbirth fear both prior to and following delivery. ²¹

Discussion

The purpose of this study was to examine childbirth fear and related factors in women. Our findings suggest that the causes of child birth fear are diverse and intricate, and that the anxiety experienced by women differs based on particular traits. For example, an unexpected pregnancy was a significant factor.

When a traumatic obstetric event happens in a previous pregnancy, secondary tocophobia, which is an intense fear of childbirth, can arise. The psychological aspect has received less focus since the healthcare system for women has historically concentrated more on physical health. ²²

Women might face social isolation and marginalization as a result of their persistent symptoms [21]. Furthermore, the injury can cause significant pain for the mother. It is also understood that a prior perineal tear raises the likelihood of experiencing another tear. which could be an additional factor contributing to the onset of fear of childbirth (FOC) ¹¹

O The impact of prenatal factors on birth outcomes and child temperament is significant. It was observed that perceived stress during pregnancy correlates with a more challenging temperament (distress to limitation) at three months. Our primary focus, however, was on the role of physiological stress measured by maternal plasma and amniotic fluid cortisol in influencing birth outcomes and temperament.

Conclusion:

Stress, anxiety, depression and lack of social support are associated with fear during pregnancy. Need for psychiatric care and presence of traumatic stress symptoms are reported outcomes together with prolonged labour, longer labours, use of epidural and obstetric complications. Nulliparous and parous women have similar levels of fear but for different reasons. Since the strongest predictor for fear in parous women is a previous negative birth experience or operative birth, we suggest it is important to distinguish

between fear of childbirth and fear after birth. Findings demonstrate the need for creating woman-centred birthing environments where women can feel free and secure with low risk of negative or traumatic birth experiences and consequent fear.

Fear of childbirth refers to the feelings of dread and unpredictability that may occur before, during, or after giving birth as a result of anticipating the upcoming labor and delivery. Several factors contribute to this issue, such as a prior background of anxiety or depression, other mental health disorders, the quality of interpersonal relationships, experiences of sexual abuse, and traumatic incidents related to previous births. This fear may stem from a variety of sources, including a history of sexual trauma, anxiety disorders, and previous distressing childbirth experiences. A background of sexual abuse has been recognized as a notable risk factor for the onset of tokophobia. Individuals who have endured sexual abuse might connect the physical and emotional vulnerability experienced during childbirth with their past traumas, resulting in increased anxiety and fear levels.

Certain women have a fear of childbirth that can vary from mild to intense. An extreme fear of childbirth may lead to a reluctance to become pregnant, go through labor, or concerns that it will disrupt everyday life.

Tocophobia is a condition that impacts 6–10% of pregnant women and can lead to various complications for both the mother and the child, such as extended labor, obstructed labor, fetal distress, and lack of oxygen, along with postnatal depression and post-traumatic stress disorder. Establishing a solid support network with friends, family, or a doula, as well as exploring professional counseling, can offer emotional comfort. Effective coping methods involve utilizing relaxation techniques, mindfulness practices, and positive affirmations. Tackling specific triggers and reshaping negative thoughts through cognitive behavioral therapy (CBT) is another beneficial approach.

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