

# Impact of Midwife-Led Psychoeducation on Primigravida Mothers' Knowledge of Childbirth Fear and Childbirth Efficiency: A Review

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## Abstract

Childbirth, often known as labor and delivery, is the procedure that ends a pregnancy and takes place when one or more infants are delivered vaginally or through cesarean section from the mother's body. Primigravidae experience several physical and emotional changes, which can make them nervous about the birthing process. The pathological fear of pregnancy known as "childbirth fear" is one factor that can contribute to a woman delaying her delivery. It has been found that a woman's level of childbirth self-efficacy, which is also referred to as labor and delivery confidence, is a crucial indicator of how well she will be able to cope with the physical and emotional challenges that come with giving birth. Prenatal education, prenatal counseling, prenatal training, and role-playing are all examples of psychoeducational intervention techniques that have been shown to have a significant impact on a variety of psychological outcomes, including attitudes toward childbirth, fears associated with childbirth, depression, fear, and anxiety. Their expectations for the birth procedure were elevated as a result of solution-focused counseling, midwife-supported psychotherapy, and a midwife-led integrated pre-birth training program.

**Keywords:** Childbirth, childbirth fear, primigravida, psychoeducation, self-efficacy

## INTRODUCTION

Childbirth, often known as labor and delivery, is the end of pregnancy when one or more infants leave the mother's body by a cesarean section or vaginal delivery.<sup>[1]</sup> Vaginal delivery is the most typical type of childbirth practiced worldwide. It involves four stages of labor: the cervix shrinking and opening during the first stage, the baby's descent and birth during the second, the placenta being delivered during the third, and the mother and child recovering during the fourth stage, known as the postpartum.<sup>[2]</sup>

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In their first pregnancy, primigravidae go through a lot of physical and emotional changes, which can make them anxious and afraid of the birthing process because they do not know what will happen or what their part will be. For some women, the childbirth process is a happy, hopeful connection, but they also experience a great deal of dread and anxiety about the baby's health, their own response to labor, and the person's attitude who will take care of and assist them during their pregnancy. Birth is a process that can be both enjoyable and painful. 20% of women report having a fear of giving birth, with 6–10% of these reporting a dysfunctional or incapacitating level of acute or crippling fear. 13% of non-pregnant women who have never given birth are afraid and avoid getting pregnant or put it off.<sup>[3]</sup>

## CHILD BIRTH FEAR IN PRIMIGRAVIDA MOTHERS

Tokophobia, another name for childbirth fear, is a pathological fear of pregnancy that can cause women to delay giving birth. It is categorized as either primary or secondary. The main issue

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is a woman's pathological fear of childbirth when she has never previously been pregnant. After a traumatic obstetric episode during a prior pregnancy, a morbid fear of childbirth often develops as a secondary concern.<sup>[4]</sup>

Fear of childbirth is not always clearly described. Anxiety has been defined as a psychological construct and is now understood to be a "state" as opposed to a "trait." The fear of childbirth has drawn a lot of attention in Scandinavia, the UK, and throughout Europe. A study in Western Australia indicated that levels of childbirth dread were considerable, with over 22% of mothers using adjectives like horrifying and petrifying to characterize their expectations of birth. While there is little research on the phenomenon of childbirth fear in Australia, it is a worldwide problem. Following this, a poll of 400 pregnant women using the expectations and experiences questionnaire revealed that 26% of the women had high levels of delivery anxiety and nearly 50% had moderate levels.<sup>[5,6]</sup>

### CHILDBIRTH EFFICIENCY IN PRIMIGRAVIDA MOTHERS

Childbirth self-efficacy, also known as labor and birth confidence, has been found as a crucial indicator of women's coping mechanisms throughout labor.<sup>[7]</sup> Efficiency, in Bandura's opinion, represents individual attitudes about behavior that have an impact on results. Efficiency is determined by a person's prior success in handling the current circumstance, other people's perspectives, verbal persuasion, and the level of emotional and physical arousal. Self-efficacy mostly consists of two components. Trusting that an activity will result in a particular consequence is referred to as outcome expectancy. Contrarily, self-efficacy refers to a person's perception of their ability to carry out that conduct successfully in a given situation. Understanding the difference is essential because people may think a given activity is effective but lack confidence in their abilities to carry it through.<sup>[8]</sup>

Self-efficacy is similar to a cognitive picture, or an internal perception of how people perceive their capacity to carry out the courses of action necessary in a specific circumstance. Cognitive, emotional, and behavioral aspects of self-efficacy are interconnected and have an impact on one another. It implies that people's feelings, thoughts, and motivation, which in turn influence their decisions and behavior, are relevant to their self-efficacy beliefs.<sup>[9]</sup>

### PSYCHOEDUCATIONAL INTERVENTIONS FOR PRIMIGRAVIDA MOTHERS

Interventions that mix education and therapy are referred to as psychoeducational or psychoeducational interventions. Individual or group psychoeducational therapies are both possible. The elements of psychoeducation that increase its effectiveness in pregnant women frequently include exercises that strengthen laboring abilities, foster self-efficacy, offer psychological support, and give pregnant women realistic plans for transportation, delivery location, birth companionship, blood

donors, supplies for safe childbirth, and other delivery-related decision-making.<sup>[7]</sup> All psychoeducational intervention techniques, such as prenatal education, prenatal counseling, prenatal training, and role-playing, had a substantial impact on some of the psychological outcomes examined, including attitudes toward childbirth, fears associated with childbirth, depression, fear, and anxiety.<sup>[10]</sup>

### CHILDBIRTH FEAR AND CHILDBIRTH EFFICIENCY AMONG PRIMIGRAVIDA MOTHERS

The study looked at how often primigravid women experienced prenatal depression and fears related to childbirth. The study found that 17.7% of women reported having childbirth-related anxiety. According to the EPDS (score >12), the prevalence of depressed mood was 9.8%, however, according to the ICD 10 criteria, the prevalence of depression was 8.7%. Many women who were depressed or had clinical depression experienced some kind of fear related to giving birth. Numerous primigravid women with clinical depression and sad moods reported having some type of worry related to childbirth.<sup>[11]</sup> In all, 176 women, or 45.4%, reported having a fear of giving birth. To better the results for the mother and fetus, it is critical to recognize and address the many worries that women may have toward childbirth, as this study has shown.<sup>[12]</sup>

A Chaid analysis of variables influencing pregnant women's confidence in their ability to give birth. The purpose of the current study is to identify the variables influencing pregnant women's self-efficacy during birthing. It was observed that a woman's self-efficacy in birthing is influenced by her income position and by her personal experiences, such as fetal death. In addition, it was discovered that the self-efficacy of birthing was influenced by the prenatal education level. Pregnant women should have their childbirth self-efficacy evaluated by health experts during the antenatal period, and they should create individualized training plans and initiatives to boost these beliefs.<sup>[13]</sup>

The study was done to determine the level of anxiety about childbirth and it is contributing factors among third-trimester primigravida mothers visiting an antenatal clinic at a particular hospital in Mangalore. The study's findings revealed a considerable increase in childbirth-related anxiety among primigravida moms in the third trimester, along with the largest proportion of unfavorable linked factors that affect anxiety.<sup>[14]</sup>

The investigation on self-efficacy in expectant mothers who have a great fear of giving birth. Concentration, support, control, motor/relaxation, self-encouragement, and breathing are six areas of childbirth self-efficacy that were linked to coping behaviors during labor and childbirth. Instead of being motivated by beliefs in effectiveness (outcome anticipation), the majority of these behaviors were motivated by capacities to carry out. Guidance, bodily controls, professionals' control, dependency, and fatalism were five additional subdomains that were shown to indicate defined birthing self-efficacy. The

childbirth self-efficacy dimensions have been enlarged and developed in relation to SFOC. Before the start of labor, it is crucial to identify pregnant women with SFOC and associated efficacy beliefs so that they can discover suitable coping mechanisms. These mechanisms must also be supported by medical staff throughout labor and delivery. The subcategories of childbirth self-efficacy should be added as additional verbal persuasional support.<sup>[15]</sup>

The study looked at nulliparous women's self-efficacy attitudes and labor anxiety. This demonstrates that they were more likely to favor a cesarean section over a vaginal birth ( $P = 0.001$ ) and have low efficacy expectations. Higher FOC was not connected with a choice for a cesarean section, but lower efficacy expectations did. Increasing self-efficacy could be a component of care for pregnant FOC women, but it would not be sufficient for scared women who want a cesarean section.<sup>[16]</sup> A study was done on pregnant women's anxiety about childbirth. Moreover, half of the women in the study (55.33%) show high levels of fear, according to the current study. Pregnant women's sociodemographic traits and their dread of childbirth were found to be significantly correlated. A more fulfilling birthing experience results from designing and implementing childbirth education sessions in the third trimester of pregnancy, especially for primigravidas to increase their self-control and self-confidence during labor.<sup>[17]</sup>

The evaluation of Primigravida Women's Fear of Childbirth in Baghdad's Al-Elwea Maternity Hospital states that the biggest percentage of women who had completed secondary education were between the ages of 20 and 29 (44%) years. Most women have planned pregnancies, with around one-third of them occurring at 32 weeks of gestation. Cesarean births are chosen by more than two-thirds of them. They are extremely afraid of giving birth. Age, education, occupation, gestational age, delivery choice, and fear of childbirth vary significantly across women. According to this study, primigravida women have acute birthing anxiety, and there are substantial correlations between these women's fears and demographic and reproductive factors.<sup>[18]</sup>

## EFFECTIVENESS OF MIDWIFE-LED PSYCHOEDUCATION IN PRIMIGRAVIDA MOTHERS

The effect of a childbirth psychoeducation program on primigravid women's level of fear of childbirth. According to the study, a birthing psychoeducational program could help primigravid women with severe FOC reduce their FOC. We advise specialist psychologists and midwives to include psychoeducational programs in birthing education classes.<sup>[7]</sup> An investigation into the effects of midwife-led integrated pre-birth education on labor anxiety using qualitative interviews. The participants who were questioned supported the overarching theme that "midwife-led integrated pre-birth training promoted constructive disposition and enhanced trust in the process of giving birth." 85% of the participants in this study ( $n = 29$ ) said that midwife-led integrated pre-birth

training raised their expectations for birth procedures. They showed signs of being ready and organized for this procedure, which would improve the outcomes of childbirth.<sup>[19]</sup>

A randomized controlled experiment investigating the effectiveness of midwives' psychoeducational intervention in easing pregnant women's fears about childbirth. Birth anxiety and childbirth self-efficacy postintervention scores showed significant differences between groups ( $P = 0.001$  and  $P = 0.002$ , respectively). Depressive symptoms and decisional conflict decreased but not significantly. Pregnant women with high levels of childbirth dread responded favorably to psychoeducation provided by skilled midwives, which also helped them feel more confident about giving birth. Enhancing pregnant emotional well-being may have broader favorable social and maternity care consequences for the best possible labor and delivery.<sup>[20]</sup>

An analysis of the cost-effectiveness of midwife psychoeducation for scared pregnant women was conducted. According to the study, one cesarean section was avoided for every five women who received midwife counseling. The extra medical expense to use this method to avoid one cesarean delivery was AUS\$ 145. The costs of providing midwife psycho-education to pregnant women who are afraid of giving birth are outweighed by higher rates of vaginal birth and fewer cesarean sections.<sup>[21]</sup>

The effectiveness of solution-focused midwifery counseling on labor anxiety was investigated. Following the counseling, the intervention group's preference for natural childbirth increased dramatically. The study came to the conclusion that solution-focused counseling is a simple and efficient strategy for lowering labor anxiety and raising the desire for a natural delivery.<sup>[22]</sup> The qualitative investigation into the effects of counseling by a midwife on women's fears related to childbirth. Midwife-led counseling enhanced confidence in giving birth and brought about happy feelings, according to the overall theme that was found. Women in this qualitative study stated that midwife-led counseling increased their birth confidence by providing them with knowledge and information. The ladies felt more at ease and prepared, which made it easier for them to tolerate the birth's inherent uncertainty. This in turn had a favorable impact on the birthing process. The ladies felt empowered along with a sense of safety that was connected to the professional help during childbirth. The happy birth experience increased the woman's self-confidence for future pregnancies, and she reported that her fear of childbirth decreased or was manageable.<sup>[23]</sup>

The current systematic review and meta-analysis advise using midwife-supported psychotherapy for the prenatal period of pregnancy to reduce sadness and anxiety and improve maternal health status.<sup>[24]</sup> A randomized controlled experiment was conducted to examine the impact of psychotherapy on lowering pregnant stress and delivery anxiety. For pregnant women in the third trimester, 5 weeks of group psychotherapy added to PUC can be thought of as an adjuvant care option for lowering

FOC, pregnancy stress, and general anxiety. Future studies might concentrate on maintaining the effects and assessing the financial effects of include psychotherapy in PUC.<sup>[25]</sup>

## CONCLUSION

After analyzing the existing research, we have concluded that primigravida mothers may benefit from increased knowledge regarding labor fear and childbirth efficiency when it is provided through a midwife-led psychoeducation program. They may exhibit signs of being ready and organized for the procedure, which would improve the outcomes of childbirth.

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## CONFLICT OF INTEREST

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