Childbirth fear among expectant women and male partners in rural Australia and Sweden

Helen Haines
Julie F. Pallant
Annika Karlström
Christine Rubertsson
Elin Ternström
Margareta Johansson
Ingegerd Hildingsson
Definitions

Spectrum with dose effect

- Negative cognitive assessment of the anticipated childbirth (Rydning et al 1998)
- Feelings of fear & anxiety when facing birth (Eriksson 2006)
- Very negative feelings towards birth (Waldenström, Hildingsson 2006)
- Pathological dread & avoidance of childbirth – tokophobia (Hofberg 2000)

Prevalence

14-20 % ..........................Seems to be increasing

Who’s afraid?

- First and subsequent pregnancies
- Previous negative birth experience
- Previous emergency caesarean section or operative birth
- General anxiety, low self-esteem, depression
- History of abuse
- Dissatisfaction with their partnership and lack of support

Lukasse et al (2010)
Afraid of what?

- Pain, fear of death or physical damage to oneself
- Loss of autonomy and control
- Health System Ecology
- The health and wellbeing of their baby

Consequences

- Emotional stress, impacting on mental health and wellbeing of the mother – increased risk of PND/A

- Prolonged and complicated labour
  (Ryding, Wijma B et al. 1998; Johnson and Slade 2003, Adams 2012)

- Higher risk of caesarean section
  (Haines Ryding, Wijma B et al. 1998)

- Avoidance of pregnancy
  (Hofberg and Ward 2003)

- Termination of Pregnancy
  (Larsson et al. 2000).

- Caesarean section on maternal request
  (Hildingsson et al. 2002; Saisto and Halmesmäki 2003; Wax et al 2004; Waldenström, and Hildingsson 2006; Fenwick et al. 2008; Hildingsson 2008; Rouhe et al. 2008)
2007: Having a Baby in Västernorrland Study (N= 1506)
Overall aim investigate prevalence and impact of fear on birthing outcomes in two cohorts of pregnant women from rural towns in Australia and Sweden and to explore the birth attitudes and beliefs of these women.

Prospective longitudinal cohort study (N=509)
Years: 2007-2009

Pregnant women completed self-report questionnaires mid-pregnancy, late pregnancy and two months after birth.
The Fear of Birth Scale

How do you feel right now about the approaching birth?
Please mark with an X on the lines below.

Calm

No fear

| 0 | Calm | No fear | Strong fear | Worried | 100 |

Haines 2011, Ternström 2016
Cross-cultural comparison of levels of childbirth-related fear in an Australian and Swedish sample

Helen Haines, RN, RM, MPH, BN (Lecturer)\textsuperscript{a,b,*,}, Julie F. Pallant, BA (Hons), PhD (Associate Professor)\textsuperscript{a}, Annika Karlström, RN, RM, MSc, PhD (Senior Lecturer)\textsuperscript{b,d}, Ingegerd Hildingsson, RN, RM, PhD (Associate Professor)\textsuperscript{b,c}

\textsuperscript{a} School of Rural Health The University of Melbourne, 49 Graham St, Shepparton, Victoria, Australia
\textsuperscript{b} Mid Sweden University, Department of Health Science, Sundsvall, Sweden
\textsuperscript{c} Karolinska Institute, Department of Women’s and Children’s Health, Division of Reproductive and Perinatal Healthcare, Stockholm, Sweden
\textsuperscript{d} Mid Sweden Research & Development Centre, Västerbottens County Council, Sundsvall, Sweden
\textsuperscript{*} Northeast Health Wangaratta, Victoria, Australia

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\textbf{A B S T R A C T}

\textit{Background:} research, conducted predominately in Scandinavian countries, suggests that a substantial number of women experience high levels of fear concerning childbirth which can impact on birth outcomes, the mother-infant relationship and the ongoing mental health of the mother. The prevalence of childbirth-related fear (CBRF) is not well known outside of the Nordic nations. This study aimed to examine the prevalence of CBRF in two rural populations (Sweden and Australia) and to pilot a short, easy-to-administer measurement tool.

\textit{Methods:} a questionnaire assessing a range of childbirth-related issues was administered to women in the first trimester across two rural populations in Sweden (n = 386) and Australia (n = 123). CBRF was
Prevalence of Fear and preference for mode of birth

- **31.1%** of Swedish women
- **29.5%** of Australian women were classified as having elevated levels of childbirth related fear
• 33 Swedish women (8.8%) preferred elective caesarean section.

• Significantly higher fear scores than in women who preferred a vaginal birth.

• More Australian women preferred an elective caesarean section (19%, n=23).

Not associated with fear.
Womens' attitudes and beliefs of childbirth and association with birth preference: A comparison of a Swedish and an Australian sample in mid-pregnancy

Helen Haines, RN, RM, BN, MPH (Lecturer)\textsuperscript{a,b,e,*}, Christine Rubertsson, RN, RM, MA, PhD (Associate Professor)\textsuperscript{a}, Julie F. Pallant, BA (HONS), PhD (Associate Professor)\textsuperscript{b}, Ingegerd Hildingsson, RN, RM, PhD (Professor)\textsuperscript{a,c,d}

\textsuperscript{a} Department of Women's and Children's Health, Obstetrics and Gynaecology, Uppsala Universitet, 751 85 Uppsala, Sweden
\textsuperscript{b} Rural Health Academic Centre, University of Melbourne, 49 Graham Street, Shepparton, Victoria, Australia
\textsuperscript{c} Mid Sweden University, Department of Health Science, Sundsvall, Sweden
\textsuperscript{d} Karolinska Institutet, Department of Women's and Children's Health, Division of Reproductive and Perinatal Healthcare, Stockholm, Sweden
\textsuperscript{e} Northeast Health, Green Street, Wangaratta, Victoria 3677, Australia

\textbf{ABSTRACT}

\textbf{Background:} the rate of caesarean in Australia is twice that of Sweden. Little is known about women's attitudes towards birth in countries where the caesarean rate is high compared to those where normal birth is a more common event.

\textbf{Objectives:} to compare attitudes and beliefs towards birth in a sample of Australian and Swedish
• Previous negative birth experience & fear of childbirth = strong association with a request for CS
  (Gamble and Creedy 2001; Hildingsson, Radestad et al. 2002; Robson S, Carey A et al. 2008).

• A willingness to accept intervention in the antenatal period increases the odds of actually getting intervention
  (Green and Baston, 2007).

• Not clear if other attitudinal profiles of women associated with particular birthing preferences / actualised outcomes
Method

- Attitudes to birth inventory National Sentinel Report on CS
  
  *(Thomas & Paranjothy 2001, Kingdon, Neilson et al 2009)*

- Odds ratios 95% CI by country of care

- Principal components analysis (PCA) to determine presence of subscales within the attitudes inventory

- Association with preferred mode of birth
Four subscales were found in the 16 attitude inventory:

- ‘Personal Impact of Birth’
- ‘Birth as Natural Event’
- ‘Freedom of Choice’
- ‘Safety Concerns’
Swedish women had significantly higher scores of agreement on the subscales of:

‘Personal Impact of Birth’ (p < 0.004)
‘Birth as a Natural Event’ (p < 0.001)

when compared with the Australian group.

a Mann Whitney U
Attitudes by birth preference

A preference for CS in both countries was significantly associated with disagreement on the attitude items relating to:

‘Birth as a Natural Event’
The influence of women’s fear, attitudes and beliefs of childbirth on mode and experience of birth

Helen M Haines¹,²,⁵*, Christine Rubertsson¹, Julie F Pallant² and Ingegerd Hildingsson¹,³,⁴

Abstract

Background: Women’s fears and attitudes to childbirth may influence the maternity care they receive and the outcomes of birth. This study aimed to develop profiles of women according to their attitudes regarding birth and their levels of childbirth related fear. The association of these profiles with mode and outcomes of birth was explored.

Methods: Prospective longitudinal cohort design with self-report questionnaires containing a set of attitudinal statements regarding birth (Birth Attitudes Profile Scale) and a fear of birth scale (FOBS). Pregnant women responded at 18-20 weeks gestation and two months after birth from a regional area of Sweden (n = 386) and a regional area of Australia (n = 123). Cluster analysis was used to identify a set of profiles. Odds ratios (95% CI) were calculated, comparing cluster membership for country of care, pregnancy characteristics, birth experience and outcomes.

Results: Three clusters were identified – ‘Self determiners’ (clear attitudes about birth including seeing it as a natural process and no childbirth fear), ‘Take it as it comes’ (no fear of birth and low levels of agreement with any of the attitude statements) and ‘Fearful’ (afraid of birth, with concerns for the personal impact of birth including pain and control, safety concerns and low levels of agreement with attitudes relating to women’s freedom of choice or birth as a natural
Clusters identified from z-score transformed responses to four attitudinal subscales and FOBS mean score.
**Self Determiner**
- Sees birth as a natural event
- Not afraid
- Concerned about the personal impacts of birth
- Prefers vaginal birth
- Less likely to have high level of education
- More likely to have unassisted vaginal birth

**Take it as it comes**
- Not afraid of birth

**Fearful**
- High fear
- Concerned about personal impacts & safety
- Does not see birth as a natural event
- Does not want to choose mode of birth but more likely to prefer an elective caesarean
- Less positive emotional health during pregnancy
- More likely to have had counselling for fear of birth
- More likely to have elective caesarean
- More likely to have epidural if they labour
- More likely to experience their labour as more intense
- More likely to have negative birth experience
The Role of Women’s Attitudinal Profiles in Satisfaction with the Quality of their Antenatal and Intrapartum Care

Helen M. Haines, Ingegerd Hildingsson, Julie F. Pallant, and Christine Rubertsson

ABSTRACT

Objective: To compare perceptions of antenatal and intrapartum care in women categorized into three profiles based on attitudes and fear.

Design: Prospective longitudinal cohort study using self-report questionnaires. Profiles were constructed from responses to the Birth Attitudes Profile Scale and the Fear of Birth Scale at pregnancy weeks 18 to 20. Perception of the quality of care was measured using the Quality from Patient’s Perspective index at 34 to 36 weeks pregnancy and 2 months after birth.

Setting: Two hospitals in Sweden and Australia.

Participants: Five hundred and five (505) pregnant women from one hospital in Västernorrland, Sweden (n = 386) and one in northeast Victoria, Australia (n = 123).

Results: Women were categorized into three profiles: self-determiners, take it as it comes, and fearful. The self-determiners reported the best outcomes, whereas the fearful were most likely to perceive deficient care. Antenatally the fearful were more likely to indicate deficiencies in medical care, emotional care, support received from nurse-midwives, or doctors and nurse-midwives’/doctors’ understanding of the woman’s situation. They also reported deficiencies in two aspects of intrapartum care: support during birth and control during birth.


FOBS validated for men
Childbirth fear in Swedish fathers is associated with parental stress as well as poor physical and mental health

Ingegerd Hildingsson, RN, RM, PhD (Professor)\textsuperscript{a,b,c,*}, Helen Haines, RN, RM, MPH, PhD (Lecturer)\textsuperscript{b,d,e}, Margareta Johansson, RN, RM, PhD (Research Midwife)\textsuperscript{f}, Christine Rubertsson, RN, RM, PhD (Associate Professor)\textsuperscript{b}, Jennifer Fenwick, RN, RM, PhD (Professor)\textsuperscript{g}

\textsuperscript{a} Mid Sweden University, Department of Nursing, Holmgatan 10, SE-85170 Sundsvall, Sweden
\textsuperscript{b} Uppsala University, Department of Women’s and Children’s Health, Uppsala, Sweden
\textsuperscript{c} Karolinska Institutet, Department of Women’s and Children’s Health, Sweden
\textsuperscript{d} Melbourne Medical School, Rural Health Academic Centre, The University of Melbourne, Australia
\textsuperscript{e} Northeast Health Wangaratta, Education and Research Unit, Australia
\textsuperscript{f} Södersjukhuset, Stockholm, Sweden
\textsuperscript{g} School of Nursing and Midwifery, Maternity and Family, Centre for Health Practice Innovation (HPI), Griffith Health Institute, Griffith University, Australia

\textbf{ARTICLE INFO}

\textbf{ABSTRACT}

\textbf{Objective:} to compare self-rated health and perceived difficulties during pregnancy as well as antenatal attendance, birth experience and parental stress in fathers with and without childbirth related fear. \textbf{Design:} a longitudinal regional survey. Data were collected by three questionnaires. \textbf{Setting:} three hospitals in the middle-north part of Sweden. \textbf{Participants:} 1047 expectant fathers recruited in mid-pregnancy and followed up at two months and one year after birth.
Results

1047 Fathers from Rural and Regional Sweden

• **13.6%** Fear of birth
• **Twice** as likely to report poor physical health
• **Three times** as likely to report poor mental health
Fear, depression, anxiety and thoughts about childbirth in a group of rural Australian fathers - a pilot study
Prevalence anxiety & depression in Australia

General population:
1 in 3 women, 1 in 5 men over their lifetime

Women:
9% antenatal depression
16% postnatal depression

Fathers:
5% develop postnatal depression in the year after having a baby

Anxiety conditions during pregnancy less well known
Leach LS, Poyser C, Cooklin AR, Giallo R: 2016,
Leach et al., 2015b. Leach L.S., Poyser C., and Fairweather-Schmidt K 2015
Women treated more often - men less likely to talk about it & seek treatment

Oliver M, Pearson N, Coe N, Gunnell D. Help-seeking behaviour in men and women with common mental health problems: cross-sectional study2005 2005-04-01 00:00:00. p 297-301

Risk of men's depression &/or anxiety going unrecognised & untreated
Burden of mental health greater in rural Australia than urban Australia


Rural circumstances: rural men greater risk of self-harm


Evidence that men experience mental health problems for the first time or suffer recurring problems during transition to fatherhood


No knowledge of fear of birth and association with anxiety and depression in Australian men
To pilot a study which could determine prevalence of anxiety, depression, childbirth-fear, self-reported health and attitudes towards childbirth in a group of rural Australian fathers

Observational study
Self-report: e-questionnaires at 36 weeks partner gestation
Procedure

**Prospective fathers** recruited via their partners at 5 regional hospital antenatal clinics

Letters of invitation consecutively sent *from* health services to mothers @ pregnancy week 36

Follow-up reminders x 1 by postcard
1. Hospital Anxiety Depression Scale (Zigmond and Snaith, 1983)
2. Fear of Birth Scale (Haines et al, 2011)
3. Self-rated physical & emotional health (5 point Likert)
4. Preferred mode of birth
5. Feelings towards fatherhood
6. Concerns about changing relationships
7. Feelings of support
8. Inclusion in antenatal care
November 2014 - March 2015

1216 couples potentially eligible to join the study

Overall 187 people enrolled in the study
Participation rate 16 %
137 mothers

38 fathers fully completed the survey

60 % first time fathers

Majority aged 25 – 40 years

Majority post secondary education

96% men full time employed

40 % men income >$100,000 pre tax
Findings

9% men reported *past history* of anxiety
9% *past history* of depression

12% possible or probable depression (HADS)
18% possible or probable anxiety (HADS)
13% rated their emotional health as poor

No men reported *diagnosis by a doctor* of depression or anxiety this pregnancy
Fear of birth 33 %
Men with possible or probable cases of **anxiety** more likely to have **higher fear** scores than men who were not anxious

\[(z = -2.4, p<0.01)\]

Men with probable or possible **depression** more likely to have **higher fear** scores than men without depressive symptoms

\[(z = -2.4, p=<0.01)\]
65% men attended some antenatal check-ups with their partner.

Of these 75% felt included by midwife or doctor during consultation.

Only 3 men agreed with the statement that “the doctor or midwife asks me about my health”
Feelings about forthcoming birth

Majority expressed positive feelings; 25% expressed feeling *useless, helpless, nervous, trapped*

Importantly high proportion of fathers feeling worried for wellbeing of their partner (73%) and baby (67%)
Preferred mode of birth

50% men indicated no preference for mode of birth

‘happy with whatever my partner chooses’

40% preferred vaginal birth

10% were expecting planned caesarean

No association between fear of birth, perceived stress, anxiety or depression and preferred mode of birth
Limitations

Cross Sectional

Sample size very small

Participants highly educated, high income

Relatively high prevalence of distress suggests selection bias

Significant associations between fear of birth and anxiety and depression encourages us to continue to explore our line of enquiry.
High levels of fear is distressing for women and has important consequences

Addressing women’s fear is important to reduce the likelihood of a negative birth experience, vicious cycle of further fear & increased prevalence of caesarean section

Ongoing work to find best treatment

Men have increased contact with the health system via their partners during pregnancy, but current antenatal does not include any surveillance for fathers. The emotional health of men as they transition to fatherhood needs closer attention.
• Studies initiated and undertaken by rural health researchers with rural midwives and doctors in rural settings – builds capacity and encourages innovation

• Antenatal care setting is underutilised in reaching the health needs of men. It has potential as a vehicle for promoting men’s health in rural Australia
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