

The effect of psychoeducation on fear of childbirth: A literature review

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Abstract

Purpose : The aim of this study is to investigate the contribution of psychoeducation to reduce FOC among primigravida and nulligravida mothers between 2015 and 2023. A literature review study was conducted to explore the effects of psychoeducation on pregnancy anxiety.

Method : Systematically reviewed studies between 2015 and 2023, the researchers searched a total of 10 studies. This review uses search research from Pubmed, Science Direct and Google Scholar as sources.

Result : This study found variations between primary and secondary types of fear of childbirth (FOC). A woman who experiences primary FOC, also known as childbirth anxiety (Primigravida), is newly pregnant and about to give birth for the first time. Secondary fear of childbirth is caused by trauma or a painful birth event (Nulligravida). Pharmacological and non-medical treatments such as psychoeducation were improved to relieve during labour anxiety, confidence during labour, reduction of depressive symptoms, and decrease in caesarean delivery rates.

Conclusion: Psychoeducation conducted by midwives can reduce the fear of facing labour experienced by pregnant women.

Keywords: *childbirth fear; primigravida; nulligravida; psychoeducation*

INTRODUCTION

Many pregnant women, especially nulliparous women, experience fear about childbirth in many countries around the world. The number of maternal deaths countries around the world, especially in Sweden. In the countries of Sweden, Canada, and the United Kingdom, pregnant women in labour are about 10%, while Canada and the United Kingdom are about 10%, while research in Australia shows 20% of pregnant women experience fear of childbirth, and 20% of pregnant women experience fear of childbirth. According to research in Sweden, pregnant women who are afraid of giving birth are regularly treated by maternity workers.

An expectant mother's emotional and psychological wellbeing has a major impact on her perceptions and experiences of pregnancy and birth. Fear of childbirth and risk are associated with poor emotional health. Stress may arise in the couple's relationship due to depression, birth trauma, inability to interact positively with the baby and fulfil the baby's developmental needs. In addition, pregnant women who fear childbirth more often choose to undergo caesarean section

(SC), as well as the cost of SC delivery which is more expensive than normal delivery will have an impact on family finances. (Tola et al., 2022)

Female reproductive functions include labour, which is an overwhelming experience and causes emotional stress for women. Most women, especially those who are pregnant for the first time, are fearful and anxious about labour. About 80% of pregnant women experience mild fear of labour, 20% experience moderate fear, and 6-10% experience severe fear. In addition, 13% of pregnant women decide not to get pregnant because of their fear of labour. Fear of labour can lead to negative effects, such as pain during pregnancy and ineffective uterine contractions, which can lead to labour ending through cesarean section. (Akgün, Boz and Özer, 2020).

Previous studies have found that fear of labour is the most common cause of sectio caesarean in pregnant women giving birth to their first child. This is due to the belief that a cesarean section can reduce the pain experienced by the mother during labour. Some of the psychosocial factors that may contribute to fear of labour include unexplained fear, poor health, early maternal personality, concerns about the condition of the mother and baby, and lack of environmental support. There are several attempts, both medical and non-medical, to reduce anxiety associated with labour. Internet-based psychoeducation and hypnosis are non-medical attempts made. Maternal psychoeducation is provided to prepare women for labour, reduce stress during pregnancy, and help adjust to the new role of motherhood. Psychoeducation programmes aim to provide information about physiological changes that occur during pregnancy, emotional preparation for childbirth, and how to adapt after childbirth to help women reduce stress after childbirth (Kordi et al., 2017).

METHOD

This narrative study was a literature review that aimed to explore psychoeducation in pregnancy anxiety. The review utilised a search of research journals from 2015 to 2023, which included ten articles addressing pregnancy psychoeducation by midwives. Of the ten journal articles reviewed, ten were international journals. 'Psychoeducation', 'Pregnancy', and 'Midwife' were used to evaluate and analyse the articles found. The author obtained 757 articles identified through the five databases which were stated in the research method and screened through the title. There were 29 full text articles whose suitability had been reviewed. The assessment carried out based on articles that met the inclusion and exclusion criteria resulted in a total of 10 articles that could be used in the literature review as shown in Figure 1.

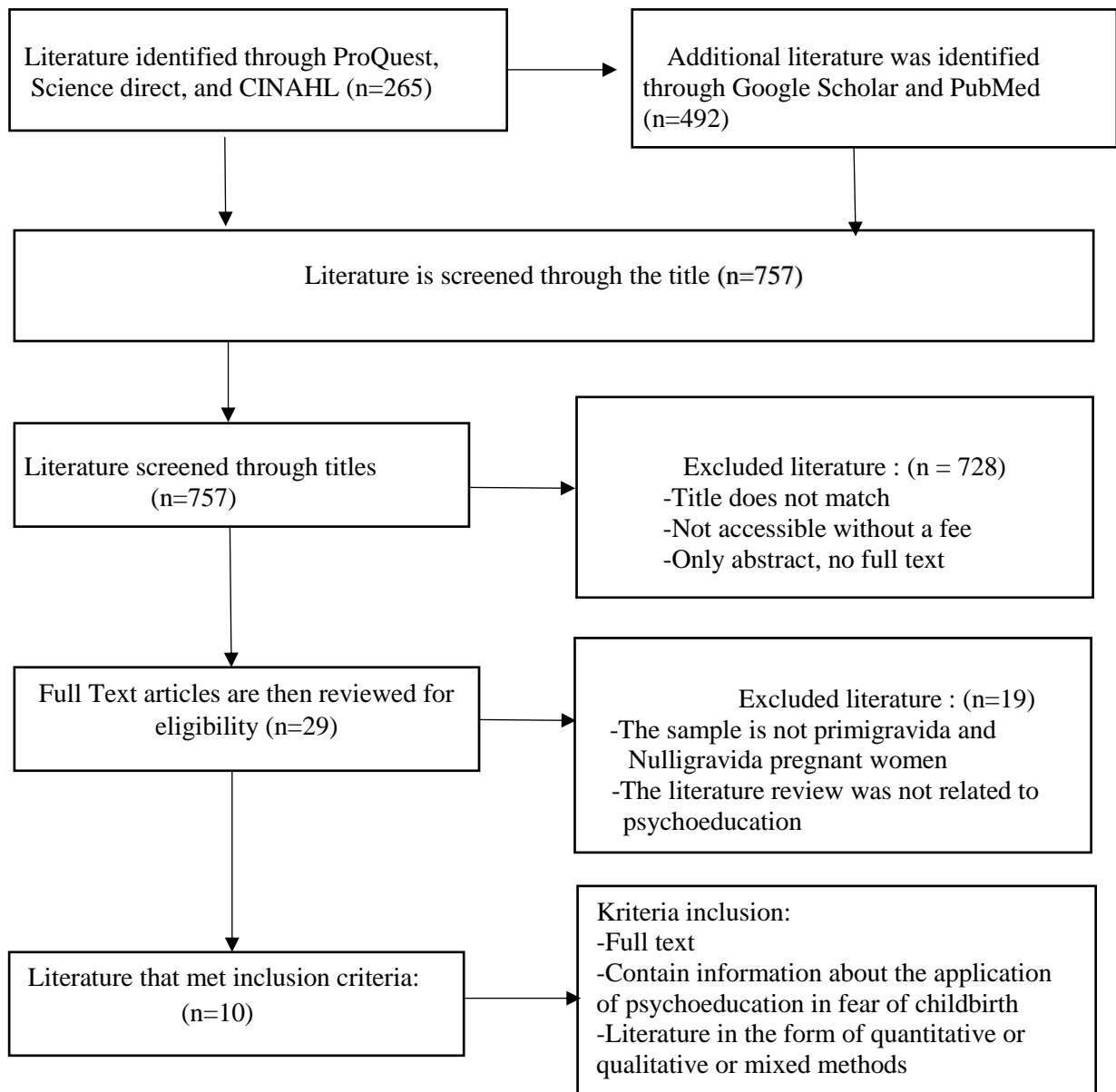


Figure 1. Flow diagram of literature selection process flow.

Table 1
Data Extraction of Quantitative Studies

Author, Year, and Country	Title	Aim/Hypothesis
Fenwick, J. <i>et al.</i> (2018) Australia	Improving psychoeducation for women fearful of childbirth : Evaluation of a research transaltion project.	To implement and evaluate the elaboration of psychoeducational counselling on (1) midwives' knowledge, skills and confidence to provide counselling; (2) the perceived barriers and supporting factors to embedding psychoeducational counselling in practice; and (3) the level of fear of pregnant women.

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Author, Year, and Country	Title	Aim/Hypothesis
Rondung et al., (2018) Sweden	Comparing Internet Based-Cognitive Behavioral Therapy With Standart Care for Women with Fear of birth : Randomized Controlled trial	This randomised controlled trial aimed to compare the efficacy of a guided internet-based self-help programme on cognitive behavioural therapy (guided ICBT) with standard care on the level of fear of childbirth in a sample of pregnant women reporting fear of birth.
Rouhe et al., (2015) Sweden	Group psychoeducation with relaxation for severe fear of childbirth improve maternal adjustment and Childbirth experience a randomised controlled trial	Previous research on the treatment of women with fear of childbirth has focused on this on delivery mode. Women who fear giving birth often suffer from anxiety and/or depression, and therefore treatment also needs to aim at postnatal psychological well-being and early mother-infant relationships.
Park et al., (2020) South Korea	Effects of psychoeducation on the mental health and relationships of pregnant couples: a systemic review and meta-analysis	This study aimed to systematically examine the impact of perinatal couple psychoeducation on parents mental health and their relationships
Akgün et al., (2020) Turkey	The effect of psychoeducation on fear of childbirth and birth type: systematic review and meta-analysis	Four randomised controlled studies and three non-randomised controlled studies were selected; six studies were combined for FOC and four studies were combined for Caesarean Section levels.
Boz et al., (2021) Turkey	A feasibility study of a psychoeducation intervention based on Human Caring Theory in nulliparous women with fear of childbirth	To evaluate the impact of the Human Caring-based psychoeducation programme. Fear of childbirth (FOC) level theory by comparing antenatal education classes.
Kaya & Guler (2022) Turkey	Online solution-focused psychoeducation as a new intervention for treating severe fear of childbirth: A randomized controlled trial in the pandemic period.	This study was conducted to determine the effect of solution-focused psychoeducation (SFP) and childbirth preparation training (CPT) on women's fear of labour and self-efficacy.
Tola et al., (2022) Nigeria	Psychoeducation for psychological issues and birth preparedness in low and middle income countries : a systematic review.	Psychological issues usually accompany first-time mothers' pregnancies, and psychoeducational interventions may be effective in addressing these issues and preparing first-time mothers for labour and the postpartum period.
Maria Thomas & G. Solomon (2023) India	A Study to Assess the Effectiveness of Midwife-Led Psychoeducation on Childbirth Fear and Childbirth Efficiency in Primigravida Mothers of	This study examined the effect of midwife-led psychoeducation on fear and efficiency of labour in primigravida mothers at Navi Mumbai hospital.

Author, Year, and Country	Title	Aim/Hypothesis
yildiz Karaahmet et al., (2023) Turkey	Selected Hospital of Navi Mumbai The Effect of Psych-education on Fear of Childbirth and Postpartum Outcome: Systematic Review and Meta Analysis	This systematic review and meta-analysis studies aimed to evaluate the effects of psycho-education on fear of labour and postpartum outcomes.

RESULTS

Psychoeducation provided by midwives plays an important role in reducing fear of giving birth in pregnant women. Through psychoeducation, midwives can provide accurate information about the birth process. This knowledge helps pregnant women understand what to expect during labor, thereby reducing anxiety and fear. In addition, emotional support from a midwife can increase a pregnant woman's self-confidence, creating a more positive and less frightening birth experience. Thus, psychoeducation by midwives is an important step in preparing pregnant women mentally and emotionally to face the birthing process. The following are the effects of psychoeducation to reduce fear of childbirth obtained from the literature review discussion

1. Anxiety or fear of labour

In antenatal care, one of the important things to consider is the anxiety or fear of labour. This is because, in addition to affecting the mother's health during pregnancy, this anxiety can also lead to depression or anxiety in pregnancy. The number of cases of labour anxiety worldwide is estimated at 14%, and primiparous mothers are more fearful than multiparous mothers. Labour-related anxiety is variable, with relatively low levels early in pregnancy and increasing as the pregnancy progresses. This anxiety may persist for up to a year after labour.

Fear of pregnancy is also called Fear of Childbirth (FoC), divided into Fear of Childbirth (primary FoC) and Fear of Childbirth (secondary FoC). Primary FoC is the fear of childbirth that occurs or is experienced by pregnant women who will give birth to their first child. Secondary FoC is the fear of childbirth caused by trauma from previous childbirth (Rondung et al., 2018).

Studies have been conducted in several countries, such as Sweden, Australia, Canada, and the UK, and the findings show that women who are worried about labour are regularly treated by midwives. In Australia, findings show that 20% of pregnant women experience severe fear (measured using the W-DEQ instrument with a score ≥ 66). However, recent findings show that 10% of sufferers experience impairment that affects daily life and a W-DEQ score of more than 85.

It is evident that pregnancy fears in the severe category can have a negative impact on pregnancy and childbirth, including: fear of labour by 20%, inability to interact with the newborn, inability to meet the baby's needs, and the possibility of causing stress with the partner. Pregnant women who experience excessive anxiety during pregnancy are more likely to choose SC delivery. SC delivery has unfavourable effects on women, including the impact on a woman's reproductive life due to surgical scars, increased levels of physical and mental

pain, and the possibility of repeat SC delivery in subsequent deliveries. According to economic analysis, SC deliveries are more expensive-about twice-than non-SC deliveries (Fenwick et al., 2018).

2. Management of Fear of Labour

An Australian study using counselling for pregnant women by midwives was found to be effective in reducing pregnant women's anxiety and fears about childbirth and reducing symptoms of depression.

A study in Sweden found that midwives who offered counselling to pregnant women experiencing anxiety about childbirth were satisfied with the action. Midwives provided two to four counselling sessions to pregnant women experiencing anxiety. The purpose of counselling is to understand the source of fear, reduce fear, prepare for labour, and have a good birth experience. (Rondung et al., 2016)

Brief psychoeducational telephone counselling provided by midwives during pregnancy reduces women's fears and makes them more trusting. As shown by the previous two studies on antenatal interventions conducted by midwives to reduce fear of childbirth, requests for Caesarean section have been reduced. Psychoeducation provided by midwives also helps to reduce high labour-related anxiety and increase the confidence of pregnant women. Pregnant women who have better emotional health may have better care and a better birth experience. Cognitive behavioural therapy is an additional treatment method in addition to the psychoeducational counselling offered by midwives. For anxiety disorders or depression experienced by pregnant women or after childbirth, cognitive behavioural therapy is still the most recommended treatment method. Transdiagnostic medicine and internet-based self-help programs are the latest results of cognitive behavioural therapy.

Internet-based self-help treatment is considered to be more accessible, more practical, more flexible, and more effective, thus suiting the needs of pregnant women and their families. Transdiagnostic treatment is considered suitable for more severe cases of anxiety or depression that have a comorbid history.

Studies conducted in Finland aim to increase women's knowledge and confidence by discovering women's feelings that influence the decision to bear a child. There is no specific treatment for fear of childbirth available in the current Australian maternity system, so it is clear that this difference is due to midwife intervention.

The BELIEF (Birth Emotions and Looking to Improve Expectant Fear) method is a way to address fears associated with labour. BELIEF is a psycho-educational counselling intervention offered over the phone by midwives. The aim of the intervention is to review women's perceptions and expectations about the fear of childbirth, support the expression of their feelings, and provide a framework for women to discover and cope with distressing aspects of childbirth. The midwifery counselling framework developed by Gamble and Creedy for distressed women after childbirth was modified into this intervention. The BELIEF intervention aims to help women gain individual situational support, affirming that bad things can be managed well. (Thomas & G. Solomon, 2023).

Midwives provide psychoeducation face-to-face, over the phone, or through internet channels. According to research conducted by Rouhe and Taheri in 2013, psychoeducation provided directly by midwives when interacting directly with pregnant women can help reduce fears associated with child birth. With three meetings and a duration of 90 minutes per session, Kordi's 2017 study showed that psychoeducation by midwives provided via the internet was able to reduce fears of childbirth (Rouhe et al., 2015 ; Kordi et al., 2017 ; Sauto et al., 2022).

3. Benefits of Psychoeducation

a. Increases confidence in labour

Low confidence, also known as self-efficacy, in labour is associated with obstetric interventions, fear of childbirth, and increased perception of labour pain. For women who experience high fear of childbirth, interventions such as telephone midwife counselling can increase their confidence in childbirth. The results of a study in Australia showed that women's self-efficacy levels increased significantly and that fear of childbirth was reduced.

In addition, research conducted in China found that antenatal education programmes increased women's confidence in facing childbirth and decreased their perception of pain and anxiety during labour. It is crucial to increase women's confidence about their ability to cope with the physiological and emotional challenges associated with normal labour during birth preparation, as this may help reduce the number of SC deliveries experienced by women who are highly apprehensive about labour. (Kaya & Guler, 2022).

b. Avoidance of decision-making conflict

Women who received the BELIEF intervention had lower levels of decision conflict than women who did not receive the intervention. Higher levels of decision-making conflict were due to regret, as well as confusion or ambivalence about the consequences of the woman's decision regarding her preferred mode of delivery. Women who had a previous history of SC delivery often experienced decision-making conflict.

Pregnant women who fear a difficult labour are likely to face difficulties when making a decision about the desired type of delivery. Psychoeducation provided by midwives can help women make easier decisions leading up to labour. (YILDIZ KARAAHMET et al., 2023)

c. Lower symptoms of depression

Fear of childbirth is associated with poor emotional health. Research in Sweden found that midwives can reduce depressive symptoms in women worried about labour by 30%. Interventions can help pregnant women notice and address their worries, as well as explore how unhappy they are in the lead up to labour. (Boz et al., 2021).

Psychoeducation by midwives using the BELIEF model can help pregnant women interact and communicate more easily. It can help them reduce or even treat their fear of labour. By giving pregnant women a better perspective of the normal labour process, their fear of labour can be reduced. In addition, by encouraging pregnant women and giving them confidence that they are capable of giving birth normally. Providing emotional support and education can reduce interventions such as cesarean delivery and prevent trauma or disappointment during the labour process. Helping women undergo normal birth will improve women's reproductive

quality of life, reduce health care costs, and improve postpartum maternal and child health outcomes (Kordi et al., 2017).

d. **Reduced incidence of SC delivery due to fear of childbirth**

Women who received psychoeducation by midwives had an 8% lower SC rate, and an increased normal birth rate for women having their first baby. The statistically significant difference suggests that psychoeducation by midwives can encourage pregnant women to become more confident in facing normal labour, which in turn reduces the desire for SC. (Kordi et al., 2017; Rouhe et al., 2015).

DISCUSSION

Effectiveness of Psychoeducation significantly reduces the fear of childbirth and lowers the rates of cesarean section, enhancing maternal confidence and coping mechanisms Psychoeducation plays a crucial role in reducing childbirth fear, lowering cesarean section rates, and enhancing maternal confidence and coping mechanisms, contributing to better childbirth outcomes and experiences (Akgün et al., 2020).

Methods and Approaches Programs that include solution-focused psychoeducation and childbirth preparation training through online platforms are shown to decrease fear and increase self-efficacy among pregnant women, demonstrating the adaptability of these interventions to various formats, including virtual environments during pandemics (Kaya & Guler, 2022).

Impacts on Maternal Adjustment and Birth Experience. Group psychoeducation combined with relaxation techniques not only reduces fear but also leads to better postnatal maternal adjustment and childbirth experience, suggesting that this method could address broader psychological well-being (Rouhe et al., 2015).

Practical Implementation and Outcomes. Psychoeducation provided by midwives has proven beneficial for women with high childbirth fear, although integrating such programs into routine prenatal care remains challenging. Continuous care models may better facilitate these interventions (Fenwick et al., 2015).

CONCLUSIONS

The evidence underscores psychoeducation as a transformative tool for reducing childbirth fear, thereby improving both the psychological preparedness and birth outcomes for expectant mothers. This approach should be considered a standard component of prenatal care programs to support maternal well-being. Further research is also needed to determine the most effective midwife psychoeducation model for reducing pregnant women's fear of childbirth.

While psychoeducation has shown significant effectiveness in reducing fear of childbirth and lowering cesarean section rates, there are several limitations to consider based on the current literature. Despite these limitations, psychoeducation remains a promising approach to reducing fear of childbirth and improving maternal outcomes. Future research should focus on addressing these limitations by employing rigorous methodological designs, standardized measurement tools, and exploring long-term effects across diverse populations.

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