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# Exploring the fears of Pakistani Primi gravidas about Childbirth

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## Abstract

***Background**:* Childbirth can be a very painful experience as it brings a lot of physiological and psychological changes in women's lives. The literature demonstrates that anxiety and fear during the birthing process is related to a woman's ability to give birth safely; fear can lead to complications such as emergency caesarean section and a reduced ability to tolerate pain. Therefore, health care professionals need to explore fears and educate expectant mothers, most especially primi gravidas, about the birthing process.

***Method:*** A qualitative descriptive exploratory design was used to investigate fears about childbirth. Purposive sampling was used to recruit a heterogeneous sample of 20 Pakistani first time mothers who gave birth at a secondary hospital in Karachi, Pakistan.

***Results:*** The major theme of fear was divided into four categories: fear related to the onset of labour pains; fear of death during delivery, fear of Cesarean Section, and fear about the health and gender of the unborn child.

***Conclusion:*** Primi gravidas experience fear about several aspects of the birthing process that could be reduced with appropriate information and support from health professionals. Health education sessions for pregnant women should be part of maternity care. Nurses and midwives are ideal professionals to provide such sessions.

**Key Words:** *fear of Childbirth, primi gravida, health care providers' attitudes, antenatal classes*

## Introduction

Pregnancy and childbirth are life altering events because of the multiple physiological and psychological changes that women experience. . Most women look forward to being mothers but the anticipated happiness is often accompanied by fears about what will happen. Untoward events can occur and some women experience significant trauma during the childbearing process. A study carried out by Safadi on Jordanian Muslim women explored the fears and anxieties of pregnant women.[1] Fear of the birthing experience was reported by 40%, but even greater numbers expressed fear of pain (67%) and 28% feared dying during childbirth. Smaller numbers reported fear of having an abnormal baby (22%); 18% feared medical interventions, and 10% feared the presence of male doctors during delivery because of their cultural values. In Pakistan, women have similar cultural beliefs and it is a general observation that many prefer only female doctors during labor and birth. These issues are more prominent among primi gravidas.

Previous studies[2, 3,4,5] show that anxiety and fear during the birthing process is related to the confidence a woman has that she can give birth safely. Women who are fearful of dying during delivery, or having complications such as an emergency caesarean section, or having intolerable pain in labor lack such confidence. Hence, the literature highlights the importance of preparing women with coping strategies so they are better able to understand the process of birth and perhaps gain confidence that decreases their fear and anxiety.[2,3,4,5] A qualitative study conducted[2] on primigravid women found that many participants perceived that a lack of information and too much negative information about the birthing process leads to greater anxiety. Some women preferred an elective caesarean section because of the fear of pain from a normal vaginal delivery.[2] Additionally, women expressed fears about possible changes to their reproductive organs and a resultant loss of sexual pleasure.[2]

There are various strategies to overcome the fear of childbirth. Antenatal classes are common in developed countries whereas they are not very popular or commonly offered in Pakistan, except in a few tertiary care hospitals in Karachi. There are studies that show antenatal classes help women prepare for labour and birth which decreases their anxiety. A study by Escott illustrated that the participants' anxieties were reduced when childbirth classes taught them many

coping strategies like controlled deep breathing, relaxation, progressive muscular relaxation, frequent changing of position, upright and forward postures, and more recently, massage.[3] Similarly, a study carried out in Spain on nulliparous women who had attended childbirth classes reported that these women experienced less anxiety during the birthing process compared with those who did not attend childbirth classes.[5]

The birth environment and health care providers' attitudes and support are also very important in helping women overcome their fears during labour. The literature affirms that first time mothers need continuous emotional, psychological, and physical support throughout labour.[6.7] The author has observed that while childbirth is expected to be a happy moment for the family, many women in developing countries do not enjoy this experience because of their limited knowledge and fear of rude and humiliating treatment from health care providers. One study showed [8] that some women avoid the hospital for delivery because they fear being treated badly by unfriendly and aggressive staff. Women have also expressed dissatisfaction with their care because of negative attitudes of midwives. They also do not encourage other women to choose a health facility for delivery, which may result in more women choosing an untrained attendant who may not be able to prevent or treat complications in the delivery process.[9] In Pakistan, fears related to the birthing process are not explicitly talked about due to restrictive social and cultural norms. Consequently, women are not educated about the birth process and are not encouraged to verbalize fears about labour. Their partners are not educated to assist women during labour and birth since this is considered "women's business". This particularly affects women who are experiencing birth for the first time. The purpose of this study was to explore the fears of Pakistani primi gravid women about the birthing process.

## Methodology

A qualitative descriptive study design was used to obtain women's views following the birth of their first infant about the fears they had during pregnancy about labour and birth.

### *Population and Setting*

The study population was Pakistani women who had delivered their first baby in a private university hospital in Karachi where antenatal education using a structured curriculum was offered to pregnant women.

### *Study sample*

A purposive sampling technique was used for this study. First time pregnant women who met the inclusion criteria (see Table below) were recruited from a private secondary hospital. The planned sample size was 20 women, of whom half would have attended prenatal education classes**.**

**Table 1: Inclusion and Exclusion Criteria**

| **Inclusion criteria:** | **Exclusion Criteria:** |
|---|---|
| 1. First time mother<br>2. Resident of Karachi<br>3. Attended at least three out of four prenatal classes, or<br>4. Attended no prenatal classes<br>5. 'Normal' delivery post 36 weeks<br>6. Understand English or Urdu<br>7. Consent to participate | 1. Major intrapartum complication.<br>2. Birth occurred before 36 weeks' gestation<br>3. Postnatal complication |

### *Recruitment of participants*

Prior to recruitment, permission was obtained from the Ethical Research Committee (ERC) of the Aga Khan University Hospital and the Aga Khan University Women's Hospital Karimabad. The childbirth educator provided a list of women who attended childbirth classes. These women were interviewed on their vaccination and appointment visit.

### Data Collection

The data were collected through semi-structured interviews; each interview took 40-60 minutes. At the beginning of the interview, the study objectives were explained to the participant

and consent was obtained. Confidentiality and anonymity of the participants were maintained by using pseudonyms and codes. A study guide in the local language (Urdu) was used by the interviewer to ensure coverage of important topics. The responses were translated to English by the researcher for purposes of data analysis.

**Data Analysis**

The data were analyzed by primary investigator. The tape recordings and notes were transcribed, then translated and reviewed by the research team for accuracy after each interview. The data were organized in folders, and codes were assigned. Themes were formulated, categorized and sub categories were formed. The demographic information of the participants e.g. age, educational background, family structure and mode of delivery was unknown to the investigator during the analysis phase to minimize bias.

**Results**

Because of data saturation we stopped enrollment after recruiting 17 participants. Of the 17, seven participants received childbirth education from the midwife in the hospital, whereas ten had not attended any formal childbirth education classes. "NA" following a quote in the following section denotes participants who did not attend childbirth classes whereas "A" denotes participants who attended classes. Some quotes have been edited for clarity but the meaning has not been altered.

The major theme was fear which was further divided into 4 sub-categories: fear related to onset of labour pains; fear of death during delivery, fear of Cesarean section, and fear about the health and gender of the unborn child.

**Category 1: Fear related to start of labour:**

Twelve participants reported fears about the onset of labor and how they would reach the hospital. The participants who did not highlight this fear had attended childbirth classes and a few of them managed their first stage of labour at home.

A participant who did not attend childbirth classes said,

*…I felt gush of water leakage, nobody told me about it would happen. I only expecting pain so this was very fearful to me then I consulted my Bhabi (sister in law) she suggested me to go to hospital…I felt that doctor or nurse should inform about that it can happen…(NA 5)*

In comparison, a participant who attended childbirth classes said:

*…me and my husband were well aware of the signs of labor so we were relaxed when my pain started. First we thought it is gastric problem but then we recall all knowledge given to us in class so we both start monitoring together. When we were sure its true sign we went to labour ward...A6*

**Category 2: Fear of death during delivery**

Three women mentioned they had extreme fear of death during the delivery because of lack of emotional support from their husbands or families during birth as they were not able to communicate with them. One participant expressed:

*...My pain was extreme; only one thing was in my mind that I would not survive and how I would communicate my feeling to my husband and family who were outside….then I decided not to tell them as they would be anxious too… (NA 4)*

**Category 3: Fear of Cesarean section because of staff attitude**

One participant feared having a Cesarean section because of staff attitudes.

*… I was anxious as I heard that staff were talking to each other that my labour was not progressing; I was restless not able to sleep….nobody was talking to me about what was happening to me……. I had fear of C-section….I was mute lying and praying to Allah...and my labour progressed."(NA 5)*

Another participant said:

> *Initially I was very confident that I will manage my labor well and will save all my energy for pushing as we discussed in the class. However when staff was not giving me attention and shouted at me not to ask so much questions as I felt extreme heat even in air conditioned room and was sweating a lot….I was very angry at them and started reciting Quran so divine intervention would save me from C-section…. (A6)*

In comparison, the staff attitude was very positive for another woman, *"…I was not anxious I was enjoying each step; it was a great experience and staff was explaining everything that happened to me…"(NA2)*

**Category 4: Fear about the health and gender of the unborn**

Three women reported that they had fears about the wellbeing of the baby and they were worried about physical and congenital deformities. One woman said she worried about the baby's gender as they wanted a baby boy because of societal pressure.

**Discussion**

The majority of the participants (12 of 17) reported fears about the onset of labour as they were not aware of the signs of labour and how to determine when to reach hospital. Similar findings are reported in studies done in Tanzania and southwestern Sweden that showed first time pregnant women experienced fear due to lack of information about labour and delivery.[10, 11] It was interesting to know that women who were already aware of stages of labour and signs of labour initiation from childbirth preparation classes were able to decide when to seek hospital care. Only one woman who did not attend child birth classes, compared to four women who did attend classes, was able to regulate her response to labour pains and spend much of the first stage of labour at home.

Regardless of whether participants had information about the birthing process, three women mentioned they feared death during the delivery process because they thought the pain would be unbearable. Explanations by the staff at each stage decreased anxieties and made women more comfortable compared with those who had no reassurance from labour room staff. All of them expected support from health care professionals but it was not always provided despite

evidence that staff support increases positive outcomes of the childbirth experience.[11, 12] Women who do not have enough support from health care professionals and from family members express more fear.[13]

One participant who had not attended childbirth education class had a fear of Cesarean section when labour was not progressing. This may have resulted from a lack of information from the health care professionals caring for her during pregnancy and labour.

A research paper from Western Australia revealed similar fears experienced by women during childbirth, e.g. fear for the wellbeing of the baby, fear of pain, and importance of support from midwives during childbirth.[10] A Jordanian study revealed that the overall birth experience was frightening for the majority of women (66%) said they received little information from a nurse and only received physical care [14.] Some studies show that pregnant women who do not attend childbirth classes face more adverse birth outcomes compared to woman who attend childbirth classes.[15] However, in this study participants who had not attended classes but had received support from healthcare staff were less anxious and expressed satisfaction with the labour process. One of the interesting findings of the study is that one Pakistani woman had fears about her unborn baby's gender and preferred giving birth to a boy to please her in-laws and husband. This finding is similar to studies carried out in Iran and some other Asian and African countries where couples are more satisfied with the birth of boys.[16]

**Recommendations and conclusion**

An important limitation of the study is that women reported their pregnancy fears after they had given birth. Their actual experiences could have changed what they might have reported prior to the birth experience. Some fears may have been reinforced and others may have arisen only during the intrapartum period. The study is then a retrospective view of what women feared and should be viewed in that context.

The results of the current study highlight fears faced by primigravid women and the importance of family and healthcare provider support during the entire childbirth process. Childbirth educators are frontline professionals who can assist expectant mothers; they can provide information that can reduce fear and identify ways to help women become more knowledgeable

and confident in their ability to give birth. This study supports the expanded offering of childbirth classes as part of achieving better care for women and their families.

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**Ethical Clearance:** Aga Khan University Karachi, Pakistan

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