

EFFECTIVENESS OF MIDWIFE-LED PSYCHO-EDUCATION INTERVENTIONS IN REDUCTION OF CHILDBIRTH FEAR FOR PREGNANT WOMEN: A SYSTEMATIC REVIEW

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Abstract

This is a format of protocol registered under PROSPERO. The objectives are as follows: The primary objective of this review is to investigate the effectiveness of non-pharmacological midwife-led Psycho-education interventions on reducing fear of childbirth as compared with usual care offered by public/ private hospital for fear of childbirth.

Keywords: Fear and Childbirth; Tocophobia; Fear and Labour Fear; Pregnancy Fear and Birth Pregnancy; Anxiety Childbirth;

INTRODUCTION

It is common for pregnant women to experience anxiety, worry or fear with varying severity in relation to childbirth, particularly in first-time mothers. Women are three times more likely to be diagnosed with an anxiety disorder than depression in the postnatal period yet, research on anxiety in the perinatal period has lacked attention to date, in comparison with the focus on perinatal depression.^{1,2,3}

There is a growing body of literature which recognises the importance of identifying fear of childbirth (FOC) and pregnancy-related anxieties in maintaining women's perinatal mental health and there is cumulative evidence that FOC predisposes women to postnatal depression and post-traumatic stress disorder (PTSD). In addition, the significance of recognising psychological and psychosocial risk factors for postnatal depression in the antenatal period has been determined by various epidemiological studies.^{4,5,6}

For some women, FOC is so severe that it affects their daily lives, and spoils their experience of pregnancy. Feelings of isolation, guilt and shame, due to perceived stigma have been reported by women with FOC, since pregnancy is generally seen as a time of happiness, and women may feel unable to talk about their fears with their partners or midwives. In extreme cases, women use scrupulous methods of contraception to avoid pregnancy, experience psycho-sexual difficulty, may choose to terminate a healthy pregnancy, conceal or be in denial about pregnancy.^{7,8,9,10}

In the latter case, women refuse scans and demonstrate avoidance behaviours by mentally blocking out feelings of being pregnant such as fetal movement. Moreover, physical and psychological effects such as sleeplessness, nightmares, stomach aches, depression and anxiety leading to panic attacks have been reported. Furthermore, it is well-established that women with FOC are more likely to have a caesarean birth (both emergency and due to maternal request), and physiological effects related to fear such as prolonged labour.^{1,2,11,12}

BACKGROUND

Fear of childbirth is an important concept during antenatal period. Multiple studies have done on pharmacological and non-pharmacological antenatal intervention which affects the levels of Fear of Childbirth in Pregnant women.

Description of the condition

Fear of childbirth (FOC) may be a predictor for maternal psychological health and well-being in the perinatal period. Women with FOC may worry, and sometimes what starts out as a little worry or anxiety in early pregnancy, can become magnified and escalate to high or severe FOC as birth becomes more imminent. There is evidence that information provided to women in the clinical setting may have a positive or negative influence on FOC.

Description of the intervention

Non-pharmacological approaches consist of psychosocial (diverse supportive interactions) and psychological interventions (e.g. behavioural and educational strategies include CBT and psychotherapy), physical exercise interventions (e.g. mind-body interventions like mindfulness, relaxation, yoga and Pilates) and therapeutic interventions (e.g. music and art therapy) may be delivered in group or individual sessions, face-to-face, or by telephone, or via the Internet. The intervention may be delivered by a trained professional (e.g. psychiatrist, psychologist, social worker, midwives or obstetricians) or by a trained lay person or a trained therapist (art or music therapist), and may, or may not, include the partner in the intervention.

How the intervention might work

In our review we will consider only Midwife-led Psycho-education intervention reduces the fear of childbirth among pregnant women and help them to have antenatal wellbeing and good labour outcome.

Why it is important to do this review

Studies shows mixed up result and couldn't explain which therapy helps at which level. Thus this review has been planned for supporting mothers in the perinatal period may have long-term benefits for their own health and that of their infant.

OBJECTIVES

The primary objective of this review is to investigate the effectiveness of non-pharmacological midwife-led Psycho-education interventions on reducing fear of childbirth as compared with usual care offered by public/ private hospital for fear of childbirth

Review question.

What is the effect of midwife-led psycho-education interventions on reduction of childbirth fear among pregnant women?

- P: Pregnant women with mild fear to severe childbirth fear in pregnancy as defined in each individual trial, irrespective of trimester and parity
- I: Pregnant women received Midwife-led Psycho-education interventions on reducing fear of childbirth
- C: Pregnant women received usual care offered by public/ private hospital for fear of childbirth
- O: Primary Outcome - Fear of Childbirth

Searches

PubMed/MEDLINE, Web of Science, Google Search and Scopus and electronic database will be searched for data. The MeSH will be fear AND childbirth, tocophobia, fear AND labour fear AND pregnancy fear AND birth pregnancy AND anxiety childbirth AND anxiety birth AND anxiety, pregnancy / Interventional Studies / Anxiety, Interventional Studies / Fear of Childbirth, pregnancy / Interventional Studies / Fear. RCT published in English language, from different countries, with in year 2010 to 2023 will be included.

Condition or domain being studied

Pregnant women who are identified as having fear of childbirth according to each individual study with varying levels of severity from mild to severe in assessment tool as designated by each individual trial protocol (i.e. Wijma Delivery Expectancy Questionnaire version A (W-DEQ A) the cut off point will be ≥ 66 score, or pregnant women who have received a diagnosis of tocophobia according to a clinical assessment using a structured clinical interview by a psychologist or psychiatrist.

Participants/population

Primigravida women with mild to severe childbirth fear in pregnancy

Inclusion

- Women pregnant for the first time
- Second and third trimester
- Randomized Controlled clinical trial and Cluster-randomised controlled trial
- Intervention occurred in the pregnant women who are from moderate to severe childbirth fear in pregnancy at community or in clinical setting.
- Received Intervention only by Registered Midwife

Exclusion

- Studies that were not published in English.
- Articles published for pharmacological intervention and non-Pharmacological interventions other than Psychological Interventions

Intervention(s), exposure(s)

We will consider only midwife- led psycho-education interventions affecting levels of fear of childbirth like Cognitive Behavioural therapy and psychotherapy in pregnant women. Face-to-face counselling sessions with or without telephone-counselling sessions, or via the Internet may be delivered in group or individual sessions, by a trained professional (e.g. midwives) and may or may not, include the partner in the intervention. Any type, frequency and duration of intervention will be considered in primary care setting, outpatients department, community and hospital

Comparator(s)/control

Control or comparison group will get the usual care offered by public/ private primary care setting, outpatients, community and hospital for fear of childbirth

Types of study to be included

All types of published and unpublished or grey literatures findings on the effectiveness of midwife led psychoeducation interventions on reduction of childbirth fear among pregnant women will be included. Randomised Controlled trial and cluster-randomised controlled trials will be included. Literatures published and unpublished between 2010-2023 and written in English language will only be included.

Context

Pregnant women from primary care setting, outpatients, community and hospital, who participated in the various clinical trials, will be included.

Main outcome(s)

Midwife-led Psycho-education intervention during antenatal period effective in reducing fear of childbirth

Measures of effect

Risk ratio and mean differences will be calculated.

Additional outcome(s)

- 1) Birth outcome- Caesarean section/ Vaginal Delivery
- 2) Birth preferences (as reported by the pregnant woman using any self-report scale)

Data extraction (selection and coding)

- Two primary reviewers independently screen all the published or unpublished articles identified by the literatures search. Full text will be obtained from the studies that met the reviewers' agreements and will be considered for their fulfilment of the inclusion/exclusion criteria.
- Data from included studies will be extracted by the agreements with the reviewers.
- The combination of keywords will be used and controlled vocabulary MeSH when available. The key words are fear AND childbirth, tocophobia, fear AND labour fear AND pregnancy fear AND birth pregnancy AND anxiety childbirth AND anxiety birth AND anxiety, pregnancy / Interventional Studies / Anxiety, Interventional Studies / Fear of Childbirth, pregnancy / Interventional Studies / Fear
- We will enter data into Review Manager Software (RevMan 5) and check for accuracy. It will also be used as means of data recording.

Risk of bias (quality) assessment

The risk of bias will be assessed by the two reviewers using Cochrane risk of-bias-tool for randomized studies.

Strategy for data synthesis

For Data Extraction, Excel data sheet will be prepared for the included studies which will be synthesized. Tabulation will be done to bring the trial features (Author, place, participants, sample size, interventions, comparison, outcome measure, type of study, setting, trial date, duration of the study, duration of intervention, interval of intervention, mode of intervention), design across the studies will be analysed with respect to the study characteristics and its results. The aspect which may have altered the findings (the fear of childbirth) will be further analysed. We will enter the data in Review Manager Reference 5 and check for accuracy when information regarding any of the above is unclear, we will contact the real author for the original report for further details.

In the present review, dichotomous outcome (adding the impact of midwife-led-psycho-education and usual care of fear of child birth and severity) will be represented as risk ratio (RR) with 95 % (CI). Continuous results such as domain areas under WIJMA - 1998 Scale will be expressed as mean difference with 95 % CI.

Heterogeneity will be tested by visual examination of Forest plot by use of heterogeneity test.

Quality of evidence will be assessed by GRADE approach in order to assess the quality of body of evidence related to following outcomes for all comparisons (FOC, Csearean Section, Birth preferences), we will be using GRADE guidelines development tool to import data from REVMAN 5 in order to create the summary of finding table. A summary of Intervention effect and the measure of Quality for each of the above outcomes will be produce using GRADE guidelines development tools.

Type and method of review

The interventions provided by paid and unpaid midwife in primary health care setting, community, outpatient department, or in Institution where pregnant women with mild to severe fear of child birth available will be included in systematic review

Type of review: Narrative

Cost effectiveness	No
Diagnostic	No
Epidemiologic	No
Individual patient data (IPD)	No
meta-analysis	No
Intervention	Yes
Meta-analysis	No
Methodology	No
Network meta-analysis	No
Pre-clinical	No
Prevention	No
Prognostic	No

Any additional information

This review is being undertaken as a part of the planning for a randomized trial to compare the effect of Midwife- led Psycho Education Interventions on reduction of Fear of childbirth fear.

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Conflicts of Interest: None

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