

Effectiveness of Antenatal Nursing Intervention on Childbirth's Fears, Psychological - Wellbeing and Pregnancy Outcomes in Primipara's Women

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Abstract: Background: Fear of childbirth is a serious problem for women; it leads to avoidance of pregnancy, maternal and fetal stress, adverse maternal outcomes and an increase in maternal requests for cesarean section without medical reason. The aim of this study was to evaluate the effectiveness of antenatal nursing intervention on childbirth fears, psychological- wellbeing and pregnancy outcomes in primiparas' women. A quasi-experimental research design two group (control and study group) was used. The study was conducted in maternal and child health center in Kebly at Shebin Elkom, Menoufia governorate, Egypt. A purposive sample of 100 prim gravida women was randomly assigned into control and study group 50 women for each group. The data gathering instruments were socio demographic questioner, fear of childbirth scale, psychological wellbeing scale and outcomes of pregnancy tool. The main findings of the study revealed that, there were statistically significant reduction of childbirth fears, improvement in psychological well being, and obstetrical outcomes in study group more than control group ($P<0.001$), women who received the psycho-educational nursing intervention program had lower rates of CS compared to controls. This study concluded that the psycho-educational nursing intervention program (childbirth preparation classes, childbirth fear coping techniques such as breathing exercise and relaxation technique in addition to routine antenatal care) have great effect on Childbirth Fears, Psychological- wellbeing and Pregnancy Outcomes in Primipara's Women compared to those who received only routine antenatal care.

Keywords: Antenatal Nursing Intervention, Childbirth Fear, Psychological-Wellbeing, Pregnancy Outcomes

1. Introduction

Childbirth is a physiological, social and emotional event in the woman life and the family; it is also a time of fear and anxiety for the mother [1]. Childbirth fear estimated 6–10% of all pregnant women [2]. Fear of childbirth is as common in nulliparous as in parous women [3]. The levels of fear were higher in nulliparous women compared to multiparous women where new mothers have fears due to lack of knowledge about labor [4]. Common fear associated with

childbirth is a fear of labor pain, fears of losing control of physical bodies at the delivery, worry about the well-being of their baby, also worry about potential maternal complications that may adversely affect pregnant women and the unborn fetus [5]. Feelings of distress, hopelessness, helplessness and fears of lack of assistance in case of need [3]. That fear of birth could cast a shadow over the entire pregnancy, complicate labor and lead to difficulties in the relationship between the mother, the infant and to postnatal depression [6]. Also, this fear is most often behind the requests of the

mothers for caesarean section operations (CS) and thus, if not treated, will result in operations without a medical reason [7]. Newly, it was shown that it is possible to increase a mother's readiness for childbirth, which, in turn, expects an increase in positive parenthood and motherhood [8]. With the help of a cognitive-behavioral approach, women were able to deal more effectively with potential setbacks and to increase their related coping skills [9]. New parents have fears due to lack of knowledge about labor. These parents find that birthing classes can help calm their worries and answer about their questions [10]. These classes cover all types of issues surrounding childbirth including breathing techniques, pain management, vaginal birth, and cesarean birth [11]. psycho prophylactic method by Lamaze emphasize on the birth is a normal and healthy process where the woman should be empowered through education and support to approach it with confidence [12]. The goal of Lamaze is to explore all the ways women can find safe and comfort during labor and birth. Classes not only focus on relaxation techniques, but also encourage the mother to condition her response to pain through training and preparation [13].

2. Significance of the Study

Globally, high rates of childbirth fear have been reported to be 20%, with approximately 6–10% of women experiencing intense fear of labor and birth that is dysfunctional or disabling [2] Past studies have shown the confounding effects of fear of birth and mental health issues during pregnancy on the outcome of pregnancy. Some studies have shown that both the anxiety and depression in pregnancy are related to an increased risk of preterm delivery, low birth weight and the other obstetric complications, while others have not appeared a link with neonatal outcome [14] and [15]. This study aimed to investigate the effect of antenatal nursing-intervention (childbirth preparation classes) on women's fear during pregnancy and childbirth, psychological wellbeing, pregnancy outcomes.

3. Subjects and Methods

3.1. The Aim of the Study

This study aimed to evaluate the effectiveness of antenatal nursing intervention on childbirth fears, psychological-wellbeing and pregnancy outcomes in primiparas' women

3.2. Research Design

A quasi-experimental two group (study and control group pre/ posttest) research design was utilized to achieve the aim of the study

3.3. Research Hypothesis

Prim gravida women, who receive antenatal nursing intervention and routine antenatal care will exhibit less childbirth fears level, high psychological wellbeing and

better pregnancy outcomes than Prim gravida women who receive only routine antenatal care.

3.4. Research Setting

The study was conducted in maternal and child health center (MCH), Kebly at Shebin Elkom, Menofia governorate, Egypt, during academic year 2016.

3.5. Subjects

Based on the past review of literature (that examine the same outcome and found significant differences, a sample size has been calculated using the following equation: $n = (z^2 \times p \times q) / D^2$ at power 80% and CI 95%, the sample size was conducted to be 100 prim gravida women were recruited in the study. The researchers selected pregnant women who met the following criteria. Women during third trimester, prim gravida and free from any disease. The sample divided randomly into two groups; 50 primiparas' women received antenatal nursing care (psycho-prophylactic childbirth preparation classes) in addition to routine antenatal care and 50 primiparas' women received routine antenatal care only.

3.6. Instruments of the Study

Three tools were used for data collection

Tool (I): Structured interviewing questionnaire:-

It was developed by the researcher to assess Socio demographic data: It included information about women's age, level of education, occupation, income and residence.

Tool (II): Fear of childbirth scale: This scale developed by [16]. This instrument designed to measure fear of childbirth. It was translated into Arabic by the researcher. It include 16-items with a response of 1- 4 scores (score 4 for high fear, score 3 for moderate fear, score 2 for mild fear, score 1 for no fear). The maximum possible total score was: $4 \times 16 = 64$ and the minimum possible total score was $16 \times 1 = 16$.

Tool III: psychological wellbeing questioner: this questionnaire was designed to measure pregnant women psychological wellbeing. It was developed by the researcher after extended review of literature and revised by five experts in the field of psychiatric nursing and psychiatric medicine to test its content validity. It consists of 29-items questionnaire with a response rate of 1-3 (score 3 for strongly agree, score 2 for moderately agree, score 1 for slight agree) with higher scores representing higher psychological wellbeing. The maximum possible total score was: $3 \times 29 = 87$ and the minimum possible total score was: $29 \times 1 = 29$

Tool IV: outcomes of pregnancy:

Part I: It included data about labor as: gestational age during labor, does the woman take analgesic for pain in the initial phase of childbirth, type of labor, causes of cesarean section, and health problems for the mother happened during or after labor

Part II: Neonatal assessment tool (Apgar score): this is a simple method to assess the condition of newborn, performed in the first minute and after five minutes of fetal expulsion [17]. It is based on assessment of five physical signs, namely

heart rate, respiratory effort, reflex irritability, muscle tone, and color. The total score ranges from 0 to 10. A score of zero means none of these signs is present and 10 means a completely healthy newborn. The 1- minute score should be assessed beginning 5 seconds after complete emergence of newborn [18]. Timer is necessary. Newborn rarely score 10 at one minute. If the newborn score from 7 to 10, it indicates good newborn condition. A score from 4 to 6 indicates moderate newborn condition, and from 0 to 3 indicates very bad newborn condition.

3.6.1. Content Validity and Reliability

Tools were submitted to a panel of five experts in the Maternity Nursing, psychiatric nursing, and obstetric medicine. Modifications were carried out according to the panel judgment on clarity of sentences and appropriateness of the content. All tools in this study were tested for its reliability using test retest reliability and all tools proved to be strongly reliable.

3.6.2. Data Collection Methods

Administrative approval: Permission to carry out the study was taken from responsible authorities after explanation of the purpose of the study. Ethical considerations: At the initial interview each woman was informed about the purpose and benefits of the study and informed that their participation is voluntary. Also confidentiality and anonymity of the participants were assured. Finally formal consent for participants has been obtained. Pilot study: A pilot study was conducted on (10) prim gravida to evaluate the developed tools for its clarity and applicability then necessary modification was carried out.

3.7. Procedure of Data Collection

The current study was carried out in three phases, namely preparatory, implementation, and evaluation phases.

The preparatory phases:-

An extensive literature related to the study area was done including electronic dissertation, available books, articles, doctoral dissertation, research and peer interaction, and idea from external sources and periodicals. A review of literature to formulate knowledge base relevant to the study area was also done.

The researcher plan articulates for describing the aim of the study to participants, the actual collection of data and recording information. A guide childbirth preparation booklet and a plan of intervention for applying psycho-prophylactic childbirth preparation classes by Lamaze which were simplified from six classes into three classes and reviewed by a jury.

The implementation phase:-

The researcher applied the implementation phase according to the following steps:

All subjects who were supposed to be meeting the inclusion criteria were included in the study, then divided into two equal group one control group who received only routine nursing care and take pre and posttest without

attending the psycho-prophylactic childbirth preparation classes and the other study group who attend the nursing intervention program (psycho-prophylactic childbirth preparation classes). The study group divided into (10) groups every group consists of (5) women, every group attended (3) nursing intervention session within one day/week. The study was carried out in the period started from December 2015 to October 2016

The implementation of the study passed into three phases (pre assessment phase, implementation phase, and post assessment phase)

3.7.1. Pre Assessment Phase (Measure 1)

A comfortable, private place was chosen for the interviewers. Orientation was done about the purpose of the study and content of the study. Each woman was individually interviewed where pre assessment was done using structured interviewing questionnaire to assess personal data and pregnancy outcome, psychological wellbeing questionnaire. Neonatal assessment tool (Apgar score) and Fear of childbirth scale,

3.7.2. Implementation Phase

This study hypothesized The women who participate in the nursing intervention program session will have higher psychological wellbeing, good pregnancy out com and low fear of child birth than those who don't attend the intervention program session. This program has a general objective and divided into three child birth class sessions over a three-week period. Each session lasted for 90 minutes and has a set of specific objective. This was achieved through several teaching methods as brain storming, lecture, group discussion; role-playing, data show, picture, posters and booklet were used as media. At the end of each session summary, feedback, further clarification was done for vague items and homework activity for the following session. The researcher recorded the participants' telephone number and addresses in order to follow-up the participant.

First childbirth preparation class:

The first class was held with participants at 33-34 weeks of gestational age. During the first class the purpose of this study was explained in detail. The childbirth preparation booklet was distributed and an explanation of how to use it was provided. Participants were encouraged to express their concerns about labor. The instructional content for the first class included definition of normal labor, preparation for labor including prenatal exercise, true and false labor pain, overview of stages and phases of labor. This class took about 90 minutes

Second prenatal class:

The second class was held at 35 weeks of gestational age and focused on strategies to cope with childbirth fear through counseling and express of feeling. The content specifically included cause of fear, nonmedical coping with it. Discussion with study group to assess previous pain experience such as dysmenorrhea and strategies that they have used for coping in the past this enhance self-satisfaction. The researcher demonstrated exercise, breathing control and relaxation

technique using booklet during demonstration. Then the participants return demonstrates of these coping strategies. After that, role-play was performed as though they were in labor. Participants practiced staying in an upright position while focusing on breathing and muscle relaxing to gain these skills through practicing. Participants were encouraged to practice all these techniques daily so that they could use the technique during the labor and delivery. Then, the researcher provided a tour of the labor and delivery room in the MCH center and explained everything inside the room beside the equipment that was used during labor in order for the primiparous women to get familiar with the environment. This class took about 90 minutes.

Third prenatal class:

The third class was held at 36 weeks of gestational age. During this class the researcher reviewed with participants' previous information gained during the first and second prenatal class and asked questions. Participants were also encouraged to discuss any problems encountered. Then, the researcher and the pregnant women worked together to solve any problems identified. Later, participants practiced exercise, breathing strategies and relaxation techniques. The researcher provided support and compliments to them when performing these techniques correctly. Finally, delivery and postpartum information were the focus of this class. This class ended with evaluation as participants were asked to complete posttest (fear of childbirth, psychological wellbeing scale by using tools II and III). It took about 90 minutes. Follow up phase: The researcher followed up the subjects during labor in order to collect follow up data which included maternal outcomes and condition of newborn through Apgar score (tool IV).

3.7.3. Post Assessment Phase

Evaluation was done using structured interviewing questionnaire to assess pregnancy outcome, psychological wellbeing questionnaire. Neonatal assessment tool (Apgar score) and Fear of childbirth scale,

3.8. Data Processing and Analysis

Data entry, coding, and analysis were undergone using PSW (20), IBM Corp. Released 2011. IBM SPSS Statistics for Windows, Version 20.0. Armonk, NY: IBM Corp. Data of this study were of both quantitative and qualitative types. Quantitative data were expressed in Mean (\bar{x}), and Standard Error of Mean (SEM), while qualitative data were expressed in frequency (number), and percent (%).

Tests of significance used were

- Student t test. To estimate the difference between two means of groups 1 and 2.
- Chi square (Chi 2) test. To assess the relationship between two or more qualitative parameters.
- Paired t test. To estimate the difference between two means of the same group before and after intervention.
- Multiple regression analysis. Predict the dependent variable out of independent variables.

The level of significance of our data was 95%, so, p

value >0.05 was considered a non-statistically significant difference, while p value < 0.05 was considered a statistically significant difference. On the other hand, a p value <0.01 was considered a highly statistically significant difference.

4. Results

The data collected from the primigravida women at third trimester is organized and presented under the following section:

Table 1, Shows Socio demographic characteristics of study and control group at pre intervention (N=100). This table reveals that Women' age ranged between 18 – 25 years old with mean age (21.68±.33). In relation to educational level, the highest frequency of both study and control groups had higher education (44.0% and 83.0% respectively). As regards occupation, higher percentages (46.0% and 40.0% respectively) were housewife. In addition to family income the majority of study and control, groups had sufficient family income (76.0%.0% and 70.0% respectively).

Table 2, shows Childbirth Attitude (childbirth fears) at pre and post intervention for study group and control group (N=100): This table reveals that there is no statistically significant difference between study and control groups regarding the mean score of childbirth fears before intervention. While at post, intervention there was high statistically significant difference between study and control groups regarding the mean score of childbirth fears. Where the mean score related childbirth, fears of the study group after intervention was (25.50± 0.63) which was lower than mean score of the control group (49.16± 0.59)

Table 3, shows Psychological well-being at pre and post intervention of study and control group (N=100): This table reveals that before intervention there was no statistically significant difference between study and control groups regarding the mean score of psychological wellbeing. While at post, intervention there was high statistically significant difference between study and control groups regarding the mean score of psychological wellbeing. As the mean score related psychological wellbeing of the study group after intervention was (63.50± 0.41) which was higher than mean score related psychological wellbeing of the control group (31.30± 0.47).

Table 4, presents the effect of the nursing intervention session on total score for Childbirth Attitude, and total score for psychological wellbeing among the study group before and after intervention: This table reveals that there is a highly statistically significant difference between before and after intervention regarding to childbirth fears and psychological wellbeing. This meaning that there is a reduction of the childbirth fears mean score from (48.88± 0.71) pre intervention to (25.50± 0.63) post intervention and improvement of psychological wellbeing mean score from (31.46± 0.46) pre intervention to (63.50± 0.41) post intervention.

Table 5, shows Comparison between study and control group regarding Outcomes of Labor at post- intervention (N=100): This table reveals, that there is no statistically

significant differences between study and control group regarding gestational age during labor, health problems for the mother happened during or after, and Apgar scoring, but there was highly statistically significant differences between study and control groups regarding causes of cesarean section ($p < .001$). As noticed from this table, (46.0%) of women have cesarean section in the control group while (32.0%) in the

study group. All women (100%) in the study group have cesarean section for medical reason while (65.2%) women in the control group have cesarean section due to fear of normal labor. In relation, use of analgesic for pain in the initial phase of childbirth control group is higher in using analgesia (22.0%) than the study group (10.0%).

Table 1. Socio demographic characteristics of study and control group at pre intervention (N=100).

Socio demographic Characteristics	Study (N=50)		Control (N=50)		χ^2	p value
	No.	%	No.	%		
Age:						
Range 18-25 years ($\bar{X} \pm$ SEM)	21.68	±.33	21.68	±.33		0.736
Residence:						
Urban	25	50.0%	27	54.0%	0.16	0.689
Rural	25	50.0%	23	46.0%		
Level of education:						
Read and write	10	20.0%	11	22.0%	0.37	0.830
Secondary education	18	36.0%	20	40.0%		
Higher education	22	44.0%	19	38.0%		
Occupation						
House wife	23	46.0%	20	40.0%	0.54	0.760
Worker	15	30.0%	15	30.0%		
Employer	12	24.0%	15	30.0%		
Level of husband education:						
Read and write	10	20.0%	8	16.0%	1.12	0.569
Secondary education	15	30.0%	20	40.0%		
Higher education	25	50.0%	22	44.0%		
Occupation:						
Farmer	26	52.0%	24	48.0%	0.16	0.923
Worker	11	22.0%	12	24.0%		
Employer	13	26.0%	14	28.0%		
Income:						
Sufficient	38	76.0%	36	72.0%	0.208	0.648
Insufficient	12	24.0%	14	28.0%		

Significance P value < 0.05 (SEM) Standard Error of Mean

Table 2. Childbirth Attitude (childbirth fears) at pre and post intervention for study group and control group (N=100).

Childbirth Attitude (child birth fears)	Study (N=50)		Control (N=50)		p value
	$\bar{X} \pm$ SEM)		$\bar{X} \pm$ SEM)		
Pre-intervention	48.88	± 0.71	49.16	± 0.59	0.763 (NS)
Post-intervention	25.50	± 0.63	49.16	± 0.59	0.000 (HS)

NS: non-significant HS: highly significant SEM: Standard Error of Mean

Table 3. Psychological well-being at pre and post intervention of study and control group (N=100).

Psychological well-being	Study (N=50)		Control (N=50)		p value
	$\bar{X} \pm$ SEM)		$\bar{X} \pm$ SEM)		
Pre-intervention	31.46	± 0.45	31.30	± 0.47	0.809 (NS)
Post-intervention	63.50	± 0.41	31.30	± 0.47	0.000 (HS)

Significance P value < 0.05 NS: non-significant HS: highly significant SEM: Standard Error of Mean

Table 4. Comparing the effect of the nursing intervention session on total mean score for Childbirth Attitude, and total mean score for of psychological wellbeing among the study group before and after intervention.

effectiveness of the intervention on Childbirth Attitude and psychological wellbeing among study group		$\bar{X} \pm$ SEM)	p
Total score for Childbirth Attitude	Pre intervention	48.88 ± 0.71	0.000** (HS)
	Post intervention	25.50 ± 0.63	
Total score for Scale of psychological wellbeing	pre intervention	31.46 ± 0.46	0.000** (HS)
	Post intervention	63.50 ± 0.41	

HS: highly significant SEM: Standard Error of Mean

Table 5. Outcomes of Labor of study and control group at post- intervention (N=100).

Outcomes of Labour	Study (N=50)		Control (N=50)		χ^2	p value
	No.	%	No.	%		
Gestational age during labour						
Less than 38 weeks	6	12.0%	7	14.0%		
From 38-40 weeks	44	88.0%	43	86.0%	.088	.766
More than 40 weeks	0	0%	0	0%		
Does the woman take analgesic for pain in the initial phase of childbirth						
Yes	5	10.0%	11	22.0%		
No	45	90.0%	39	78.0%	2.67	0.102
Type of labour						
- normal	34	68.0%	27	54.0%		
- cesarean	16	32.0%	23	46.0%	2.06	0.151
If C/S, Does it?						
- Your choice for fear of normal labor	0	0.0%	15	65.2%		
- The existence of reasons led to the cesarean section	16	100.0%	8	34.8%	16.95	0.00**(HS)
Are health problems for the mother happened during or after labor						
-Yes	4	8.0%	5	10.0%		
-No	46	92.0%	45	90%	.122	0.727
the answer was yes, what it is?						
Rupture of uterus	1	25.0%	3	60.0%	1.10	0.294
Hemorrhage	3	75.0%	2	40.0%		
- Apgar scoring chart at 1 minute						
- Good baby 7-10 degree	40	80.0%	38	76.0%		
- Moderate case 4-7 degree	9	18.0%	10	20.0%	.437	0.804
- Severe depressed case less than 6 degree	1	2.0%	2	4.0%		
Apgar scoring chart at 5 minute						
- Good baby 7-10 degree	44	88.0%	42	84.0%		
- Moderate case 4-7 degree	6	12.0%	6	12.0%	2.05	0.359
- Severe depressed case less than 6 degree	0	0.0%	2	4.0%		

HS: highly significant

5. Discussion

Fear of childbirth is a serious problem for women, where since it leads to avoidance of pregnancy, maternal and fetal stress, and an increase in maternal requests for cesarean section without medical reason. It is also linked to adverse maternal outcomes as poor postpartum mental health [19] and [20].

As regards socio-demographic data the present study revealed that there were no statistically significant differences between study and control groups regarding the socio-demographic characteristics. This result comes in agreement with [5] in Australia who investigated a randomized controlled trial of a psycho-education intervention by midwives in reducing childbirth fear in pregnant women and stated that there are no statistically significant differences between study and control groups regarding the socio-demographic characteristics.

As regarding the childbirth attitude (childbirth fears) the present study revealed that there was no statistically significant difference between study and control groups regarding childbirth fears before intervention. This could be due to lack of knowledge, experience and practice regarding child birth, this was supported with [19] who stated that Fear of childbirth is a serious problem for women, where since it leads to avoidance of pregnancy, maternal and fetal stress,

and an increase in maternal requests for cesarean section without medical reason. While at post intervention there was high statistically significant difference between study and control groups regarding childbirth fear Where the mean score related childbirth fears of the study group after intervention was lower than mean score of the control group. This indicate the effectiveness of the nursing intervention session which might be within the need and interest of the women in the study group which helped them to feel relaxed and able to cope with stress and fear of child birth. This result comes in agreement with [3] who investigated a randomized controlled trial of obstetric outcome after intervention for severe fear of childbirth in nulliparous women and stated that women receiving the intervention reported reduced childbirth fear at 36 weeks compared to women in the control group.

As regarding the psychological wellbeing the present study revealed that there was no statistically significant difference between study and control groups regarding psychological wellbeing before the intervention. This could be due to lack of knowledge and technique that can help them to cope with pregnancy and child birth This was supported with [20]. Who stated that Fear of childbirth is a serious problem for women and linked to adverse maternal outcomes as poor postpartum mental health. While at post intervention there was high statistically significant difference between study and control

groups regarding psychological wellbeing. As the mean score related psychological wellbeing of the study group after intervention was higher than mean score related psychological wellbeing of the control group. This could be due to the effect of emotional expression, stress management, knowledge and experience they gain from the intervention session. This result was not in agreement with [12] who investigated effects of a midwife psycho-education intervention to reduce childbirth fear on women's birth outcomes and postpartum psychological wellbeing and stated that there were no differences between the groups for depressive symptoms or parenting confidence. Women in the intervention group reported they gained more from the decision aid booklet compared to women in the control group. This could be due to difference in the technique or method of teaching session or time of session or interest of the participant.

As regarding outcomes of labor for the study and control groups the present study revealed that there was no statistically significant differences between study and control groups regarding gestational age during labor, health problems for the mother happened during or after, and Apgar scoring, but there was highly statistically significant differences between study and control groups regarding type of labor and causes of cesarean section. All women in the study group have cesarean section for medical reason while near to two third of the women in the control group have cesarean section due to fear of normal labor. In relation use of analgesic for pain in the initial phase of childbirth control group is higher in using analgesia than the study group. This indicate the effectiveness of nursing intervention which was within the need and interest of the participant which helped them to cope effectively with pain and reduce their fear of child birth. This result was in line with the findings of [21] who investigated obstetric outcome after intervention for severe fear of childbirth in nulliparous women and stated that there were no differences between the groups for gestational age during labor, health problems for the mother happened during or after, and Apgar scoring, but there was highly statistically significant differences between study and control groups regarding type of labor and causes of cesarean section.

6. Conclusion

The overall findings in the present study revealed that psycho-educational nursing intervention was the key element in reduction of the fear of childbirth, CS, use of analgesic for pain in the initial phase of childbirth as well as improvement of psychological wellbeing.

7. Recommendations

Psycho-educational nursing intervention should be generalized for all prim gravida women to reduce childbirth fears and enhance their psychological wellbeing and childbirth outcome.

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