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Review Article

Tocophobia: overwhelming fear of pregnancy and childbirth

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ABSTRACT

Pregnancy and childbirth are a major life process for women. Childbirth is an outstanding life event for every woman. It is considered as normal to experience concern or anxiety to a certain degree, as it can help women to make ready for childbirth. But, if the fear becomes paralyzing and terrifying, it can turn out to be physically and emotionally disabling and give rise to a specific pathology termed as tocophobia. The aim of the present article is to analyze the tocophobic condition and to give a brief overview of the possible approaches currently available to mitigate the tocophobic condition.

Keywords: Anxiety, Fear of childbirth, Pregnancy, Tocophobia

INTRODUCTION

Nearly 80% of pregnant women express worries and fears in relation to their pregnancy or upcoming childbirth.¹ Literature estimates that one in five pregnant women experience moderate fear of childbirth and 6-10% of all pregnant women suffer from a severe fear of childbirth (FOC) worldwide.²⁻⁴ Prevalence rates ranges between 3.7 and 43%. The prevalence of tocophobia is estimated at 14% and appears to have increased in recent years.⁵

FOC is usually not a pathological fear, but a situational fear which is personal to the individual. Fear of childbirth is commonly framed as a phenomenon within the domain of anxiety.⁶ This fear exists on a spectrum from low fear to high and phobic fear but it is difficult to assess when fear of childbirth becomes 'to-cophobia'.

When the specific anxiety or fear of death during parturition precedes pregnancy and is so intense that tokos (childbirth) is avoided whenever possible, leads to the phobic state called "tocophobia." Tocophobia is defined as "an unreasoning dread of childbirth."⁷ It is synonymous to the terminologies: maleusiophobia and parturiphobia. Tokophobia as an obsessive fear of

childbirth was recognized as a specific medical-psychological phobia only with the study of Hofberg and Brockinton in the year 2000.

Classification

Classified into primary (affecting nulliparous women) and secondary (affecting parous women usually after a previous birth experience).⁸

Primary tocophobia

When dread of childbirth predates the first conception, this is primary tocophobia. The dread of childbirth may start in adolescence or early adulthood. Although sexual relations may be normal, contraceptive use is often scrupulous. Pregnancy is avoided to prevent parturition. In some tragic cases, a woman is so terrified of childbirth she will terminate a wanted pregnancy rather than go through childbirth.⁷

Secondary tocophobia

Some women develop a dread and avoidance of childbirth after delivery. Most typically, this is a

"traumatic" delivery, but it could also occur after an obstetrically normal delivery, a miscarriage, a stillbirth, or a termination of pregnancy. The fear may be manifested either as a wish to have a CS or to avoid the current pregnancy and childbirth.⁸

Tocophobia as a symptom of depression

When a woman (regardless whether she had a previous pregnancy or not) has co-existing depression and recurrent intrusive thoughts that she would die if she tries to deliver the baby.

Etiological considerations for tocophobia

The etiology of tocophobia is multifaceted and complex. It is often associated with various sociodemographic and psychosocial characteristics. History of sexual abuse, traumatic experience in prior deliveries, previous miscarriages, long duration of infertility, smoking, low social support system, poor partner relationships, partner violence, unintended pregnancy, lack of trust in or worries about unfriendly staff, being left alone in labor, lack of involvement in decision-making etc are certain reasons for the development of tocophobia.⁴ Qualitative evidence suggests that FOC may be transmitted from generation to generation through vicarious experiences of family members who had difficult labours or negative births. In addition, FOC often coincides with depressive and compulsive personalities predisposing women to postnatal depression and post-traumatic stress disorder.

Diagnosis of tocophobia

FOC can be assessed using a range of self-reported questionnaires or diagnostic interviews. While there are no standard criteria for defining tocophobia, the Wijma Delivery Expectancy Questionnaire Part A (W-DEQ A) is the most commonly used tool for assessment and diagnosis.⁹

What's the fear about??

Various studies have investigated the causes of tocophobia. Typical sources of fear include fear of the unknown, fear of pain, fear of perineal trauma, feeling lack of involvement in decision-making during birth, being left alone in labour, fear for the infant's health or own health or death.^{10,11}

Data from more than 8000 expectant mothers (collated via a prenatal questionnaire distributed between November 1, 1991 and October 31, 1999) are evaluated. The most frequent fears mentioned are fear for the child's health (50%) and fear of pain (40%). Fears dealing with medical intervention, such as operative delivery, anesthesia, nerve blockage and of being at the mercy of obstetrics all lie at around 12%.¹²

Consequences of tocophobia

FOC exists on a spectrum from minor worries and anxieties, to moderate FOC which does not impact women's everyday life, to severe FOC (tocophobia), which has a considerable impact on women's lives and affects their psychological well-being.¹³⁻¹⁵

For some women, FOC is so severe that it affects their daily lives, and spoils their experience of pregnancy.¹⁰ In extreme cases, women use scrupulous methods of contraception to avoid pregnancy, experience psychosexual difficulty, may choose to terminate a healthy pregnancy, conceal or be in denial about pregnancy.

Tocophobia complicates pregnancy and causes manifestations of anxiety and stress leading to physical and psychological disorders including hypertension, preeclampsia, poor postpartum mental health and post-traumatic stress disorder.¹⁶⁻¹⁸ These complications would result in increased probability of obstetric interventions particularly emergency caesarean section that in turns, may lead to low birth weight and preterm labour.^{19,20} A positive association has been found between level of childbirth fear and the tendency to wish for, or request a Caesarean section. Physical and psychological effects such as sleeplessness, nightmares, stomachaches, depression and anxiety leading to panic attacks haven been reported.^{21,22} High levels of maternal stress during pregnancy can double the probability of emotional or behavioural problems in childhood.

Measures to tackle tocophobia

Over the last 30 years, there has been increasing interest in tocophobia, both in empirical research and clinical practice. Providing appropriate care for pregnant women with high or severe fear of childbirth (FOC) is a challenge in midwifery care today. There is no standardized care pathway for women with tocophobia in pregnancy. It is therefore important to establish which interventions may increase a woman's faith in her own ability to cope with labour and birth.

Improved perinatal and psychological support in maternity services is much needed to tackle the issue. Interventions that target psychosocial factors using a combination of various approaches promote a reduction in fear and provide a positive birth experience. Providing a sense of security and safety is particularly important for women with FOC throughout the antenatal period. Approaches that focuses on understanding the birth process and awareness of the body in general also helps in preparing the mother emotionally ready for childbirth.²³ Providing pregnant women with a trusting relationship could also help to reduce the fear.²⁴ Psychoeducation, hypnosis, cognitive behaviour therapy, roleplay education, telephonic counseling sessions, yoga classes, relaxation training programmes etc were

considered as certain types of interventions that are effective in reducing the fear related to childbirth.

DISCUSSION

Discussion on interventions for reducing tocophobia

Several RCTs and quasi randomized control trials were conducted in different countries across the world in exploring and comparing various interventions for the treatment of fear of childbirth.

Psycho-education by trained midwives was found effective in reducing high childbirth fear levels and increasing childbirth confidence in pregnant women. Antenatal education classes largely focus on teaching about pregnancy, childbirth processes and labour, midwifery and nursing practices during labor and also familiarizes the antenatal women about the birthing suite. Providing these information helps to change the attitudes and beliefs of pregnant women toward pregnancy and childbearing and leads to a positive perception of labour and consequently brings about positive experiences related to childbirth. Three studies were carried out in Turkey which evaluated the effectiveness of antenatal education in reducing tocophobia. One study was an RCT and other two studies followed quasi experimental design. Kızıllırmak and Başer reported that a 70 minutes preparatory labour education performed on primi-gravida women in two sessions at the third trimester was significantly effective in decreasing fear of birth. Similar to this, Serçekuş and Başkale provided an antenatal class education in third trimester of pregnancy and participants in the intervention group presented significantly lower W-DEQ- A mean score. All three studies reported that antenatal education significantly reduced the fear of childbirth of expectant mothers.²⁵⁻²⁷ Toohil J conducted an RCT in Australia in 2014, in which the intervention tried was a telephonic psycho education counselling to pregnant women at 36 weeks of gestation. As compared to previously mentioned studies, this study also reported a reduction in fear related to childbirth due to the effect of the intervention.²⁸ Another study conducted among 371 Swedish nulliparous women with severe fear of childbirth, by Rouhe et al. Study revealed a significant effect of group psycho-education classes and relaxation exercise during pregnancy on experience of childbirth in 3 months of postpartum among women suffering from severe fear.²⁹ Another single-arm pilot study tested the effect of a mindfulness-based childbirth education as a new model of childbirth education. This model consisted of mindfulness, communication and decision-making skills and showed to be a significant effective intervention for reducing FOC.³⁰ A systematic review and meta-analysis of clinical trials related to the interventions for reducing the fear of childbirth gave ample evidences related to the efficacy of psychoeducation.³¹

Cognitive behaviour therapy which focus on psychological factors is found to be helpful in preparing

women for birth and transition to motherhood.²⁵ CBT has demonstrated an improvement in symptoms of FOC in this population as well as decreased CS on request.^{13,19} A systematic literature search performed by Cochrane Collaboration gave the evidence that cognitive therapy sessions are effective interventions in reducing tocophobia.³²

Self-hypnosis relieves pain and decrease the demand for chemical pain relief through stimulating the release of the endorphins as natural painkillers and suppression of neural activity to inhibit the emotional interpretation of sensations such as pain. In a randomized controlled trial (RCT) conducted by Werner et al, among 1222 healthy Danish nulliparous women, a brief course of self-hypnosis significantly ameliorated FOC experienced during 6 weeks after birth while relaxation techniques did not have any significant influence on FOC.³³

Antenatal yoga courses brought a significant reduction in fear of childbirth in an RCT conducted by Newham JJ et al, in 2014.³⁴

Patients with FOC are prone to catastrophise pain in labour and birth, leading to more intense perceived pain, therefore they may be more likely to utilise epidural analgesia during labour.³¹ In a study by Adams and colleagues, women with FOC were significantly more likely to request an epidural than women without FOC.³⁵ More recently, a study by Logtenberg and colleagues, also found that women with FOC were more likely to request pharmacological pain relief but it was not statistically significant.³⁶

CONCLUSION

Despite being initially documented in the medical literature over 150 years ago, tocophobia still remains largely unrecognized within the obstetric community as well as the wider health profession. During the past decade, however, interest in fear of childbirth has expanded.

Assisting women to achieve a normal birth will improve women's quality of reproductive life, reduce health care costs, and improve postpartum maternal and child health outcomes. Asking women explicitly about their fears and concerns will significantly lower the fear and enhance the childbirth confidence. Empirical knowledge about these aspects would be of great benefit in understanding the phenomenon of childbirth-related fear, and in developing interventions that might be helpful for the large number of women experiencing anxiety of this kind.

Tocophobia could be a very debilitating condition but with good supportive multidisciplinary care, an excellent outcome is possible.

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