






## Editorial

# Fear of Childbirth: It is Time to Talk About It!

Cibele Santini de Oliveira Imakawa<sup>1</sup>  Mariane Nunes de Nadai<sup>2</sup>  Monica lassana dos Reis<sup>3</sup>   
Silvana Maria Quintana<sup>1</sup>  Elaine Christine Dantas Moises<sup>1</sup> 

<sup>1</sup>Ribeirão Preto Medical School, Universidade de São Paulo, Ribeirão Preto, SP, Brazil

<sup>2</sup>Bauru School of Dentistry, Universidade de São Paulo, Bauru, SP, Brazil

<sup>3</sup>National Institute for Women's, Children's and Adolescent Health Fernandes Figueira, Oswaldo Cruz Foundation, Rio de Janeiro, RJ, Brazil

Rev Bras Ginecol Obstet 2022;44(10):907–908.

Fear encompasses concerns on a spectrum ranging from mild fear to phobia.<sup>1</sup> When it comes to fear related to childbirth, there is no consensus on its exact definition. However, there is no doubt about its importance in obstetric care.<sup>2–4</sup> When fear of childbirth is intense, it can harm the woman's health,<sup>5,6</sup> becoming a disabling factor that interferes with the daily routine, such as occupational and domestic activities and social life.<sup>7</sup>

There are disagreements regarding the prevalence of fear of childbirth (FOC) due to the lack of consensus on its definition, as well as the differences in the diagnostic methods adopted by the studies.<sup>7–9</sup> In general, it is known that some degree of concern and fear can be presented by up to 80% of pregnant women.<sup>10,11</sup> In Brazil, this topic is rarely discussed among health professionals, and the assessment of its real prevalence remains unknown.

Some protective factors can lead to lower incidences of FOC, such as relationship stability and duration. In turn, there are risk factors that can increase its incidence, such as lack of social support; unplanned pregnancy; infertility; previous negative experiences; anxiety, depression, and other psychological disorders.<sup>12</sup>

Younger women tend to be more afraid of childbirth than older women. The woman's nationality also seems to influence the occurrence of FOC.<sup>13</sup> Among the obstetric aspects, nulliparity, advanced gestational age and a history of previous cesarean section stand out as risk factors for FOC.<sup>10,14</sup>

The preference for cesarean section is expressed by 27% of women who use the public health system and by 44% of those who access private health services in Brazil. In addition to social, economic, and cultural aspects, fear of labor pain and childbirth itself seem to be factors that could influence the mother's preference for cesarean section.<sup>15–17</sup> Besides the maternal request for cesarean section, the increase in other

adverse obstetric outcomes such as preterm birth, prolonged labor, postpartum depression, and post-traumatic stress have already been related to the fear of childbirth.

It is extremely important to establish treatment plans for identified cases of FOC to minimize its negative impacts on obstetric outcomes. Accessible and timely interventions, which can contribute to the reduction of FOC, include educational and reassuring measures such as the construction of a birth plan; discussion groups with pregnant women and health professionals; access to educational materials on delivery mechanisms and obstetric care; establishment of a support network; empathic follow-up; psychological support. In more severe cases, it is essential to refer the pregnant woman to professionals specialized in mental health for better monitoring and control of symptoms.

There are still little data in the literature on the prevalence, predictive and protective factors concerning fear of childbirth according to each population, considering the obstetric history and social, economic, and cultural aspects.

A research group linked to the Ribeirão Preto Medical School of the University of São Paulo is evaluating this issue, to characterize the context of FOC in the Brazilian population and analyze the effectiveness of possible interventions to reduce the impact of this condition. Furthermore, it is intended to promote the discussion on the need for public policies aimed at identifying the fear of childbirth during prenatal care, implementing strategies to improve the education of the population regarding the physiology of childbirth and obstetric care (including information on the mode of delivery and its risks/benefits, delivery plan, labor pain management, evidence-based interventions that can occur during labor and delivery) and, consequently, expand access to these resources.

Address for correspondence      DOI <https://doi.org/10.1055/s-0042-1758467>  
Elaine Christine Dantas Moises,      ISSN 0100-7203.  
PhD, Av. Bandeirantes, 3900,  
14049-900, Campus da  
Universidade de São Paulo,  
Ribeirão Preto, SP, Brazil  
(e-mail: elainemoises@fmrp.usp.br).

© 2022. Federação Brasileira de Ginecologia e Obstetrícia. All rights reserved.

This is an open access article published by Thieme under the terms of the Creative Commons Attribution License, permitting unrestricted use, distribution, and reproduction so long as the original work is properly cited. (<https://creativecommons.org/licenses/by/4.0/>)  
Thieme Revinter Publicações Ltda., Rua do Matoso 170, Rio de Janeiro, RJ, CEP 20270-135, Brazil

FOC exists, it is a real problem, but it remains masked by the knowledge gaps on the subject. Thus, it is essential to develop studies, establish guidelines, and train health professionals on this important issue. There is an urgent need to implement diagnostic and management measures for these cases in clinical practice. It is time to talk about it!

#### Conflicts of Interest

The authors have no conflict of interest to declare.

#### References

- Rondung E, Thomtén J, Sundin Ö Psychological perspectives on fear of childbirth. *J Anxiety Disord.* 2016;44:80–91. Doi: 10.1016/j.janxdis.2016.10.007
- Räisänen S, Lehto SM, Nielsen HS, Gissler M, Kramer MR, Heinonen S. Fear of childbirth in nulliparous and multiparous women: a population-based analysis of all singleton births in Finland in 1997–2010. *BJOG.* 2014;121(08):965–970. Doi: 10.1111/1471-0528.12599
- Aksoy AN, Ozkan H, Gundogdu G. Fear of childbirth in women with normal pregnancy evolution. *Clin Exp Obstet Gynecol.* 2015;42(02):179–183
- Richens Y, Smith DM, Lavender DT. Fear of birth in clinical practice: A structured review of current measurement tools. *Sex Reprod Healthc.* 2018;16:98–112. Doi: 10.1016/j.srhc.2018.02.010
- O'Connell MA, Leahy-Warren P, Khashan AS, Kenny LC, O'Neill SM. Worldwide prevalence of tocophobia in pregnant women: systematic review and meta-analysis. *Acta Obstet Gynecol Scand.* 2017;96(08):907–920. Doi: 10.1111/aogs.13138
- Saisto T, Halmesmäki E. Fear of childbirth: a neglected dilemma. *Acta Obstet Gynecol Scand.* 2003;82(03):201–208
- Rouhe H, Salmela-Aro K, Halmesmäki E, Saisto T. Fear of childbirth according to parity, gestational age, and obstetric history. *BJOG.* 2009;116(01):67–73. Doi: 10.1111/j.1471-0528.2008.02002.x
- Haines HM, Pallant JF, Fenwick J, et al. Identifying women who are afraid of giving birth: A comparison of the fear of birth scale with the WDEQ-A in a large Australian cohort. *Sex Reprod Healthc.* 2015;6(04):204–210. Doi: 10.1016/j.srhc.2015.05.002
- Hildingsson I, Rubertsson C, Karlström A, Haines H. Exploring the Fear of Birth Scale in a mixed population of women of childbearing age-A Swedish pilot study. *Women Birth.* 2018;31(05):407–413. Doi: 10.1016/j.wombi.2017.12.005
- Szeverényi P, Póka R, Hetey M, Török Z. Contents of childbirth-related fear among couples wishing the partner's presence at delivery. *J Psychosom Obstet Gynaecol.* 1998;19(01):38–43. Doi: 10.3109/01674829809044219
- Melender HL. Experiences of fears associated with pregnancy and childbirth: a study of 329 pregnant women. *Birth.* 2002;29(02):101–111. Doi: 10.1046/j.1523-536X.2002.00170.x
- Dencker A, Nilsson C, Begley C, et al. Causes and outcomes in studies of fear of childbirth: A systematic review. *Women Birth.* 2019;32(02):99–111. Doi: 10.1016/j.wombi.2018.07.004
- Ternström E, Hildingsson I, Haines H, Rubertsson C. Higher prevalence of childbirth related fear in foreign born pregnant women—findings from a community sample in Sweden. *Midwifery.* 2015;31(04):445–450. Doi: 10.1016/j.midw.2014.11.011
- Adams SS, Eberhard-Gran M, Eskild A. Fear of childbirth and duration of labour: a study of 2206 women with intended vaginal delivery. *BJOG.* 2012;119(10):1238–1246. Doi: 10.1111/j.1471-0528.2012.03433.x
- Mazzoni A, Althabe F, Gutierrez L, et al. Women's preferences and mode of delivery in public and private hospitals: a prospective cohort study. *BMC Pregnancy Childbirth.* 2016;16:34. Doi: 10.1186/s12884-016-0824-0
- Rattner D, Moura EC. Nascimentos no Brasil: associação do tipo de parto com variáveis temporais e sociodemográficas. *Rev Bras Saúde Mater Infant.* 2016;16(01):39–47. Doi: 10.1590/1806-93042016000100005
- Reiter M, Betrán AP, Marques FK, Torloni MR. Systematic review and meta-analysis of studies on delivery preferences in Brazil. *Int J Gynaecol Obstet.* 2018;143(01):24–31. Doi: 10.1002/ijgo.12570