



## **EFFECT OF TOCOPHOBIA ON PREGNANCY OUTCOME AMONG PREGNANT WOMEN AT MATERNITY AND PEDIATRIC HOSPITAL IN AL-SAMAWA CITY.**

**Assist. lecture Hanan R. Hameed AL-Thaemi \***, **Assist. lecture Diao F. Jrood\*\***, **Assist. lecture Amer J. Kadush\*\*\***

\* Assist. lecture, Maternal & Neonate Health Nursing Department, University of Muthanna, College of Nursing, [hanan.rasool@mu.edu.iq](mailto:hanan.rasool@mu.edu.iq)

\*\* Assist. lecture, Psychiatric and Mental Health Nursing Department, University of Muthanna, College of Nursing, [dia.farid@mu.edu.iq](mailto:dia.farid@mu.edu.iq)

\*\*\* Assist. lecture, Adult Health Nursing Department, University of Muthanna, College of Nursing, [amer.kadoosh@mu.edu.iq](mailto:amer.kadoosh@mu.edu.iq)

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<b>Received:</b> October 1 <sup>st</sup> 2022 <b>Accepted:</b> November 1 <sup>st</sup> 2022 <b>Published:</b> December 6 <sup>th</sup> 2022	<b>Objectives:</b> 1-To assess Effect of Tocophobia on Pregnancy Outcome among Pregnant Women 2-To find the relationship between Tocophobia and demographic data ( age, educational level and husband educational level). <b>Methodology:</b> A descriptive and analytic study design, cross sectional design about the Effect of Tocophobia on Pregnancy Outcome among Pregnant Women. A purposive sampling (nonprobability) consists of (100) pregnant women in 3 <sup>rd</sup> trimester who had signs and symptoms of Tocophobia at Maternity and Pediatric Hospital in AL-Samawa City. (W-DEQ) scale used to measure the fear of childbirth, data was collected from 1 April to 30 June 2022. Determined validity through panel of experts of the questionnaire and Reliability through pilot study (20) of pregnant women, descriptive and inferential statistic procedures and the data were collected through interview technique. <b>Results:</b> the results show that average mean score and SD of study sample is (22±4) years, in which more of them are young women in age group (21 - 30) years (70%). shows presents the variables related to reproductive history of study sample ; the finding shows that the average (M ± SD) of Age at marriage is (20±3) years and (53%) of pregnant women are married at age. shows assessment is based on mean of score for item responses; the higher mean of score= extremely and the lower mean of score= not significant (reversed based on question direction). shows indicates that there is no significant relationship between signs and symptoms of Tocophobia among study sample with demographic characteristics ( age , educational level and husband educational level) at p-value= 0.05. <b>Recommendations:</b> Nurse /midwife need to deal and counseling with childbirth fear by providing appropriate information about pregnancy and labour during pregnancy through lecture, films, and preparation classes.

**Keywords:** Effects, Tocophobia, Pregnancy, Outcome.

**INTRODUCTION:** Phobia is defined as the fear of something that can be expected, and finally this fear produces anxiety in the person, even though the person knows that this fear is unjustified or unreal (silly) (Townsend, 2014). Phobias cause or interfere with a person's normal life, and eventually lead to his failure to continue to function fully and interfere with him. Therefore, the phobia may not be the result of

the person's previous experiences. In addition, the person is not able to stop the phobia and generates a feeling of helplessness "However, they feel powerless to stop it". It also creates a feeling of stress (Videbeck, 2011; Jrood, 2021).

Therefore, Tocophobia is defined as a type of phobia that results from the fear of childbirth, and this fear



has an impact on the daily life and activities of the person. The latter may lead to negative outcomes at birth (Oconnell et al.,2015; Daood, & Khairi, 2020; Pazzagli et al., 2015).

**SUBJECTS AND METHODS:**

To achieve the aims of the study, a descriptive design was conducted on Effect of Tocophobia on Pregnancy Outcome among Pregnant Women at Maternity and Pediatric Hospital in Al-Samawa City. This study started from 26<sup>th</sup> of March 2022 up to 8<sup>th</sup> August 2022. The study was carried out during the morning shift at the Al- Maternity and Pediatric Hospital in the city of Al-Samawa, and interviews with women were performed in **the** wards (both public and private wards), preoperative room, and outpatient department. One hundred married women of reproductive age who were prime or multiparalyzed pregnant (purposive and non-probability sample) were

According to the study's findings, maternal and newborn outcomes are significantly impacted by severe fear of childbirth (tocophobia).

A questionnaire format was created and designed for the aim of the current study by the review of the literature, other studies, and prior knowledge. The research I the Wijma Tool (version A), created by Wijma and Zar, was the tool used in this investigation (1998). Each of the 33 items on this survey is graded on a Likert scale from 0 to 5. A score of 0-84 indicates a mild or moderate fear, a score of 99-85 a clinical fear, and a score of 100-165 a severe dread of childbirth or phobia. The internal consistency approach and the computation of the Alpha Cronbach's test (Alpha Correlation Coefficient) were used to assess the instrument's dependability. Version 24.0 of the Statistical Package for Social Science Program (IBM SPSS) was used to apply the Alpha Correlation Coefficient (Barton & Peat,2014).

**RESULTS OF THE STUDY**

**Table 1: Socio-Demographic Characteristics (N=100).**

<b>N O.</b>	<b>Variables</b>	<b>F</b>	<b>%</b>	
1	<b>Age</b>	≤ 20 years	23	23
		<b>21 – 30 years</b>	<b>70</b>	<b>70</b>
		31 – 40 years	7	7
		<b>Total</b>	100	100
		<b>M= 22</b>		<b>SD = 4</b>
2	<b>Residency</b>	Urban	40	40
		<b>Rural</b>	<b>60</b>	<b>60</b>
		<b>Total</b>	100	100
3	<b>Wife's education</b>	<b>Not read &amp; write</b>	<b>34</b>	<b>34</b>
		Read & write	14	14
		Primary school	16	16
		Intermediate school	10	10
		Secondary school	7	7
		Institute	8	8
		Graduate degree	11	11
		<b>Total</b>	100	100
4	<b>Wife's occupation</b>	<b>Housewife</b>	<b>70</b>	<b>70</b>
		Student	21	21
		Employee	9	9
		<b>Total</b>	100	100
5	<b>Husband's education</b>	Not read & write	27	27
		Read & write	9	9



		<b>Primary school</b>	<b>30</b>	<b>30</b>
		Intermediate school	8	8
		Secondary school	9	9
		Institute	6	6
		Graduate degree	11	11
		<b>Total</b>	<b>100</b>	<b>100</b>
6	<b>Husband's occupation</b>	<b>Unemployed</b>	<b>80</b>	<b>80</b>
		Employed	20	20
		<b>Total</b>	<b>100</b>	<b>100</b>
7	<b>Socio-economic status from study sample point of view</b>	Insufficient	12	12
		<b>Barely sufficient</b>	<b>58</b>	<b>58</b>
		Sufficient	30	30
		<b>Total</b>	<b>100</b>	<b>100</b>
8	<b>The first source of support</b>	Family	22	22
		<b>Spouse</b>	<b>50</b>	<b>50</b>
		friends	28	28
		<b>Total</b>	<b>100</b>	<b>100</b>

**F: Frequency, %: Percentage**

This table shows average mean of study sample is (22±4) years, in which more of them are young women in age group (21 -30) years (70%).

**Table 2: Reproductive Characteristics of the study sample (N=100)**

No.	Variables	f	%	
1	<b>Age at marriage</b>	< 15 years	4	4
		<b>15 – 20 years</b>	<b>53</b>	<b>53</b>
		21 – 25 years	30	30
		26 – 30 years	13	13
		<b>Total</b>	<b>100</b>	<b>100</b>
		<b>M= 20</b>	<b>SD=3</b>	
2	<b>Age at first pregnancy</b>	< 15 years	3	3
		<b>15 – 20 years</b>	<b>49</b>	<b>49</b>
		21 – 25 years	32	32
		26 – 30 years	13	13
		31 ≤ years	3	3
		<b>Total</b>	<b>100</b>	<b>100</b>
<b>M= 21</b>	<b>SD=3</b>			
3	<b>Gravidity</b>	<b>Primi</b>	<b>66</b>	<b>66</b>
		2	18	18
		3	10	10
		4	2	2
		5	4	4
		<b>Total</b>	<b>100</b>	<b>100</b>
4	<b>Number of abortion</b>	<b>none</b>	<b>70</b>	<b>70</b>
		1	18	18



		2	12	12
		<b>Total</b>	100	100
5	<b>Number of lived child</b>	<b>1</b>	<b>50</b>	<b>50</b>
		2	18	18
		3	11	11
		4	9	9
		5	8	8
		6	4	4
		<b>Total</b>	100	100
6	<b>Number of stillbirth</b>	<b>None</b>	<b>96</b>	<b>96</b>
		1	4	4
		<b>Total</b>	100	100
7	<b>Use of contraceptive</b>	<b>No</b>	<b>62</b>	<b>62</b>
		Yes	38	38
		<b>Total</b>	100	100
8	<b>Contraceptive method</b>	<b>None</b>	<b>62</b>	<b>62</b>
		Condom	9	9
		Tablet	20	27
		IUD	3	1
		Injection	6	1
		<b>Total</b>	100	100
9	<b>Mode of previous deliveries</b>	None	10	10
		Vaginal	30	30
		<b>Cesarean</b>	<b>60</b>	<b>60</b>
		<b>Total</b>	100	100
10	<b>Types of previous feeding</b>	None	6	6
		Breast	6	6
		Bottle	18	18
		<b>Mixed</b>	<b>70</b>	<b>70</b>
		<b>Total</b>	100	100
11	<b>Pregnancy interval</b>	<b>None</b>	<b>60</b>	<b>60</b>
		< 2 year	29	29
		2 – 4 years	6	6
		5 – 7 years	5	5
		<b>Total</b>	100	100
12	<b>Current gestational age</b>	33 – 37 weeks	40	40
		<b>38 – 42 weeks</b>	<b>60</b>	<b>60</b>
		<b>Total</b>	100	100

**F: Frequency, %: Percentage**

This table shows presents the variables related to reproductive history of study sample ; the finding shows that the average (M ± SD) of Age at marriage is (20±3) years and (53%) of pregnant women are married at age.

**Table 3: Assessment the Signs and Symptoms of Tocophobia distributed according to Dimensional Factors (W-DEQ) (N=100)**

Factors	Item's Description	M.S	SD	Assess.
<b>Concerns about labor pain</b>	Fantastic	6.00	0.000	Not fantastic
	Frightful	1.00	0.000	Extremely
	Afraid	1.00	0.000	Extremely
	Tense	1.00	0.000	Extremely
	Composed	6.00	0.000	Not compose
	Relaxed	6.00	0.000	Not relaxed



	Panic	1.00	0.000	Extreme panic
	Pain	1.00	0.000	Extreme pain
<b>Lack of positive behavior</b>	Behave badly	1.46	1.410	Extreme badly
	Not let happen	4.40	2.344	Moderately
	Lose control	3.30	2.505	Moderately
	Dangerous	1.00	0.000	Extreme dangerous
<b>Loneliness</b>	Lonely	1.00	0.000	Extremely
	Deserted	1.00	0.000	Extremely
	Desolate	1.00	0.000	Extremely
	Abandoned	1.00	0.000	Extremely
	Hopelessness	1.00	0.000	Extremely
	Self-confident	5.90	0.500	No self-confidence
	Trust	6.00	0.000	Not trust
<b>Lack of positive feeling</b>	Strong	6.00	0.000	Not strong
	Confident	6.00	0.000	Not confident
	Safe	6.00	0.000	Not safe
	Independent	6.00	0.000	Not independent
	Glad	6.00	0.000	Not glad
	Proud	6.00	0.000	Not proud
	Happy	6.00	0.000	Not happy
	Longing for child	2.08	1.818	Moderately
<b>Concerns about childbirth</b>	Joyful	6.00	0.000	Not funny
	Natural	6.00	0.000	Not natural
	As expected	6.00	0.000	Not self-evident
<b>Concerns about baby</b>	Fantastic that child would die	6.00	0.000	Very often
	Fantastic that child would be injured	6.00	0.000	Very often
<b>Overall tocophobia</b>		<b>2.00</b>	<b>0.000</b>	<b>Symptomatic</b>

**M.S: Mean Of Score, SD: Standard Deviation, Assess: Assessment**

This table shows assessment is based on mean of score for item responses; the higher mean of score= extremely and the lower mean of score= not significant (reversed based on question direction)

**Table 4: Relationship between Tocophobia and demographic data ( age, educational level and husband educational level).**

<b>Tocophobia Variables</b>	<b>Sources of Variance</b>	<b>Sum of Square</b>	<b>Df</b>	<b>Mean Square</b>	<b>F</b>	<b>P≤ 0.05 (Sig)</b>
<b>Age</b>	Between Group	26.954	2	13.477	0.527	0.590 (N.S)
	Within Group	2480.43	97	25.572		
	Total	2507.39	99			
<b>Study sample educational level</b>	Between Group	213.354	7	30.479	1.222	0.298 (N.S)
	Within Group	2294.03	92	24.935		
	Total	2507.39	99			
<b>Husband educational level</b>	Between Group	93.430	7	13.347	0.509	0.826 (N.S)
	Within Group	2413.96	92	26.239		
	Total	2507.39	99			

**DF: Degree of freedom, F: F-Statistic, P: Probability value, Sig: Significance, N.S: Not Significant, S: Significant.**

This table shows indicates that there is no significant relationship between signs and symptoms of Tocophobia among study sample with demographic characteristics ( age , educational level and husband educational level) at p-value= 0.05.



## **DISCUSSION:**

The study sample character are (70%) of them are within age group (21-30) years, more half (60%) of them their resident in rural area and (40%) were from urban area.

Regarding Wife's education, the highest percentage (34%) of the study sample graduated from not read and write and regarding husband's education, the highest percentage (30%) of the study sample graduated from Primary school.

Regarding Wife's occupation, the highest percentage (70%) of the study sample were housewives and (80%) of their husbands are unemployed. More than half (58%) of the study sample felt that their socioeconomic situation was barely enough from from their point of view, 50% of them said that their wives were their primary source of support. The majority of these socio-demographic indicators are present in the research sample, including young maternal age, maternal age higher than 40 years, high socioeconomic class, poor education level unemployed, single marital status, and anxiety before or during pregnancy (Oconnell et al., 2015). Lower stress during pregnancy may benefit babies as well. A woman who feels her partner's support throughout and after pregnancy may feel happier and less stressed (Staff, et al., 2019). The reproductive criteria of study sample included (53%) of study sample married at age(15-20)years, (49%) be pregnant for first time at age(15-20)years, (66%) of them are nulliparous and gravida one, the majority (70%) and (96) with no abortion and still birth history respectively and about number of living birth the highest percentage (50%) of study sample have (1) of living child. More than half of study sample (62%) never used contraceptive methods previously and Concerning mode of previous deliveries, the highest percentage (60%) of the study sample had cesarean section and and 70% of them have previously fed Mixed to their infant. The pregnancy interval among pregnant women is referring to (non) as presented by highest percentage (60%), the current gestational age of the study sample (38-42)weeks for (60%) of them. Prenatal counseling or choosing to give birth via cesarean section do not appear to be effective treatments for easing birthing anxiety, according to (Hildingsson et al., 2014). Mat, et al., (2015) found that among (315) pregnant women, there was a significant association between delivery fear and age, education, income, the number of pregnancies with problems, pregnancy planning, prenatal health monitoring visits, receiving information about birth, being influenced by this information, discussing birth with others, and hearing about negative birth experiences ( $p < 0.050$ ). despite the fact that everyone in the study sample had a negative view

of medical professionals, it was also established that women needed to acquire the right information from health professionals to deal with their fear of birthing. Culture, environment, and parity are likely to have an impact on reported levels of delivery anxiety, as may things like a woman's personality, self-esteem, lack of social support, and obstetric interventions. In the current study, the majority of the study sample experiences tocophobia despite never having gone through labor (nulliparous), and first-time mothers are more anxious due to the unfamiliar practice of childbirth; however, there is a relationship between parity and tocophobia as a result of prior traumatic experiences (Mat, et al, 2015). Pregnant women are extremely frightened, afraid, and tense, panicking, and experiencing extreme pain, according to the mean scores and standard deviation for the items of the tocophobia scale distributed on the dimensional factors and the assessment for items related to factors concerns about labor pain. Pregnant women exhibit extremely unsafe conduct and moderate loss of control, according to the assessment of items connected to the lack of positive behavior component. The mean scores for the component of loneliness show that pregnant women report feeling incredibly alone, forsaken, dismal, abandoned, and hopeless. While the other items were not significant, the mean scores of the items connected to the Lack of positive feeling factor indicate that pregnant women only have a little sense of yearning for childbirth. Pregnant women's responses to the questions concerning their fears about childbirth not significance. Overall evaluation reveals that the research sample's high mean score indicates exposure to these signs and symptoms. This results agree with the finding in a study O'Connell et al., (2017) & Toohill, et al., (2014) which stated that the prevalence of Tocophobia is estimated at 14% and appears to have increased in recent years (2000 onwards). The result of study, indicates that there is no significant relationship between signs and symptoms of Tocophobia among pregnant women with regard to study sample age, wife educational level and husband educational level at  $P$ -value= 0.05. This result agree with(Souza, et al., 2009), Who reported that age and educational level of study sample and husband's educational level not significant with sever fear of childbirth.

## **CONCLUSIONS: THE PRESENT STUDY CONCLUDED**

Overall evaluation of the results reveals that the study sample was exposed to signs and symptoms such as labor pain anxiety, lack of positive behavior, loneliness, and lack of positive feelings, which indicate that birth is moderately awaited by the child and that pregnant





women frequently worry that the child will suffer harm or die. After analyzing the study sample, the findings indicate that they had a negative influence and detrimental effect on physical, and psychological. There are no significant relationship between signs and symptoms of Tocophobia among study sample with regard to their ( age, educational level and husband educational level).

### **RECOMMENDATIONS: THE STUDY RECOMMENDS**

Need to early detection and treatment of fear of childbirth through create unit at primary health care centers and hospitals for psychotherapy. Nurse/midwife could be well trained through training course about Tocophobia to support and treat pregnant women. Since fear of childbirth have increased in recent years, further studies need to develop especially in Iraq to determine causes, adverse effects and prevalence to improve maternal and newborn health and very personal story of what losing a breast means to her.

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