Sexual & Reproductive Healthcare 25 (2020) 100512

Contents lists available at ScienceDirect

Sexual & Reproductive Healthcare

journal homepage: www.elsevier.com/locate/srhc

Midwife-led integrated pre-birth training and its impact on the fear of childbirth. A qualitative interview study

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ARTICLE INFO

Keywords:
Fear of childbirth
Pre-birth training
Midwife-led
Kenya

ABSTRACT

Background: Although most expectant women with severe fear of childbirth take pre-birth training sessions, the available literature does not provide substantial emphirical data on its impacts, especially in developing countries like Kenya.
Aim: The study aimed at exploring women's experience from midwife-led integrated pre-birth training and its impact on the fear of childbirth.
Method: A qualitative interview was conducted using a thematic analysis. Thirty-three women who had experienced high and severe fear of childbirth, and had completed midwife-led integrated pre-birth training were interviewed one month after giving birth. The interviews were conducted in a maternal and child health clinic in Samburu, Kenya from December 2019 to January 2020. Collected data was analysed based on thematic analysis.
Results: The general theme 'midwife-led integrated pre-birth training promoted constructive disposition and enhanced trust in the process of giving birth' was validated by the interviewed participants. Their contributions covered three themes: 'the significance of midwife-led pre-birth training', 'the role of efficient communication during pregnancy,' and 'adaptation to procedures for improved childbirth experience'.
Conclusions: In this study 85% (n = 29) of the participants revealed that midwife-led integrated pre-birth training enhanced their expectations for birth processes. They demonstrated readiness and preparedness for this process, which would lead to improved childbirth outcomes.

Introduction

Most universal healthcare organizations and healthcare providers have continuously encouraged pre-birth training which is also referred to as 'antenatal care clinics', 'prenatal care', 'childbirth preparation classes', 'antenatal education,' and 'focused antenatal care'. Essentially, during pre-birth training for both primipara and multipara women, specialized professionals in maternal healthcare focuses on relaying relevant knowledge and guidance with the aim of preparing expectant women for the process of childbirth [1,2].

In most pre-birth care clinics, several types of fears are evident among expectant women. They include fear of harm, eclampsia, pre-eclampsia, hypertension, unsafe pregnancies (unsafe induced abortions), ectopic pregnancies, pelvic inflammation disease, haemorrhages, sepsis, uterine perforation, hysterectomy, anaemia, infertility, puerperal sepsis, fistula and even death [3]. Often, these fears are evident within their reproductive age duration, where they are concerned about childbirth and motherhood [4].

From the available literature especially in developed countries, pre-birth training has a significant positive impact on health behaviour and wellbeing of expectant women [5–7]. These training have taken different forms including telephone conversations, structured personal dialogues [8,9], psycho-education group therapy [10], and midwife-led counselling [11]. Although the fears of childbirth are diverse, these trainings aim at instilling readiness and optimism [10,12], among expectant women thereby reducing the fear of childbirth [13,14].

Fear of childbirth

From the review of literature, most studies were conducted in the western countries. Some include Sweden & Denmark [15], Norway [16], Australia [17–19] and a combination of six European countries [20,21]. From these studies, fear of childbirth is mainly due to negative birth experiences or outcomes from the previous pregnancy [22]. On

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https://doi.org/10.1016/j.srhc.2020.100512
Received 11 February 2020; Received in revised form 24 March 2020; Accepted 6 April 2020
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Table 1
Demographic characteristics of respondents.

Demographic characteristics of study participants						
Codes	Age	Marital status	Level of education	Parity	W-DEQ Score	Mode of delivery
R1	22	Married	College certificate	Primipara	86	Normal vaginal
R2	24	Married	Secondary certificate	Primipara	82	Normal vaginal
R3	18	Married	Primary certificate	Primipara	89	Normal vaginal
R4	20	Married	College certificate	Primipara	90	Normal vaginal
R5	25	Married	College certificate	Multipara	76	Normal vaginal
R6	27	Married	Primary certificate	Multipara	76	Caesarean section
R7	33	Married	Secondary certificate	Multipara	99	Normal vaginal
R8	21	Married	College certificate	Primipara	69	Normal vaginal
R9	35	Single	Degree	Multipara	68	Normal vaginal
R10	21	Married	Secondary certificate	Multipara	70	Emergency caesarean section
R11	27	Married	Primary certificate	Multipara	79	Normal vaginal
R12	30	Married	College certificate	Primipara	69	Normal vaginal
R13	32	Married	Secondary certificate	Multipara	66	Normal vaginal
R14	22	Single	College certificate	Primipara	82	Emergency caesarean section
R15	24	Married	Primary certificate	Primipara	87	Normal vaginal
R16	25	Married	College certificate	Multipara	70	Normal vaginal
R17	20	Married	Secondary certificate	Multipara	71	Normal vaginal
R18	30	Married	College certificate	Multipara	76	Normal vaginal
R19	23	Married	Primary certificate	Primipara	89	Normal vaginal
R20	19	Single	Secondary certificate	Primipara	102	Normal vaginal
R21	22	Single	College certificate	Primipara	87	Normal vaginal
R22	29	Married	Secondary certificate	Multipara	68	Normal vaginal
R23	30	Married	Degree	Multipara	72	Normal vaginal
R24	31	Single	College certificate	Multipara	68	Normal vaginal
R25	39	Single	Secondary certificate	Multipara	67	Caesarean section
R26	20	Married	Primary certificate	Primipara	76	Emergency caesarean section
R27	21	Single	College certificate	Primipara	77	Normal vaginal
R28	25	Single	Secondary certificate	Multipara	74	Normal vaginal
R29	22	Married	College certificate	Primipara	88	Normal vaginal
R30	38	Married	Degree	Multipara	67	Normal vaginal
R31	36	Married	Secondary certificate	Multipara	69	Normal vaginal
R32	18	Single	College certificate	Primipara	91	Emergency caesarean section
R33	26	Single	Primary certificate	Primipara	87	Normal vaginal

the other hand, primiparous women recorded fears of unknown, pain, harm, losing their unborn infants and death. Due to these and other factors, expectant women diagnosed with severe fear of childbirth often prefer caesarean section(CS) [23,24,25]. However, the encouragements and knowledge disseminated during pre-birth trainings improve their self-efficacy [1,6,26].

From the extensive review of literature, midwife-led integrated pre-birth training and its impact on fear of childbirth lacks adequate data especially in developing countries. Therefore, this study aims to create an understanidng on the impact of midwife-led integrated pre-birth training in reducing the fear of childbirth among expectant women.

Methods

This was a qualitative interview study with a descriptive design. It was part of an extensive study being conducted in Samburu county-Kenya on the influence of integrated prenatal education on fear of childbirth among women of reproductive age. Kenya is a developing country located in East Africa. Study participants were recruited with the guidance of the larger study. Initial assessment of childbirth fears utilized Wijma Delivery Expectancy/Experience Questionnaire (W-DEQ) version A, a validated tool used to measure fear of childbirth [27]. Those who had a score of ≥66(n = 113) [28] were recruited to intervention groups and asked to submit their willingness to participate in the study. This would be one month after giving birth. Among them, 72 expectant women consented.

Data collection

Interviews were conducted between 15th December 2019 and 17th January 2020. Eligible women for the study received a call from the first author who reminded them about the interview. A date and time for the interview was communicated to each participant. All the interviews were conducted in Swahili language and auto recorded. All the participants agreed to participate in the interview when coming for the postnatal clinic within the above data collection period. The first and fourth authors conducted the interviews with the help of an interview guide. Open-ended questions employed in the study aimed to obtain respondent's thoughts, perceptions, and experience from pre-birth training. Also, they were asked about their future expectations of childbirth.

The duration of the individual interviews was between 18 and 35 minutes with an average of 25 minutes. Data collected was completed after 33 individual interviews when no new/unique insights were emerging [29].

Data analysis

The collected data was analysed by the first and fourth authors using thematic analysis [30], a method that arguably offers an accessible, theoretically flexible and straightforward approach to analysing qualitative data [31]. The analyses consisted of several steps: the initial text was read through several times and discussed at length with the intention of familiarizing with the collected data, followed by assigning preliminary codes to the text to describe the content that reflected the key messages of the interviews. The next step was searching for patterns or themes in the preliminary codes across different interviews. The identified themes were later reviewed, defined, and named.

Ethical considerations

Prior to the start of the interviews, all the study participants

Table 2
Overall theme, themes and sub-themes.

Overall theme: Midwife led pre-birth training promoted constructive disposition and enhanced trust in the process of giving birth.	
Themes	Sub-theme
Significance of midwife-led pre-birth training	The training handled my shame and guilt The midwife understood me without judgement The training sessions were more practical than theoretical
Significance of interactive conversations	The midwife gave useful medical advice in all sessions The conversations were open, informative and real The training was integrated
Adapting to procedures for improved childbirth experience	Professional support beyond pregnancy and childbirth Individualized psychologic/obstetric support Improved assertiveness towards childbirth

consented orally. The first and fourth authors informed the participants of the purpose of the study and guaranteed confidentiality of their data. The possibility of withdrawing from the study anytime was also ensured. The Jaramogi Oginga Odinga Teaching and Referral Hospital Ethical Review Committee (JOOTRH/ERC.1B/VOL.1/69) approved the study.

Results

Among the selected, 33 women participated in the study; 16 primiparous and 17 multiparas. Among them, 70% (n = 23) were married. Seven women had primary education, 10 secondary educations, 13 had a college diploma, and three had university degrees as indicated in Table 1.

The explored data mainly described the women's views and experience of midwife-led integrated pre-birth training and its impact on fear of childbirth. The overall theme 'Midwife-led pre-birth training promoted constructive disposition and enhanced trust in the process of giving birth' was generated and it was segmented into three themes and nine sub-themes as indicated in Table 2. Each of the theme and its subsequent sub-themes are explained below.

Theme 1: Significance of midwife-led pre-birth training

All participants acknowledged the contribution of midwife-led pre-birth training in reducing severe fear of childbirth. This theme generated three sub-themes, which are in the form of participants' comments;

The training handled my shame, guilt, and fears

Multiparous women acknowledged that the pre-birth training adequately addressed their shame and fears. Due to experience sharing during the pre-birth training sessions, they related to other women that had similar experiences in their previous pregnancy.

> *"I feel happy that I am not alone in this……I have lived a life of shame, guilt and fear since my first pregnancy" (R5,).*

For the primipara, they mentioned that the training made them feel safe, thus reducing the uncertainty among them.

The midwife understood me without judgement

Approximately 85% (n = 29) of the respondents noted that the midwife who attended to them during the pre-birth training was understanding, caring, sympathetic and considerate. They mentioned that they felt comfortable as the midwife listened to them without judgment. They appreciated trainers' professionalism when listening to their stories, worries, anxieties, and concerns about childbirth.

> *"The trainers were very understanding, professional and caring. They were able to listen without judging any of us. They treated us as human beings during the training." (R1).*

The training sessions were more practical than theoretical

The women acknowledged that the pre-birth training sessions contained real-life examples that made it relatable. The midwives used visual aids, videos, role-plays, and practical examinations, which made the participants more apprised with the entire process of labour and delivery. The training sessions consisted of a tour to maternity and delivery rooms, with step by step explanation on what happens at each point, and what is expected of the expectant women. Primiparous women revealed that health facility tours gave them more confidence and a sense of security.

> *"I was particularly impressed by the study tour to maternity and delivery rooms. The midwife was able to explain to us exclusively about what happens at each section. This was very useful to me." (R19).*

Theme 2: Significance of interactive conversations

Study participants noted that their constructive engagements and conversations with midwives about pregnancy, labour, and delivery were useful. This theme generated three sub-themes.

The midwife gave useful medical advice in all sessions

Participants noted that the midwives gave useful medical advice both in their one on ones, and as a group. Also, the midwives were willing to have personalized conversations after the training. These interactions greatly reduced the misconceptions, myths, and unnecessary worries about childbirth. The midwives would also give referrals for specialized medical attention to expectant women that experienced maternal health challenges.

> *"They were very professional. They gave medical advice to us all and those who needed specialized medical attention were referred to a medical specialist who can handle them." (R13).*

The conversations were open, informative and real

It was noted that the facilitators of the pre-birth training preferred an open dialogue methodology. This method would allow participants to express their feelings, stress factors, and anxiety within a safe space. In that regard, the trainers understood the common issues, which facilitated their objectives within the entire training period. As a result, both the women that opened up and them that did not received insightful advice. Their self-esteem, excitement, and anticipation for a positive childbirth experience were enhanced.

> *"I am a shy person, but I gained a lot of information from the open conversations." (R32).*

The training was integrated

Due to the integration of the training, the participants gained useful insights beyond pregnancy and childbirth. The participants

acknowledged several topics covered including health in pregnancy, birth and breathing exercise, breastfeeding, care for the new-born, post-partum period, family planning, personal hygiene, and sanitation. Furthermore, the interactions between primiparous and multiparous women affirmed the goal of these sessions. The training topic mentioned above were integrated so as to tackle all aspects of pregnancy.

> *"This was a special training. A part from gaining insights about how to tackle my childbirth fears, I also learned a lot about how to take care of myself and my baby". (R18).*

Theme 3: Adapting to procedures for improved childbirth experience

The third theme was about the management of prenatal fear of childbirth beyond the midwife-led pre-birth training. Three sub-themes were identified within this theme.

Professional support beyond pregnancy and childbirth

Study participants reported that after successful completion of the pre-birth training, the midwives assured them of continued monitoring and follow-ups. They were given a list of available medical professionals to contact within the hospital in case of any maternal complications.

> *"They assured us that we can still seek professional help from the hospital even after the end of the pre-birth training. Different medical professionals were introduced to us during the training; therefore, I am hopeful that in case of any complication, I can be helped." (R11).*

Individualized psychologic/obstetric support

The participants also noted being introduced to a medical psychologist and gynaecologist that were willing to support them in case of any complications before and after birth. They reported that through these training sessions, they obtained crucial information about childbirth complications. Also, they acknowledged the development of trust in the healthcare system, thus reducing their worries and concerns about childbirth.

> *"They have instilled confidence in us by even allowing us to have medical psychologists to help us even after delivery. I now have more confidence." (R30).*

Improved assertiveness towards childbirth

The participants noted that midwife-led pre-birth training improved their assertiveness towards childbirth. Their changed attitudes led some to prefer having more children naturally. Also, compared to before the pre-birth training, most women had developed confidence in the childbirth process. Factually, most participants that had preferred caesarean section as a mode of delivery before enrolling in the training had already changed their preference to natural delivery. This change was perhaps due to the elaborate information that was shared during the pre-birth training sessions.

Discussion

The overall purpose of this study was to explore women's experience of midwife-led integrated pre-birth training and its impact on the fear of childbirth. To the best of our knowledge, this was the first qualitative study on this topic to be undertaken in Kenya. We found that midwife-led pre-birth training of women with high fear of childbirth promoted constructive disposition and enhanced trust in the process of giving birth. The interviewed women expressed their satisfaction in this training.

The study participants noted that the midwives understood them without prejudice as they offered practical skills on handling their pregnancy, their anticipations, general fears, and anxieties. This stimulated a feeling of serenity and composure, thus reducing their childbirth fears to manageable levels. Similar studies have indicated such programmes to reduce women's anxiety during pregnancy and labour [1,32].

A common statement from the women interviewed was that the midwives who were training them were professionally knowledgeable which enabled them to gain knowledge that dispelled or alleviated fears associated with pregnancy and childbirth more so to the women in this study who had high fear of childbirth before enrolling in the pre-birth training. Similar studies have noted that professional support by healthcare professionals has been found to be significant in dispelling fears associated with pregnancy and childbirth [33]. The sessions were able to dispel some rumours, myths, and misconceptions about pregnancy and childbirth thereby making them more assertive when facing labour and childbirth. This shows that midwife-led pre-birth training increases women's self-control, confidence, and self-efficacy. These findings agree with similar studies conducted in other areas [8].

Additionally, besides the medical and technical resources from the training, expectant women's emotional well-being during and after pregnancy was assured. Also, it included opportunities for professional consultations and meetings with diverse social support groups. From other studies evaluated, these interactions and social support are noted to ease expectant women's fears of childbirth [10,34].

The interviewed women learnt how to develop labour-related self-reliance, labour pain perseverance, and how to implement relaxation techniques. The gained knowledge enabled them to develop their self-confidence, which enabled them to have a positive childbirth experience. Similar studies have indicated that comprehensive prenatal education would greatly improve the childbirth experience among fearful expectant women [8].

From the results, there was a reduction in the fear of childbirth among severely affected women, especially due to specific topics that were covered by cognitive behavioural therapists. This intervention enhanced self-confidence among the women who had a high fear of childbirth. The training also emphasized on active coping strategies. These findings agree with similar studies conducted in Sweden [35].

Also, pre-birth trainings offered a complementary approach to fear management, which equip expectant women with effective ways of coping with pain. This has been found to be true in other studies [2]. Therefore, there exists a possible reduction on the rates of caesarean section, thus increasing preference for vaginal births especially among primiparous women. This finding is in agreement with a study by Saisto et al. [12].

Methodological considerations

In the method section, detailed information has been given regarding the study settings, materials, sampling and data analysis. This information is essential in proving the validity and applicability of the study findings. Several interviews were conducted until new insights were exhausted considering the demographical diversity of the study participants. A detailed description of the data collection and analysis process ensured the dependability of the study findings. The investigators upheld neutrality and objectivity to ensure the confirmability of the study findings.

The study has some limitations. It has been critiqued that qualitative research methodology does not intend to explore causal relationships. Instead, it provides an understanding of the phenomena of interest. Also, the selection of participants was limited to those who visited the hospital and were screened for fear of childbirth.

Conclusion

In this study, women revealed that midwife-led integrated pre-birth training directly improved their certainty on childbirth process. The sharing of relevant and evidence-based knowledge facilitated this

journey. Cultivating women's confidence in their capability to cope with normal physiological and emotional challenges during labour is crucial for these trainings. The interviewed women developed readiness and confidence, which enhanced their resistance to vulnerability associated with the process of childbirth. As a result, most women that preferred caesarean section due to fear, changed their preference to natural mode of delivery.

Funding

None.

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