



## QUALITATIVE APPROACH ABOUT PERCEPTION RELATED TO FEAR OF CHILDBIRTH IN PRIMIGRAVIDA AND PRIMIPAROUS WOMEN.

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### Abstract

**Background:** Pregnancy is a God gifted natural phenomena experienced by a woman in her reproductive age. Fear related to childbirth caused by many factors experience by a woman in a society. This fear is termed as Tokophobia. The aim of this study was to explore the perception related to fear of childbirth in primigravida and primiparous women.

**Method:** A qualitative exploratory research design used and semi structure interviews among 15 primigravida and primiparous women were conducted in Gynecological department of Shaikh Zayed Hospital Lahore.

**Results:** Researcher proposed six themes and twelve sub themes on the participant's experience with fear of childbirth: (1) Fear of birth (fear of labor pain, fear of birth process), (2) Fear of life (Maternal life, fetal life), (3) Emotional changes ( positive aspects, negative aspects), (4) Lack of knowledge about birth process( lack of facilities, overburden of patients), (5) Childbirth preparation ( Ambivalent feelings, fear related to mode of birth), (6) Privacy ( social privacy, expectations for privacy maintenance.

**Conclusion:** Fear of childbirth is caused by multiple factors accompanied by feelings of solitariness, ambivalence, society pressure and fear related to health of newborn baby.

**Key words:** Fear of childbirth, Primigravida, Primiparous, Ambivalent

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**DOI:** 10.53555/ecb/2024.13.05.12

## Introduction

**Pregnancy** is a God gifted natural phenomena, personally experienced by a woman in her reproductive age naturally started from 15 years up to 49 years. It is not only associated with the positive consequences but also have negative aspects that are associated with the some kind of complexity during the process healthy pregnancy is based on the following crucial events: fertilization of egg and development of embryo, morphological changes in the endometrium for the implantation of blastocytes, followed by three trimesters period (Zhang and Wei 2021).

**Childbirth** is not a static yet a continuous process starting with fertilization of egg till the delivery of fetus. It is a life changing and most cheerful moment in the life of parents. Childbirth is accomplished by a vaginal delivery that is gifted by the God as a natural process and in case of any complication it lead towards caesarian section. (Osman, El-Adham and Elrefaey 2021).

**First pregnancy** that is experienced by a woman in her reproductive age is known as primigravida and after childbirth called Primiparous. First childbirth is a source of physical, mental and emotional changes accompanied with social stress in Primiparous women. (Khamehchian, Adib-Hajbaghery et al. 2020).

At the time of childbirth, majority of **Pregnant women** experience negative feelings due to labor pain, complications during pregnancy, privacy issues, and other changes in all system of the body this fear is known as **Tokophobia**. Sometimes, abortion is requested by a women who experienced this unwanted and sudden fear (Johnson, Kumar G et al. 2019). Childbirth is an endangered condition during which a pregnant woman fights for her life. During first child birth, a woman felt intense fear due to lack of knowledge, guidance and improper healthcare services. Experience of first successful birth decrease the intensity of fear in second childbirth. (Munkhondya, Munkhondya et al. 2020). In some cases emotional distress is present in primiparous due to improper management of pregnancy this may result in fetal and mother complications. In pregnancy time period fear is related to pregnancy termination fear, carrying a defected fetus, fear, and mother fear of not a best parent. Fear during pregnancy, anxiousness and feelings of depress in a mother is also cause of preterm birth and underweight newborns. (Hassanzadeh, Abbas-Alizadeh et al. (2020).

If fear in pregnancy is increased, it can lead to prolong labor and complications such as pregnancy induced hypertension and gestational diabetes mellitus which increase the risk of C- section (Dencker, Nilsson et al. 2019).

**Past negative experience** of childbirth is also the main reason for elective cesarean. When women have fear about the complications of childbirth, delivery and not proper knowledge about benefits of vaginal delivery and the major complications of c-section, they prefer to c-section, only for the reason that they would not bear the labor pain. All of these reason, they also prefer c section. (Eide, Morken and Bærøe 2019). No doubt, in many circumstances c- section proves lifesaving procedure for both mother and child, however, it may cause certain unfavorable results which may leads to postpartum complications of c section. Postpartum is defined as a period that begins after delivery and lasts for six weeks during which uterus and other physiological changes of the body return toward its normal condition. As there is increasing demand of c-section all around the world, various strategies are making to uplift vaginal delivery. (Suwanrath, Chunuan et al. 2021)

**Previous study** showed childbirth fear among primiparous women was the major cause of elective c-section. According to systematic literature analysis, the frequency of Tokophobia in Primiparous women worldwide was 14%, and in another study this fear was declared about 16% in novice women who have no child, and 12% fear of childbirth in those women who have multiple children in her marriage life. (O'Connell, Khashan and Leahy-Warren 2021). Safari's study on fear and anxiety of childbirth on Jordanian Muslim women reported that, there was 40% fear of delivery process among pregnant women, and fear of pain was 67%, and dying fear during childbirth was 28%. Some studies had reported that fear of an abnormal baby was 22%; 18% feared of medical interventions, and the fear of male doctor in labor room during childbirth was 10%. Pakistani women also have same cultural issues during childbirth. These factors are more prominent in primiparous women. (Kurji, Shaheen et al. 2017).

Past studies declared that many factors are involved in the fear of childbirth in pregnant women such as; previous complicated delivery, maternal factors, family support, lack of education, marriage in younger age, and Primiparous women. (Khwepeya, Lee et al. 2018) The study was conducted perception about childbirth fear among primiparous women.

### Research objectives:

To explore the perception related to fear of childbirth in primiparous women.

### Research Query:

What is perception of primigravid and primiparous women regarding fear of childbirth?

### Significance of the study:

The study will conduct to explore the feelings of primigravid and primiparous women about the fear of delivery. The study will be beneficial for health care providers to know what is the basic reason behind this fear and how to minimize the negative consequences of the childbirth fear. By providing proper counseling sessions, Tokophobia can be reduced among primiparous women.

### METHODOLOGY

A qualitative exploratory research design was used to explore the perception related to childbirth fear in primigravid and Primiparous women.

The study was conducted in Shaikh Zayed Hospital Lahore, Gynecological department.

Duration of the study was approximately six months. And conducted after synopsis approval from research ethical committee.

The study target population was primigravid and Primiparous women in Gynecological department of shaikh Zayed hospital Lahore.

The study sample size was 12 to 15 participants on the base of data saturation

The purposive sampling technique has been used for interviews.

Primigravid women during their third trimester of pregnancy, and Primiparous women who have delivered recently irrespective of age, was included in this study that has been conducted in shaikh Zayed hospital Lahore.

- Multigravida and Multiparous women
- Primigravid in third trimester with complications (placenta previa, placenta abruption, molar pregnancy etc.) was excluded.

We have followed given guide lines of institutional review board during conducting the research.

- The rights of research participants were respected.
- The participants received a written informed consent.
- Confidentially was kept in mind during research.
- There was no risk or disadvantage of this study for participants.

- The participants were informed that they have freedom to withdraw at any time during the process of the study.

Data was collected from Primigravid and Primiparous women in the form of open-ended questions. The semi-structured interviews were developed on the basis of hurdles and provoking factors of the childbirth fear in Primigravid and Primiparous women.

Interviews guidelines were simple definition, terms and interlink ideas. A pen, notebook, and a recorder were the part of data collection procedure. A face-to-face semi-structure interview was conducted from participated members in this study duration of interview was 20 to 30 minutes per participant. They were allowed to take a break if they need. To make interview effective, accuracy has been checked in term of reliability, integrity and generalizability. Conformability was checked through repeating questions back to participants. All interview and discussion voices were tape recorded for full transcription.

Information was recorded with the help of recording device during interview. Details that given by the study participants were also be written in the form of notes. All facts were changed into English. The precision and extensiveness of this field notes was checked. Relevant words were labeled as coding process. After bringing several codes collectively and describe connections with them. Themes were extracted from field notes and categorized into subthemes then into main themes. Thematic analysis was followed in this research. Biasness or personal encouragement was eradicated by providing rational. Voice recorded data was converted into written form.

The level of confidence in data, interpretations and methods used to admire the standard of a study is trustworthiness. In this study four criteria used for developing trustworthiness of a qualitative study: credibility, dependability, confirmability and transferability. In 1995 authenticity was also included as component of trustworthiness. These are following:

**Credibility:** In research finding, the quality of believe that can be replaced in the truth.

**Dependability** refers to the dependence of data over time and conditions.

**Conformability** is the accuracy, relevance and affirmation of data between two or more independent people.

**Transferability:** The extent to which research findings can be applied in various settings.

**Authenticity:** Genuineness and faithfulness of reality in the study is Authenticity.

## RESULTS AND ANALYSIS

This chapter provides an overview of the characteristics of the participant and the findings of the study. A qualitative study was conducted to explore perception of fear among primiparous women about child birth. The analysis of interview conducted from primiparous women generated 6 initial themes 1. Fear of birth. 2: Fear of life. 3: Emotional changes. 4: Lack of knowledge about birth process. 5: Child birth preparation.6: Privacy. Along with 12 subthemes: 1: Fear of labor pain 2: Fear of child health.3: Maternal life fear. 4: Fetal life fear 5: Positive expect of emotion. 6: Negative expect of emotion. 7: Lack of facilities. 8: Overburden of patient. 9: Ambivalent feelings. 10: Inconsistent role of health care provider.11: Social privacy.12: Expectation for privacy maintenance.

### Theme 1 Fear of Birth:

Fear is the word we use to describe our emotional reaction to something that seems dangerous. A woman who has no previous experience of childbirth experience a morbid fear of delivery called Tokophobia, irrespective of age of woman. Fear of birth is increasingly recognized as a clinical issue today.

### Fear of Labor Pain:

Pain is not a comfortable and pleasant feeling and labor pain is one of the most intense pains. Contraction of uterine muscle causes intense cramping in the groin, abdomen and back. One of the reasons for preferring C-Section is the fear of labor. Fear of pain disturbed the women's strength and ability to deal with the pain.

As one participant stated, "This pain was not bearable. It was a severe pain" (Participant 5)

Another participant said, "On pain scale it was 10. Because it was very painful and first experience also cause fear" (Participant 6)

### Fear of Birth Process:

The ultimate goal of pregnant woman is to achieve a healthy baby at the end of pregnancy but for this, they have to face the delivery process, which causes fear and disturbance in primiparous women, when they do not have sufficient knowledge and guidelines about the birth process. Because something that is new causes more stress.

As one participant said, "I feel fear about birth process. How I deliver the baby this frightened me" (Participant 5)

Another participant stated, "It was fear too because I was unaware of everything. I did not know what will happen? How it will be. So, it was fear of what will be next and how it will be". (Participant4)

#### 4.1. Demographic Characteristics of the Participants

Variables	No of Participants	Percentage
<b>Gender</b>		
Female	15	100%
<b>Age</b>		60%
20 – 25	09	40%
25 – 30	06	
<b>Qualification</b>		
Inter	06	40%
Bachelor	06	40%
Master	03	20%
<b>Occupation</b>		
Student	02	13%
Employ	10	67%
Housewife	03	20%

#### 4.2 Main Theme and Sub Theme

Theme	Sub Theme
Fear of birth	Fear of labor pain Fear of birth process
Fear of life	Maternal life Fetal life
Emotional Changes	Positive aspects Negative aspects
Lack of knowledge about birth process	Lack of facilities Overburden of patients

Child birth preparation	Ambivalent feeling Fear related to mode of birth
Privacy	Social privacy Expectation for privacy maintenance

**Theme 2 Fear of life:**

Every person battle with fear in life, the conditions and situations might be different for all, like the fear of not being healthy, smart or confident in coming life. But the most common fear a pregnant woman face is the fear of her own life and fear of baby life.

**Maternal life fear:**

Although pregnancy is a natural process and it ends on delivering of baby. Complications or complexities can be arisen during the childbirth process, which keep on frightening the women when she was delivering. Overwhelming thoughts arise about life and death, either she alive or not after delivery. One of the participants said; *‘Fear was about death or life, do or die. At that time, it was also the fear that will I survive or not? In many cases the women get end after delivery. They get die due to any reason or due to negligence of doctors.’* (P4)

**Fetal life fear:**

A pregnant woman faces not only physical but emotional changes to achieve a healthy baby. The fear of fetal life keeps on revolving in the mind until she successfully achieves a healthy and active baby. A pregnant woman changes her lifestyle and diet just for the sake of baby health and fear of not being having a healthy, active and mentally fit baby continuously disturb her. One of participant said; *I was just praying that the baby should be normal like a healthy baby, I was just praying that the baby is healthy, whatever happens later will be seen.’* (P8)

**Theme 3 EMOTIONAL CHANGES:**

Emotions are psychological and physiological changes in the body associated with positive and negative experiences. Emotions are interlinked with thoughts, feelings, and actions. During pregnancy ambivalent feelings are highly observed. Emotional changes take place because of hormonal imbalance. Common concerns like vomiting, irritating behavior, anxiety, aggression, mood swings are experienced by pregnant women during their pregnancy.

**Positive Aspects:**

Emotional instability has positive impact as well as negative impact upon pregnancy

Feeling happy and calm energizing the healthy pregnancy while feeling depressed and sad stimulate unhealthy pregnancy. Mood swings continue to exist throughout the pregnancy

One of the participants stated; *“Mixed emotions last throughout the pregnancy. Sometime you are feeling low and sometime you are feeling better”.* (P2)

Another participant stated; *“Happiness was that baby was going to deliver. One member will be added in our lives. Our life will be completed.”* (P4)

**Negative Aspects:**

A pregnant woman desires more attention during her pregnancy which causes irritability and aggression when not properly attended by her family specially by her husband.

One participant stated; *“Emotional changes were severe. At the same time, you want to cry and smile. Aggression is a major factor in my pregnancy. When the things were not happened according to my desire so I get aggressive”.* (P2)

Another participant said; *“At the same time, I become happy and angry. I used to cry when my husband did not give me attention due to overload of work”* (P1)

**Theme 4 lack of knowledge about birth process:**

Knowledge about birth minimizes the fear in pregnant women and provide them to control the fear of childbirth process. Knowledge about childbirth process makes the pregnant women ready for gestational, labor, birth and early postdelivery management. Lack of knowledge about birth process can lead towards many negative aspects during pregnancy and delivery. In this study fear about birth process have been seen among most of the participant, due to lack of knowledge. One of the participants stated; *“No one informed me well about birth process. Yes, it was fear too. Because I was unaware of everything. I did not know what will happen? How it will be? So, it was fear of what will be next and how it will be.”* (P4)

**Communication gap:**

Effective communication is very essential to provide proper and accurate information to the patients. Therapeutic communication among patient and doctors reduces the fear about their

health. Similarly, ineffective communication provokes the fear of childbirth in primigravida. As one participant stated that; *"I was expecting that at last I will be counseled properly. If .... I felt that during this phase, if no one could satisfy me, it was doctors or nurses. If they were properly guided me .... I felt, I could not get that guidance which I expected"*. (P8)

#### **Over burden of patients:**

Especially in Gynecology department; due to patient overload doctors have no enough time to provide sufficient information about childbirth process to each client. This overburden has an impact on their behavior towards patient. As participant stated; *"As concern of the attitude of the staff, they have to check a lot of patients; which effects their attitude. As you can imagine by yourself"*. (P4)

Another participant said; *"I want to say that health care professionals should care about the patient because they had already depressed and stressed. They should listen all the concerns and then provide guidance. I think health care provider can guide in better way than the mother"*. (P2)

#### **Theme 5 Childbirth Preparation:**

Childbirth also termed as labor or delivery. Basically, it is the time of completion of pregnancy and a woman is going to deliver a baby either through vaginal delivery or c-section. At the last of third trimester preparation for the birth of the child are in full swing. A woman has to be prepared mentally and physically to become a mother.

#### **Ambivalent Feelings:**

Mixed type of feelings is termed as ambivalent feelings. During third trimester ambivalent feelings were found among primigravida. These feelings may be happy or sad. As a participant stated; *"Mostly I had mixed type of feelings. Happiness and fear both were present"*. (P8)

Another participant stated; *"When I entered in the third trimester, there was also a sense of happiness that I was entering for the first time in such a long-term pregnancy. Apart from that, the only feeling was fear. And this pressure was building inside me."* (P7)

#### **Fear related to mode of birth:**

In the last weeks of pregnancy, thought about the mode of birth are circulating in the mind. These thoughts become an element of fear. Sometimes a woman wants a normal delivery process, but the doctors tell her to have c-section, so this also cause anxiety for her. As participant said; *"There was a*

*little depression, I mean...I wanted to go through A natural procedure means normal delivery, but doctors know better, they said that you have to go for c-section, so I depressed a little bit."* (P7)

In some cases, a pregnant woman prefers c-section due to the fear of labor pain. Participant stated that; *"Doctors said to me that normal delivery could be possible, if you could not bear labor pains than we will prefer c-section. So, I said that c-section is right because I can't bear even light pain"*. (P1)

#### **Theme 6 Privacy:**

Privacy is the right of individual to be kept separate from the interruption of other people. During pregnancy, childbirth and postpartum period privacy is one of the main concerns of a pregnant woman. Maintenance of privacy provides mental satisfaction to a during labor.

#### **Social Privacy:**

Pregnancy develops a social distance in most of the pregnant women due to a change in their body image. As stated by a participant; *"It was odd itself that people will see me. I used to avoid to go outside, mostly"*. *Because I felt odd to be in people outside. It was because of body changes and Prominent belly. I used to feel shy."* (P4)

#### **Expectation for Privacy Maintenance :**

Pregnant women expected health care provides to deal them with empathy, understand their condition and maintain their privacy; *"Privacy issue was a lot. I did not know how they will treat me, how they will examine me. It was fear inside me. There was no privacy. I was exposed. They were examining me the presence of all the patients. I was expected for a separate room for physical examination"*.

#### **DISCUSSION**

The present study is conducted to explore the **Perception related to fear of childbirth in primiparous and primigravida**. For this purpose, the researcher conducted 15 interviews from primiparous and primigravid women in Gynecology Department of Sheikh Zayed Hospital, Lahore. After data collection themes were analyzed. Researcher determined six major themes which are; **Fear of Birth, Fear of Life, Emotional Changes, Lack of Knowledge about Birth Process, Childbirth Preparation and Privacy**.

In this study Fear of birth was common in all participated mothers. Fear of birth was about fear of labor pain and fear of birth process. Most of the participants preferred C-Section for deliver due to intense fear of labor pain. According to a study conducted in Iran, primiparous women stated that

labor pain as the most terrible pain that they have ever experienced in their lives (Khomehchian, Adib-Hajbaghery et al. 2020). In another study fear of childbirth process in primiparous women was also seen as stated that childbirth process is a great source of stress that make them worry and develop fear of childbirth in them. (Lebni, Farahani et al. 2021).

In this study fear of life has been explored in pregnant woman. Researcher identified not only fetal life fear but also maternal life fear exists among participated pregnant women. This fear lead towards stress that may result in complication during childbirth. One participant of the study said that: *"fear was about death or life, do or die. At that time, it was also the fear that will I survive or not?"* (P4) Another study supports this view as participant said that: *"I became more stressful as I was worried about both myself and my baby."* (Aktaş and Aydın 2019) .

To fulfill the desire of having a baby, a woman undergoes the complicated process of pregnancy. When she feels fear about fetal life than everything gets disturbed in her life during antenatal period that become more stressful situation. Participant said that: *"I was just praying that baby should be normal like a healthy baby"*. (P8). Fear of fetal life exist in primiparous woman as evidence by a previous study participant who stated that: *"They were arguing with each other, I was scared to be distracted during the examination and my baby would die and they would not understand."* (Kazemi, Masoumi et al. 2020) .

This current study revealed that every pregnant woman experienced emotional changes during her pregnancy. Researcher identified the positive and negative aspects of emotions related to experience. Pleasant or unpleasant feelings create the paradoxical emotions that continue to exist throughout antenatal period. Pregnant women require intense need of emotional, spiritual, social and family support during their pregnancy. (Airo, Korja et al. 2018). One of the participants stated that: *"Mixed emotions last throughout the pregnancy. Sometime you are feeling low and sometime you are feeling better."* (P2). Similarly, another study also explored the same findings. Participant in their research said that: *"I experienced all the emotions that you can't imagine, once I was screaming, groaning, moaning, and crying and another time I was laughing"*. Every pregnant woman faces difficult time in her life but, to deliver a baby has become a cherish moment and a great blessing that suppressed all other worst feelings related to bear terrible pain, fear related to birth process, and fear

associated with maternal life. In this current study participant described that: *"Happiness was that baby was going to deliver. One member will be added in our lives. Our life will be completed."* (P4). Similarly previous study has also explored the same result, one participant's comment resonates with this current study. Participant said that: *"This made me able to tolerate the horrible pain when I taught my baby was going to be born at the end of labor pain"*. (Khomehchian, Adib-Hajbaghery et al. 2020).

Lack of knowledge about birth process was one of the causes of childbirth fear in participants founded in this study. There may be many reasons of lack of awareness in mothers as illiteracy, communication gap between doctors and patients, shortage of time due to overburden of patients as in Gynecology Department. It is also determined in previous studies as evidenced by a study that in spite of attending prenatal care visits, primigravid women did not get sufficient information about childbirth preparation. (Munkhondya, Munkhondya et al. 2020). In another study it is stated by primiparous women that *lack of awareness and lack of prior experience* were the reason of childbirth fear among them. (Ahmadi 2020).

When the childbirth phase is near pregnant women become more anxious. When they think about not only about their delivery but also the consequences of pregnancy, all of which creates a fear factor. In this current study mixed type of feelings was explored among primiparous at the end of pregnancy and near the childbirth. Participant experienced ambivalent feelings toward childbirth. Some participant stated their feelings of happiness and some explained about the fear feelings. Similarly in another study, ambivalent feelings are also explored from the participants. As one of their participants stated that; *"I think, pregnancy has pleasant and unpleasant senses for mother."* (Shahoei, Riji and Saedi 2011).

Lack of sleep, nervousness, irritation and other worst symptoms were also observed by participants. They wanted that delivery time to be slow and to get rid of this fear soon. In another study, it was also noted that participants wanted to pass their time slowly; as one participant stated; *"Now I am getting closer to the expected delivery date. I sometimes cried when I thought about it. As much as I wanted to see my baby, I really wish time would pass more slowly."* (Zeng, Yuan et al. 2023). In this current study, it was revealed that at the end of third trimester, mode of delivery has also become an anxious element among pregnant women. Most of our participants wanted normal mode of delivery. As one participant stated that; *"I*

wanted to go through a natural procedure means normal delivery". (P7) In another study, which had conducted in China, also revealed that most of the women were also upset when they think about delivery process as they would lose their control during childbirth. And some participants stated that natural mode of birth will be best. As one participant told that; "I want to give birth naturally as much as possible, because it's good for me and my baby". (Zeng, Yuan et al. 2023).

Some participants preferred C-section due to fear of labor pain, because this fear led to fear of losing control. As in previous study, fear of labor pain was also observed and explained by the participants. Participants preference was C-section due to the fear of labor pain.(Ahmadi 2020).

Privacy was the one of concerns of participated primiparous and primigravid women in this study. They were avoiding social interaction due to body changes as stated by most of the mothers. They further stated that they were also expecting to maintain their privacy during childbirth. According to a previous study participants stated that there should be proper physical space in health care clinics. (Salarvand, Mousavi et al. 2020). It is also indicated in a study that lack of privacy and improper condition of mothers during labor were source of childbirth fear.(Kazemi, Masoumi et al. 2020) .Mothers expected health care staff to maintain their privacy and to deal with empathy, determined in a study. It was also founded that social interaction with outsiders have negative effect on pregnancy.(Aksoy and Komurcu 2018).

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