

The Nurse's Role and Communication Strategies in Alleviating Fear and Anxiety During Pregnancy and Childbirth

Saemira Durmishi

Faculty of Public Health, University of Vlora, Albania

ABSTRACT

Introduction: Hospitals and health centers, as institutions that offer quality health services, take care to establish trust and open communication with patients, as well as to understand and protect the psychological and spiritual values of each patient. The preparation of the patient for natural birth as well as for surgical birth, both from the physical-medical and psychological side, is a necessity that is needed and gives positive results during and after the birth of the child.

Aim: To evaluate the knowledge of the nursing staff and the role that nurses play in calming the patient's fear during pregnancy and childbirth.

Methodology: This is a cross-sectional study conducted in the city of Vlora for a period of 2 years (December 2021 - December 2023). This study was conducted in 4 health centers and in maternity hospitals where over 700 questionnaires were distributed to pregnant women with open questions and direct interviews to evaluate the role of nurses and midwives in minimizing fear and anxiety during childbirth.

Results: A total of 735 women were studied, of which 215 were pregnant, and 520 gave birth during the study period. According to the collected data, it results that in 68% of pregnant women, sensitive and active education was carried out. 73% of nurses guarantee ethical-professional competencies and reliable and encouraging relationships are reported to be at the level above 80%. Only 53% identify the needs of the patient and provide sufficient information to 71% of the nursing staff. 54% use expressions and close communication, and only 16% of nurses cooperate with other health professionals. They guarantee good and hygienic conditions of the environment 84%, help to maintain social and family relations 74%, and use psycho-therapy to calm the fear and anxiety of almost 90% of nurses.

Conclusions: According to the results of the study, we say that the nurse's role in calming fear and anxiety during pregnancy depends on the knowledge he has about fear and anxiety, the tasks and role as a nurse, from which he will derive the right knowledge for implemented at the right time. It is important to improve the health education of nurses, starting from university curricula, continuing education, and various trainings.

*Corresponding author

Saemira Durmishi, Faculty of Public Health, University of Vlora, Albania.

Received: March 13, 2024; **Accepted:** March 18, 2024; **Published:** March 22, 2024

Keywords: Fear, Anxiety, Nursing Management

Women who face fear and anxiety during pregnancy and childbirth present a challenge to the Antenatal Care Clinics (ANC) team and delivery wards. Any woman who is pregnant for the first time and expresses a deep fear of childbirth should be offered professional care to help manage the pregnancy and ensure a positive and safe experience during the birth process [1].

Although pregnancy and childbirth are natural processes for most pregnant women, they are associated with significant physical and psychosocial challenges, which can increase women's sensitivity and vulnerability throughout their time. Even for women who have a low-risk pregnancy, it is common to experience high levels of anxiety, especially for women who are pregnant for the first time and facing childbirth [2]. Antenatal education should be at the center of attention by health personnel offering parents strategies for pregnancy, birth, and parenting [3]. Anxiety about childbirth (FOC) has the potential to have a significant impact on women's physical and mental health. Therefore, healthcare

professionals should provide proactive care, intervening before anxiety about childbirth turns into tokophobia [4]. A fear related to the birth process, expresses itself in various physical and spiritual forms, especially in the lack of ability to stay focused. This is often associated with a requirement for a cesarean section and is common in women experiencing labor for the first time [5]. Fear and anxiety about pregnancy and childbirth are common psychological concerns in pregnant women, and they are also the main reasons for seeking cesarean delivery [6].

Symptoms of posttraumatic stress during pregnancy (PTSS), fear of childbirth (FOC), and signs of depression are accompanied by various negative consequences during pregnancy, the birth process, and the postpartum period [7]. In recent years, there has been a growing interest in research into interventions aimed at reducing the fear of childbirth in pregnant women. One of the main challenges in midwifery care is to provide an appropriate model of care for pregnant women experiencing fear of childbirth [8]. Fear of childbirth (FOC) is classified into four different levels. Mild FOC is identified when a woman experiences mild anxiety

about the upcoming birth. Moderate FOC occurs when the stress is intense and the woman seeks external support to cope with it. Severe FOC is defined as a level of severe strain that may cause avoidance of pregnancy, avoidance of vaginal delivery, or further psychological problems. Tokophobia is the extreme of FOC, where the woman may refuse pregnancy and vaginal delivery, and even seek postponement or abortion as a responsible individual, the midwife has an important influence in counseling and caring for women during pregnancy, childbirth, and the postpartum period [9,10].

Getting professional help is one of the best options for identifying, and reducing symptoms and their triggers. This support is important both during pregnancy and in one's daily life after pregnancy [11].

The Purpose: of this study was to evaluate the role of nurses in alleviating fear and anxiety during pregnancy and childbirth.

Methodology

This is a cross-sectional study conducted in the city of Vlora for two years (from December 2021 to December 2023). The study was conducted in four Antenatal Care centers and in the hospital where over 400 questionnaires were distributed to pregnant women. All women were assessed through a semi-structured interview. In Albania, pregnant women receive care at the Antenatal Care Clinic (ANC), where treatment and consultations are free of charge and attended by about 100% of pregnant women. Usually, women make 8-10 visits with the mother and, if necessary, with the obstetrician. As the study group, all women who followed their pregnancy in the Antenatal Care Clinics and gave birth in the Public Hospital in Vlora were selected.

The questionnaire includes 12 questions related to sociodemographic data (age, marital status, number of births, mode of delivery, pregnancy complications, workplace, place of birth, diet, physical activity, tobacco use, height, and weight). The semi-structured interviews focused on the assessment that pregnant women made regarding the care and opportunities offered by the midwives of the Antenatal Clinics to reduce and minimize fear and stress during pregnancy and childbirth. To describe a "professional midwife", the main themes of the interviews included self-confidence, control, ethical-professional competence, experience, independence, communication, cooperation with other health professionals, promotion of normal birth, and motivation [12].

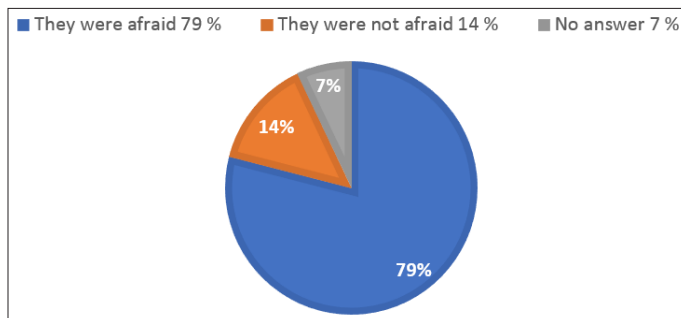
Results

A total of 435 women were included in the study, of which 320 were pregnant and 115 gave birth during the study period. In the data collection, some problems were identified by the women.

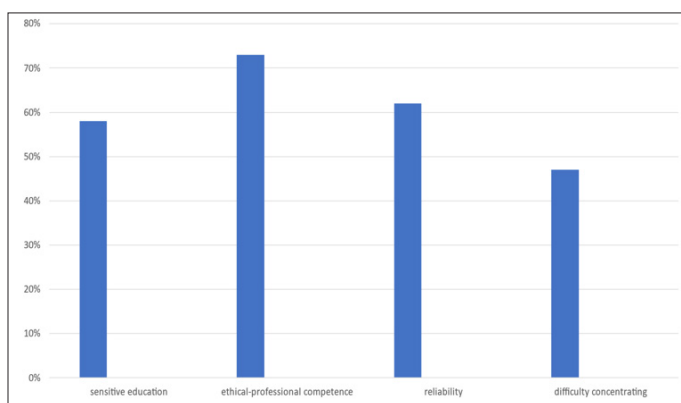
- 79% of women were afraid of the unknown and afraid to face pain.
- In 68% of cases, pregnant women benefited from sensitive and active education from consultant midwives.
- 54% Lack of concentration - 41% Nervousness
- 73% of nurses guaranteed ethical and professional competence to pregnant women.
- Trustworthy and encouraging relationships are reported to be at a level above 80%.
- 53% of nurses identified the patient's needs
- 71% provided complete information on the stages of labor
- 54% used correct expressions and communication
- 16% collaborated with other health professionals.
- 84% guaranteed good and hygienic environmental conditions.
- 74% helped in maintaining social and family relations.

- 71% used psychotherapy to calm the fear and anxiety of pregnant women

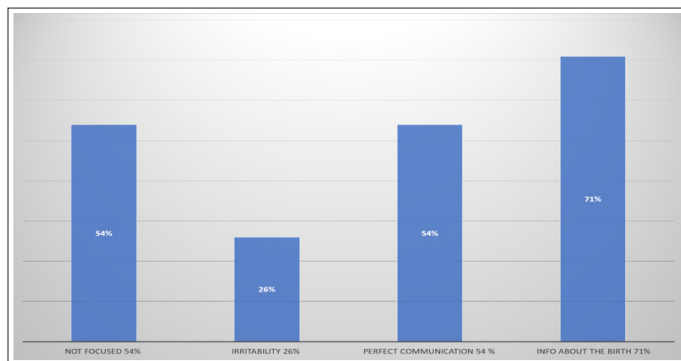
Graphic 1



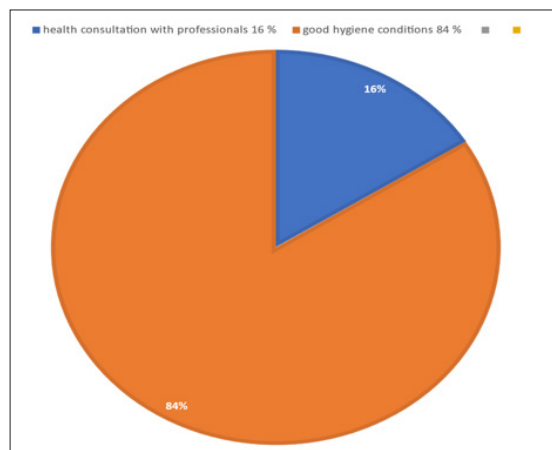
Graphic 2



Graphic 3



Graphic 4



The involvement of health centers and hospitals is essential to ensure quality health care for pregnant women. They must take care to establish a trusting and open relationship with patients, understanding their physical, psychological, and spiritual health needs. Preparing for birth, both natural and surgical, is an important process that requires thorough care and detailed information to alleviate potential fear and stress.

The role of the nurse is exceptional in providing appropriate care and support to pregnant women throughout pregnancy and delivery. Some ways the nurse can help include:

1. Emotional support: By being a calm and supportive presence, listening, and understanding the concerns of pregnant women, the nurse can help relieve fear and stress.
2. Detailed information: By providing complete and clear information about the pregnancy and birth process, the nurse can reduce fear and anxiety by making the experience more familiar and controllable.
3. Relaxation techniques: By teaching relaxation techniques such as deep breathing, meditation, or visualization, the nurse can help alleviate stress and tension during pregnancy and labor.
4. Pain management: By assisting with pain management during pregnancy and labor, the nurse can ensure that women feel more relaxed and comfortable.
5. Creating a calm environment: By providing a calm and supportive environment in the labor ward, the nurse can help alleviate stress and anxiety during the birth process. Overall, the nurse's role is multifaceted and includes providing personalized care and support to pregnant women throughout pregnancy and delivery. Their dedication to patient care is essential to ensuring a successful healthcare experience for women at this time in their lives.

Conclusions

The results from this study can be used to help: increase the awareness of health professionals (doctors, nurses, midwives) in antenatal care services about the mother's adaptation to pregnancy and the negative effects of fear of childbirth; guide future research examining factors influencing adjustment to pregnancy and fear of childbirth; establish routine assessments of adjustment to pregnancy and fear of childbirth; to provide professional support to women with difficulty adjusting to pregnancy and fear of childbirth; result in reduced complications from invasive methods such as cesarean section due to the smaller requirements for these procedures; and promote maternal and infant health. To study the role of the nurse in calming the fear and anxiety of a pregnant woman, the nurse must first have complete knowledge about fear and anxiety, from which he must derive his tasks about the situations of pregnant women who display these signs at every moment of them, and a little more in a woman who has to give birth surgically.

References

1. Sydsjö G, Bladh M, Lilliecreutz C, Persson A M, Vyöni H, et al. (2014) Obstetric outcomes for nulliparous women who received routine individualized treatment for severe fear of childbirth - a retrospective case control study. *BMC pregnancy and childbirth* 14: 126.
2. Zhou XL, Liu H, Li XH, Li F, Zhang SM, et al. (2021) Mediating effects of social support between antenatal depression and fear of childbirth among nulliparous woman. *Annals of palliative medicine* 10: 6399-6409.
3. Alizadeh Dibazari Z, Abdolalipour S, Mirghafourvand M

(2023) The effect of prenatal education on fear of childbirth, pain intensity during labour and childbirth experience: a scoping review using systematic approach and meta-analysis. *BMC pregnancy and childbirth* 23: 541.

4. Ibrahim HA, Alshahrani MS, Elgzar WTI (2023) Determinants of Prenatal Childbirth Fear during the Third Trimester among Low-Risk Expectant Mothers: A Cross-Sectional Study. *Healthcare Basel, Switzerland* 12: 50.
5. Kananikandeh S, Amin Shokravi F, Mirghafourvand M, Jahanfar S (2022) Factors of the childbirth fear among nulliparous women in Iran. *BMC pregnancy and childbirth* 22: 547.
6. Matinnia N, Faisal I, Hanafiah Juni M, Herjar AR, Moeini B, et al. (2015) Fears related to pregnancy and childbirth among primigravidae who requested caesarean versus vaginal delivery in Iran. *Maternal and child health journal* 19: 1121-1130.
7. Mäkelä T, Saisto T, Salmela Aro K, Miettinen J, Sintonen H, et al. (2023) Prenatal wellbeing of mothers, their partners, and couples: a cross-sectional descriptive study. *BMC pregnancy and childbirth* 23: 468.
8. Souto SPAD, Silva RCGD, Prata AP, Guerra MJ, Couto C, et al. (2022) Midwives' interventions for reducing fear of childbirth in pregnant women: a scoping review. *JBHI evidence synthesis* 2867-2935.
9. Bjørseth H, Vinnes Kvarme C, Lundgren I (2023) Norwegian midwives' experiences of encounter and support women with fear of childbirth during birth. *Sexual & reproductive healthcare : official journal of the Swedish Association of Midwives* 37: 100881.
10. Andaroon N, Kordi M, Kimiaei SA, Esmaeily H (2017) The effect of individual counseling program by a midwife on fear of childbirth in primiparous women. *Journal of education and health promotion* 6: 97.
11. <https://psikologuonline.al/ankthi-ne-shtatzani/>
12. Coşkuner Potur D, Mamuk R, Şahin NH, Demirci N, Hamlaci Y (2017) Association between fear of childbirth and maternal acceptance of pregnancy. *International nursing review* 64: 576-583.

Copyright: ©2024 Saemira Durmishi. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.