

**TOKOPHOBIA: AN OVERVIEW**

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**ABSTRACT**

Around 5-15% pregnant females are affected by Tokophobia, also known as maieusiophobia or parturiphobia, which is fear of childbirth. To some extent, it can be considered as a normal human phenomenon considering the painful and unpredictable experience but severe forms that affect the daily functioning of the woman are labelled as pathological forms of Tokophobia. It is a very specific and harrowing condition. It has been a difficult task to study the prevalence and impact of Tokophobia because of shortage of adequate psychological measurements. There is both an urgency and desirability for development of a multidisciplinary approach towards fear of childbirth due to its complexity and obstetric, anesthesiological, psychological and psychiatric implications. An improved etiological and developmental understanding of tokophobia is required to determine the onset and progression of the condition and underpin appropriate, effective and evidence-based interventions. Research in these areas is very sparse and further research is necessary, which can be done by focusing on the evaluation of the pathways of care and relevant interventions.

**KEYWORDS:** Tokophobia, Maieusiophobia, Parturiphobia, Phobia, Fear of Childbirth, Fear of Pregnancy, Psychometric Study, W-DEQ, NUPDQ, Labor Anxiety Questionnaire (KLPII), STAI scale.

**INTRODUCTION**

A phobia is an irrational fear and excessive reaction towards something that is less likely to cause any harm. Unlike general anxiety, phobia is connected with a specific cause (like a situation, place or object). On encounter with the source, one may experience panic and deep sense of dread, interfering with work, school and personal relationships.

Tokophobia (also known as maieusiophobia or parturiphobia) is insignificant to extreme fear of childbirth and/or pregnancy which can lead to avoidance of childbirth. Fear of childbirth, to some extent, can be considered as a normal human phenomenon considering the painful and unpredictable experience but severe forms that affect the daily functioning of the woman are labelled as pathological forms of Tokophobia. Around 5-15% pregnant females are affected by this phenomenon. Tokophobia can be of two types, primary and secondary.

A nulliparous woman having a morbid fear of childbirth can be classified as primary, whereas secondary tokophobia develops when a woman has a previous history of traumatic obstetrics events.<sup>[1]</sup>

Pregnancy is a major event in a woman's life, associated with various physiological, hormonal and emotional changes. The etiology of Tokophobia is multifactorial and can be associated with the predisposing factors in various different combinations. According to a recent study, there was moderate fear of childbirth in more than half of the study population (pregnant females) i.e. **53.4% study participants** and high/very high fear in **23.1% study participants**. In this study, **90% participants** were nulliparous, which might be a major contributing factor for such high prevalence.<sup>[2]</sup>

Some of the major factors are listed in Table 01.

**Table 01: Factors associated with tokophobia.**

1. Anxiety
2. Depression
3. Pre-existing psychiatric disorder
4. Interpersonal Relationships
5. History of abuse
6. History of previous traumatic obstetric event
7. First Pregnancy
8. Low Self-esteem

9. Worrysome Behaviour
10. Lack of support from family
11. Socio-cultural factors Witnessed/Heard Traumatic Obstetric Experiences of other women

It is important to recognize when a “general anxiety” or “worrysome behavior” assume a pathological dimension and change into “morbid fear” or a “deep sense of dread”. Various factors like fear of episiotomy, having no control over the situation, pain, fear of hospitals/needles/unkind or unprofessional medical staff, fear of being injured, etc. can contribute to deep sense of dread. Insufficient support can further compound to the experience.

Ante Natal Care (ANC) Profile comprises of various different tests for knowing the general health condition of the mother and the fetus and to determine whether there is any pathological condition interfering with the normal development. But is it not just the pathological conditions that concern us, it is important to shed some light on the psychological aspects as well.

It has been a difficult task to study the prevalence and impact of Tokophobia because of shortage of adequate psychological measurements. One of the first psychometric studies available is the Wijma Delivery Expectancy/ Experience Questionnaire (**W-DEQ**) which indicates that it seems to be possible to penetrate a psychological construct related to Tokophobia by means of the W-DEQ, both before and after delivery, in nulliparous, primigravid as well as in parous women. Another psychometric study that can be used during pregnancy to understand if pregnant women have fear or distress is the Sociodemographic Information Form, the Revised Prenatal Distress Questionnaire (**NUPDQ**). This might help in giving a better support to pregnant women.<sup>[3]</sup> A recent study included techniques like the present purposely designed questionnaire, Labor Anxiety Questionnaire (**KLPII**) to assess the severity of tokophobia and the state and trait anxiety in the study group. They also assessed the influence of sociodemographic factors such as age, level of education, medical education, place of residence, location at which delivery took place, occupational activity and financial status on the severity of tokophobia and situational anxiety using the State-Trait Anxiety Inventory **STAI scale**.<sup>[4]</sup>

Fear of childbirth is a challenge today, but has been often neglected. The age and financial status of the women are some of the major reasons contributing to the intensification of tokophobia. The increase in fear and involvement of the pathological dimension has a negative influence on the pregnant woman’s life, often leading to extension of the pregnancy, and motivates requests for cesarean section. Tokophobia may influence certain events during the pregnancy, some of them are listed in Table 02. During the postpartum phase, Tokophobia might affect the woman and may attribute to puerperal depression resulting in delayed bonding between the mother and the newborn and cause

difficulties in breastfeeding. Sometimes it may attribute to Post-traumatic stress disorder as well.<sup>[5]</sup>

**Table 02: Effect of tokophobia on pregnancy.**

- |                                    |
|------------------------------------|
| 1. Intrauterine growth retardation |
| 2. Low birth weight                |
| 3. Prematurity or Post-datism      |
| 4. Changes in the fetal heart rate |
| 5. Uterine Artery dysfunction      |

It is of utmost importance to identify woman at risk by psychological interventions and assess the level of fear, to identify the prevalence and to determine the risk factors for developing fear of childbirth. In a pregnant female having anxiety (prenatal), somatosensory amplification and state-continuous anxiety, it becomes crucial to carefully monitor her condition. According to a recent study, a weak positive correlation is found between the fear of childbirth and the sensitivity of anxiety and the amplification of somatosensory symptoms. With higher incidence of Tokophobia, anxiety sensitivity and somatosensory amplification increased significantly.<sup>[6]</sup> Professional psychological treatment (Psycho-education and CBT-based) is required to overcome the fear along with creating preventive and supportive environment for the woman. In a woman with increase negative emotions and fear levels, request for effective analgesia for labor pain relief, neuraxial techniques should always be available. According to a study that was conducted to observe the obstetric outcome in women given psychological and obstetric support, Psychosomatic support for women with severe Tokophobia resulted in a 50% reduction of caesarian section for psychosocial indications and vaginal deliveries similar to the reference group. It was observed that the cost of the psychosomatic support was comparatively less than the savings due to fewer Incidence of caesarian sections.<sup>[7]</sup>

Tokophobia is a very specific and harrowing condition. There is both an urgency and desirability for development of a multidisciplinary approach towards fear of childbirth due to its complexity and obstetric, anesthesiological, psychological and psychiatric implications.

A recent study suggested the use of W-DEQ tool with

- 1) Cut-off point of  $\geq 85$ , or a more thoroughly tested version
- 2) Or a three-point scale measurement of fear of childbirth using a single question as 'Are you afraid about the birth?'

According to this study, valid comparisons in research can be made using these techniques. Moreover, validation of a clinical tool or a psychometric study that is

more focused on Tokophobia alone, and easier than the longer W-DEQ, for women to fill in and clinicians to administer, is required.<sup>[8]</sup> Psychoeducative group therapy intended specially for primigravid women can be proven to be the most effective form of therapy. In addition to the obstetric assessment, its cornerstones should include hearing and supporting of the phobic female. For most women, proper therapy might help in encouraging them and help in abandoning their wish for cesarean section.<sup>[9]</sup>

A recent study conducted with an objective to provide a comprehensive review of the different types of interventions used to reduce the fear of childbirth in pregnant mothers, it was observed that psychotherapy intervention and education decreased FOC significantly.<sup>[10]</sup>

An improved etiological and developmental understanding of tokophobia is required to determine the onset and progression of the condition and underpin appropriate, effective and evidence-based interventions. To prevent the fear of childbirth, pregnancy training and prenatal preparation courses can be recommended to empower pregnant women. It can be beneficial to use psychotherapy approaches for women with tokophobia. Research in these areas is very sparse and further research is necessary, which can be done by focusing on the evaluation of the pathways of care and relevant interventions.

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