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| Testo di partenza  **NON TRADURRE LE PARTI EVIDENZIATE IN GIALLO** | Testo tradotto dal candidato | Spazio a disposizione del correttore | Penalità |
| **Fear of childbirth and associated factors among low-risk pregnant women** |  |  |  |
| **Introduction** |  |  |  |
| Pregnancy and delivery are unique biological processes that lead to series of distinct and predictive changes, both physiologically and psychologically. Combined with individual belief, experience, and personality, feeling of uncertainty and anxiousness about the anticipated delivery usually generates a distressing condition defined as fear of childbirth (FOC) (Wijma et al. 2009). The prevalence of FOC in western countries ranges from 8 to 27% (Toohill et al. 2014a; Lukasse et al. 2014). In a recent meta-analysis, pooled prevalence of FOC of 14% has been reported, however, with significant heterogeneity (O’Connell et al. 2017). |  |  |  |
| Many studies confirmed a relationship of FOC and several conditions such as voluntary infertility, obstetrics complications, operative vaginal delivery, increased analgesic use in labour, emergency or elective caesarean section, postpartum depression, post-traumatic stress disorder, and impaired maternal-infant relation (Fenwick et al. 2009). |  |  |  |
| Previous studies have reported several factors related to FOC, including maternal age, parity, gestational age, history of a vacuum or forceps extraction, previous caesarean section, previous adverse perinatal outcome, low education, low socio-economic level, psychiatric problems,  personality, lack of social support, and low self-esteem (Saisto and Halmesmaki 2003; Rouhe et al. 2009; Saimonka et al. 2012; Raisanen et al. 2014). |  |  |  |
| Evidence shows that psycho-education intervention by healthcare providers can lower the level of FOC. Hence, this intervention may reduce labour intervention and caesarean section rate (Toohill et al. 2014b; Fenwick et al. 2015; Klabbers et al. 2017). |  |  |  |
| Most studies about FOC were conducted in Scandinavian and European countries. Their population has different backgrounds, ethnics, religions, perceptions, and social structures from Thai women which may imply that the results are not applicable in a Thai population. Moreover, there is still limited information on FOC in Thai pregnant women. |  |  |  |
| Therefore, this study was conducted to investigate the prevalence of FOC among Thai pregnant women in Siriraj Hospital. In addition, possible associated factors were also evaluated. The results of this study will provide more information and insights on this issue and may lead to subsequent studies regarding FOC in Thai pregnant women such as a screening questionnaire for FOC or psycho-education intervention to lower the level of FOC in order to improve positive childbirth experiences in Thai population and possibly also lower the level of adverse obstetric outcomes. |  |  |  |
| **Methods** |  |  |  |
| After approval from the Siriraj Institutional Review Board (SIRB), a cross-sectional study was conducted at the Antenatal Care Unit, Department of Obstetrics and Gynaecology, Faculty of Medicine Siriraj Hospital, which is the largest university-based hospital in Thailand with approximately 8000 deliveries per year. During February and May 2017, a total of 305 low-risk, singleton pregnant women, whose gestational age were between 28 and 36 weeks were enrolled by simple random sampling. A sample size of at least 277 was required based on the prevalence of fear of childbirth of 13.3% from a pilot study, with 4% allowable  error and at 95% significance level. Exclusion criteria were women with any medical or obstetric complications such as diabetes, hypertension, preeclampsia, etc., women with history of psychiatric diseases, such as anxiety or depression, etc. |  |  |  |

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