

# “A Comparative Study to Assess Effectiveness of Birth Preparation Instructions for 1st Stage of Labor on Level of Fear and Anxiety among Primigravida and Multigravida Women Undergoing Labor Process in Selected Hospitals.”

Dr. Sujata Sawant<sup>1\*</sup>, Ms. Megha Londhe<sup>2</sup>, Ms. Snehal Daware<sup>2</sup>, Ms. Vaishanvi Satpute<sup>2</sup>, Mr. Atharva Kale<sup>2</sup>

<sup>1</sup>Principal Dr. D. Y. Patil Institute of Nursing Education, Pimpri, Pune

<sup>2</sup>TYGNM Students Dr. D. Y. Patil Institute of Nursing Education, Pimpri, Pune

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## ARTICLE INFO

## ABSTRACT

**Background:** The health of nations depends on the health of women. Pregnancy and child birth are special events in women's lives and indeed, in the lives of their families. This can be a time of great hope and joyful anticipation. Child birth is one of the greatest events in every woman's life, especially among primigravida mothers. Pregnancy is the vital event in the life of a woman, it needs special attention from the time of conception to the postnatal stage, every pregnancy is a unique experience for that women and each pregnancy the women experience will be new and adequately different.

**Objective:** The main objective of the study was to assess the effect of birth preparation instructions on fear and anxiety among women during 1<sup>st</sup> stage of labour & to compare the level of fear and anxiety among primigravida and multigravida women.

**Methodology:** This was an experimental study, which followed Two Group Pre Test Post Test study design. Was conducted over a period of 3 months. Study involved selection of samples considering inclusion & exclusion criteria. 60 samples were selected and assigned to primi gravida and multi gravida group. Pre Test was conducted using tool, Birth Preparation instructions were provided and Post Test was conducted.

**Results:** The results of the study revealed that, all the primigravida mothers had severe fear during 1st stage of labour. 13.3% of multigravida mothers had moderate fear and 86.7% of them had severe fear during 1<sup>st</sup> stage of labour. All the primigravida mothers had severe anxiety during 1st stage of labour. 76.7% of multigravida mothers had moderate anxiety and 23.3% of them had severe anxiety during 1st stage of labour. In pretest, all the primigravida mothers had severe fear during 1st stage of labour. In posttest, all of them had mild fear. In pretest, 13.3% of the multigravida mothers had moderate fear and 86.7% of them had severe fear during 1st stage of labour. In posttest, all of them had mild fear during 1st stage of labour. This indicates that the fear among primi and multigravida mothers reduced remarkably after birth preparation instructions. In pretest, all the primigravida mothers had severe anxiety during 1st stage of labour. In posttest, all of them had mild anxiety during 1st stage of labour. In pretest, 76.7% of multigravida mothers had moderate anxiety and 23.3% of them had severe anxiety during 1st stage of labour. In posttest, all of them had mild anxiety during 1st stage of labour. This indicates that the anxiety among primi and multigravida mothers reduced remarkably after birth preparation instructions.

**Conclusion:** The study concludes that the birth preparation instructions has remarkably reduced fear and anxiety among primi gravida & multi gravida women.

**Keywords:** Assess, Effectiveness, Birth Preparation Instructions, Primigravida, Multigravida.

## INTRODUCTION

**“Birth takes a woman’s deepest fears about herself and shows her that she is stronger than them.”**

Pregnancy is a major physical, psychological as well as a social event in every woman’s life. Instead of being joyful and exciting, pregnancy may become a worrisome event in few women and these fears may assume a pathological dimension and becomes a medical disorder worth recognition and treatment. It is understandable that women may have some apprehension because of lack of experience and upcoming responsibilities of motherhood. Increasing awareness and education may make them knowledgeable and at the same time apprehensive regarding the morbid accompaniments of labour. Some amount of fear is rational and acceptable. Majority of women are able to cope up with these fears and anxieties by self-help efforts, social support and help of medical attendants.<sup>1</sup>

Pregnancy is a normal physiological process. Pregnant women go through significant physiological changes during this time in order to nourish and host the developing foetus and prepare for labour.<sup>2</sup>

Saving mother’s life is a global aim as the health of mothers has long been considered as cornerstone of public health and attention. Safe motherhood encompasses a series of initiatives, practices, protocols and service delivery guidelines designed to ensure that women receive high-quality gynaecological, family planning, prenatal, delivery and postpartum care in order to achieve optimal health for the mother, fetus and infant during pregnancy, childbirth and postpartum. The ways to achieve safe motherhood include skilled attendance at all births, access to quality emergency obstetrical care, access to quality reproductive health care including family planning and safe post-abortion care.<sup>1</sup>

Anxiety is defined as “apprehension without apparent cause”. It is a normal emotional state that we all experience at different times in our life. It is usually associated with anticipated fear of something that might happen in future. Anxiety is a psychological and physiological state characterized by cognitive, somatic, emotional and behavioral components.<sup>3</sup>

Childbirth education classes allow the expectant mothers to spend time with all childbearing women who were experiencing the same fears and discomforts for the upcoming labour and delivery. Peoples were joining childbirth education classes because they want to become oriented about the events (labour and delivery) and they want to make the moment as much as possible comfortable and valuable both for the mother and for the newborn. There were different theories governing the childbirth methods. Through the theories states all different childbirth methods were promoting comfort and relaxation and making the event a less stressful and fulfilling experiences. Childbirth preparation includes management of pain, anxiety and stress among antenatal mothers, which was the common principle of childbirth education. To replace fear of unknown during delivery with understanding and confidence of labour process Dick Read programme provide information on labour and birth as well as nutrition, hygiene and exercise.<sup>4</sup>

Childbirth is a new experience to the primigravida mothers. Childbirth for some women is a joyous relationship of hopes, together with an accelerated feeling of fears and anxieties whether the baby will be normal and healthy.<sup>5</sup>

The health of the nation is often judged by the health of mothers and infants. Thus, mothers play an indispensable role in the health of any nation. The process of childbirth is a life changing journey in every woman’s life. Though considered as the happiest moment of her life, the same has many levels of adaptations at her personal level. The pressure of physical, physiological changes and the financial needs may affect the outcome of birth. Fear, Pain and Anxiety is a triad which plays important role in the labour process. Therefore, the childbirth preparation for the labour process is also considered as an important aspect of the process.<sup>6</sup>

## BACKGROUND OF THE STUDY

A quantitative study was conducted with an aim of determine level of stress among women during pregnancy as there are many changes that occur during the pregnancy period. The level of anxiety in primigravida women is severe level of anxiety (80.9%). Meanwhile, multigravida women have a moderate level of anxiety (56.1%). The “Fear of childbirth score” were divided into quartiles. Those with score above the 50 % (score of 4 and above) were considered to have a fear of childbirth. The mean “Fear of childbirth “score was found to be 4.54+-1.91. Fear of childbirth score were found to be significantly higher among teenage mothers, nulliparous women, primigravida, and those with no living children.<sup>7</sup>

A qualitative study was also carried out to trigger a thought process among the group of researchers to provide an intervention during labour process in the form of birth preparation instructions and to check the effect of this one-to-one interaction and presence during entire labour process with selected women undergoing labour process on the level of fear and anxiety.<sup>8</sup>

A cross-sectional study in Kenya was conducted, aimed to determine the prevalence of fear of childbirth (FOC) among gravida women receiving routine antenatal care. Results showed 29.5% with low, 40.4% with moderate, 22.1% with high, and 8% with severe FOC levels. Primigravida had a higher prevalence of severe FOC (13.8%) compared to multigravida (8.0%). Marital status, parity, literacy, regular check-ups, trust in healthcare providers, and physical activity were significant factors influencing FOC. The study suggests addressing these predictors during prenatal sessions to effectively manage childbirth fears before delivery.<sup>9</sup>

## RESEARCH METHODOLOGY

Objectives of the study were:

- ❖ To assess the level of fear and anxiety among primigravida and multigravida women during 1<sup>st</sup> stage of labour.
- ❖ To evaluate the effect of birth preparation instructions on fear and anxiety among primigravida and multigravida women during 1<sup>st</sup> stage of labour.
- ❖ Compare the level of fear and anxiety among primigravida and multigravida women during 1<sup>st</sup> stage of labour before implementation of birth preparation instruction.
- ❖ To find out association between fear and anxiety of 1<sup>st</sup> stage of labour among primigravida and multigravida women with selected demographic variables

The research approach adopted for this study was a mixed approach. The research design adopted was two group pre-test post-test design. A pre-test was conducted using demographic questionnaire & Fear of Child Birth Questionnaire for fear & State Trait Anxiety Inventory was used to assess level of anxiety related to child birth. After pre-test Birth Preparation Instructions were delivered & later Post Test was conducted using same tool.

### SETTING:

Setting of the study was Dr. D. Y. Patil Hospital

### SAMPLE

In this study 60 samples were used comprising 30 primigravida and 30 multigravida women.

### SAMPLING TECHNIQUE

Non probability Purposive Sampling Technique was used.

### SAMPLING CRITERIA

#### Inclusion criteria:

- Women who are admitted to the selected setting in pre-labour area.
- Women who are willing to participate and able to read and write Marathi, Hindi or English.
- Women who are in latent phase of labour will be considered for enrolment.
- Women who are willing to be part of the study will be enrolled.
- Uncomplicated cases considered for vaginal birth only will be enrolled.

#### Exclusion criteria:

- Women who were admitted in active phase of labour.
- Women with medical, surgical or psychiatric disorders.
- Women who are not willing to participate in the study.
- Women who are not able to read, write or speak Marathi, Hindi or English.
- Women admitted for planned or emergency caesarean section.

### DESCRIPTION OF THE RESEARCH TOOL

**Section: I** Demographic variables

**Section: II** State Trait Anxiety Inventory Scale (STAI) and Fear of Childbirth Questionnaire (FCQ)

**Section III:** Birth Preparation Instructions.

#### SCORING FOR STAI:

- ☐ Score 4 to 1 was given for (negative)
- ☐ Score 1 to 4 was given for (positive)

#### SCORING FOR FCQ:

- ☐ Score 3 to 0 was given for (worried)
- ☐ Score 0 to 3 was given for (confidence)

## ETHICAL CONSIDERATION & DATA COLLECTION:

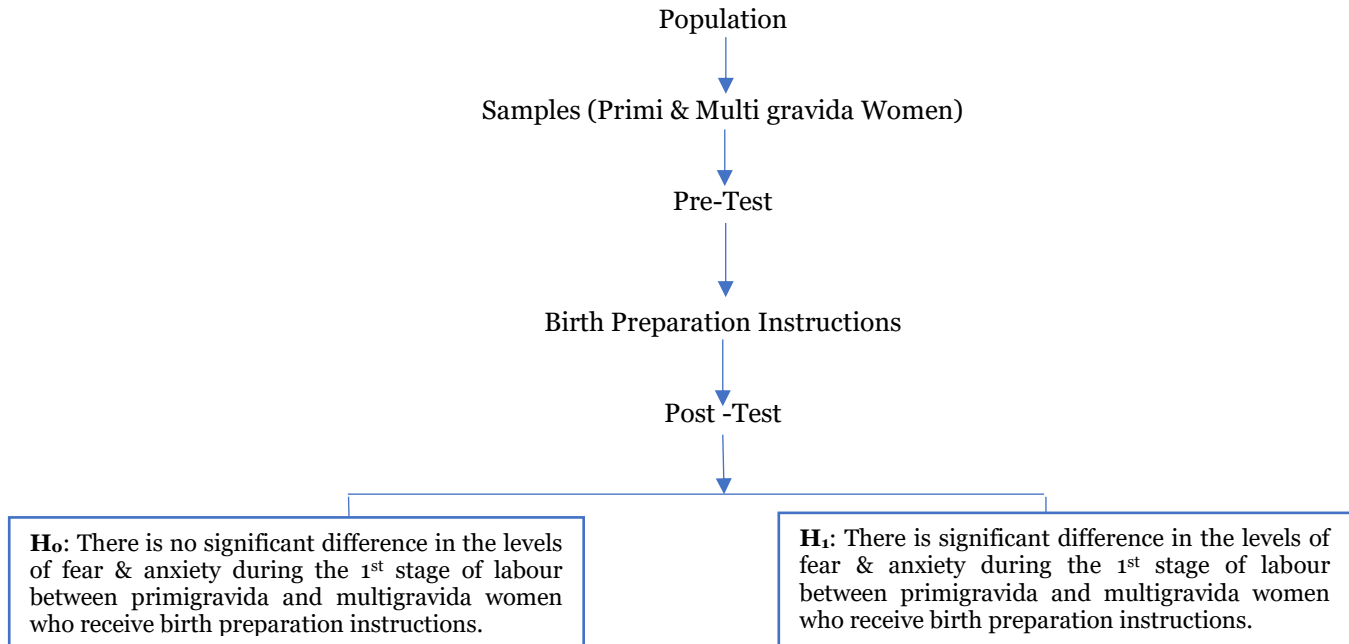
### Ethical Consideration

The research study was conducted after the approval from Institutional Ethics Committee via letter No: 3024 dtd. 30.01.2024 from Dr. D. Y. Patil Institute of Nursing Education, Pimpri, Pune - 411018

### Data Collection

A formal permission was obtained from Dr. D. Y. Patil Hospital, Pimpri Pune. Objectives of the study were discussed and consent for participation in the study was obtained for participants. The investigator assured the subjects about the confidentiality of the data. The investigators administered the questionnaire.

#### SCHEMATIC REPRESENTATION OF RESEARCH PROCESS



**Fig. 1:** Schematic diagram showing procedure for data collection.

Figure 1 depicts the step by step procedure followed during the study for collection of data.

### Data Analysis

Descriptive and analytical statistics were done. The data is represented in mean and standard deviation. The association of the level of anxiety and fear was done with selected socio-demographic variables was analysed by Fisher's exact test. The independent sample t-test and paired sample t-test were used to check to mean differences. The level of significance was kept at  $p < 0.05$ . The software used was SPSS Software.

**Table 1: Description of samples (primi and multi gravida mothers) based on their personal characteristics in terms of frequency and percentage**

N=30, 30

Demographic variable	Primigravida		Multigravida	
	Freq	%	Freq	%
<b>Age in years</b>				
18-22	11	36.7%	0	0.0%
23-27	13	43.3%	5	16.7%
28-32	6	20.0%	18	60.0%
Above 33	0	0.0%	7	23.3%
<b>Education</b>				
Primary	1	3.3%	1	3.3%
Secondary	4	13.3%	11	36.7%
Graduate	19	63.3%	12	40.0%
Post graduate	6	20.0%	6	20.0%
<b>Type of family</b>				
Nuclear	11	36.7%	20	66.7%
Joint	19	63.3%	9	30.0%

Extended	0	0.0%	1	3.3%
<b>Any history of past medical illness</b>				
Yes	0	0.0%	0	0.0%
No	30	100.0%	30	100.0%
<b>Do you practice any techniques to reduce anxiety</b>				
Yes	4	13.3%	0	0.0%
No	26	86.7%	30	100.0%

Table 1, describes the demographic details of the samples involved in the study in terms of frequencies & percentages.

**Table 2: Description of samples (primi and multigravida mothers) based on their obstetric characteristics**

**N=30, 30**

Obstetric variable	Primigravida		Multigravida	
	Freq	%	Freq	%
<b>Number of gravida</b>				
Primigravida	30	100.0%	0	0.0%
Multigravida	0	0.0%	30	100.0%
<b>Any history of abortion</b>				
Yes	6	20.0%	6	20.0%
No	24	80.0%	24	80.0%
<b>Any history of infertility</b>				
Yes	1	3.3%	0	0.0%
No	29	96.7%	30	100.0%
<b>Any complications in previous birth</b>				
Yes	0	0.0%	0	0.0%
No	30	100.0%	30	100.0%
<b>Number of living children</b>				
One			17	56.7%
Two			13	43.3%
<b>Is birth companion present for the current labour process</b>				
Yes	0	0.0%	0	0.0%
No	30	100.0%	30	100.0%

**Table 3: Analysis of data related to fear among primigravida and multigravida mother during 1st stage of labour**

**N=30, 30**

Fear	Primigravida		Multigravida	
	Freq	%	Freq	%
Mild	0	0.0%	0	0.0%
Moderate	0	0.0%	4	13.3%
Severe	30	100.0%	26	86.7%

Table 3 shows that, all the primigravida mothers had severe fear during 1st stage of labour. 13.3%the multigravida mothers had moderate fear and 86.7% of them had severe fear during 1<sup>st</sup> stage of labour.

**Table 4: Analysis of data related to anxiety among primigravida and multigravida mother during 1st stage of labour**

**N=30, 30**

Anxiety	Primigravida		Multigravida	
	Freq	%	Freq	%
Mild	0	0.0%	0	0.0%
Moderate	0	0.0%	23	76.7%
Severe	30	100.0%	7	23.3%

Table 4 shows that, all the primigravida mothers had severe anxiety during 1st stage of labour. 76.7%the multigravida mothers had moderate anxiety and 23.3% of them had severe anxiety during 1st stage of labour.

**Table 5: Analysis of data related to the effect of birth preparation instructions on fear among primigravida and multigravida mother during 1st stage of labour****N=30, 30**

Fear	Primigravida				Multigravida			
	Pretest		Posttest		Pretest		Posttest	
	Freq	%	Freq	%	Freq	%	Freq	%
Mild	0	0.0%	30	100.0%	0	0.0%	30	100.0%
Moderate	0	0.0%	0	0.0%	4	13.3%	0	0.0%
Severe	30	100.0%	0	0.0%	26	86.7%	0	0.0%

Table 5 reveals that during pretest, all the primigravida mothers had severe fear during 1st stage of labour. In posttest, all of them had mild fear. In pretest, 13.3% of the multigravida mothers had moderate fear and 86.7% of them had severe fear during 1st stage of labour. In posttest, all of them had mild fear during 1st stage of labour. This indicates that the fear among primi and multigravida mothers reduced remarkably after birth preparation instructions.

**Table 6: Analysis of data related to the effect of birth preparation instructions on anxiety among primigravida and multigravida mother during 1st stage of labour****N=30, 30**

Anxiety	Primigravida				Multigravida			
	Pretest		Posttest		Pretest		Posttest	
	Freq	%	Freq	%	Freq	%	Freq	%
Mild	0	0.0%	30	100.0%	0	0.0%	30	100.0%
Moderate	0	0.0%	0	0.0%	23	76.7%	0	0.0%
Severe	30	100.0%	0	0.0%	7	23.3%	0	0.0%

Table 6 depicts that during pretest, all the primigravida mothers had severe anxiety during 1st stage of labour. In posttest, all of them had mild anxiety during 1st stage of labour. In pretest, 76.7% of the multigravida mothers had moderate anxiety and 23.3% of them had severe anxiety during 1st stage of labour. In posttest, all of them had mild anxiety during 1st stage of labour. This indicates that the anxiety among primi and multigravida mothers reduced remarkably after birth preparation instructions.

**Table 7: Paired t-test for the effect of birth preparation instructions on fear among primigravida and multigravida mother during 1st stage of labour****N=30, 30**

Group	Timepoint	Mean	SD	T	df	p-value
Primi gravida	Pretest	9.1	4.2	67.4	29	0.000
	Posttest	57.8	1.2			
Multi gravida	Pretest	15.8	7.0	29.3	29	0.000
	Posttest	57.4	1.8			

Table 7 reveals that paired t-test was applied for assessing the effect of birth preparation instructions on fear among primigravida and multigravida mother during 1st stage of labour. Average fear score among primigravida mothers in pretest was 9.1 which increased to 57.8 in posttest. T-value for this test was 67.4 with 29 degrees of freedom. Corresponding p-value was small (less than 0.05), hence the null hypothesis is rejected & it is evident that the fear among primigravida mothers reduced significantly after birth preparation instructions.

Average fear score among multigravida mothers in pretest was 15.8 which increased to 57.4 in posttest. T-value for this test was 29.3 with 29 degrees of freedom. Corresponding p-value was small (less than 0.05), the null hypothesis is rejected. It is evident that the fear among multigravida mothers reduced significantly after birth preparation instructions.

**Table 8: Paired t-test for the effect of birth preparation instructions on anxiety among primigravida and multigravida mother during 1st stage of labour****N=30, 30**

Group	Timepoint	Mean	SD	T	df	p-value
Primi gravida	Pretest	24.7	2.3	97.9	29	0.000
	Posttest	77.0	1.7			
Multi gravida	Pretest	42.7	8.9	21.1	29	0.000
	Posttest	77.4	1.9			

Table 8 shows that paired t-test was applied for assessing the effect of birth preparation instructions on anxiety among primigravida and multigravida mother during 1st stage of labour. Average anxiety score among

primigravida mothers in pretest was 24.7 which increased to 77 in posttest. T-value for this test was 97.9 with 29 degrees of freedom. Corresponding p-value was small (less than 0.05), the null hypothesis is rejected. It is evident that the anxiety among primigravida mothers reduced significantly after birth preparation instructions. Average anxiety score among multigravida mothers in pretest was 42.7 which increased to 77.4 in posttest. T-value for this test was 21.1 with 29 degrees of freedom. Corresponding p-value was small (less than 0.05), the null hypothesis is rejected. It is evident that the anxiety among multigravida mothers reduced significantly after birth preparation instructions.

**Fig 2: Analysis of data related to the comparison of fear and anxiety among primigravida and multigravida mother during 1st stage of labour before implementation of birth preparation instruction=30, 30**

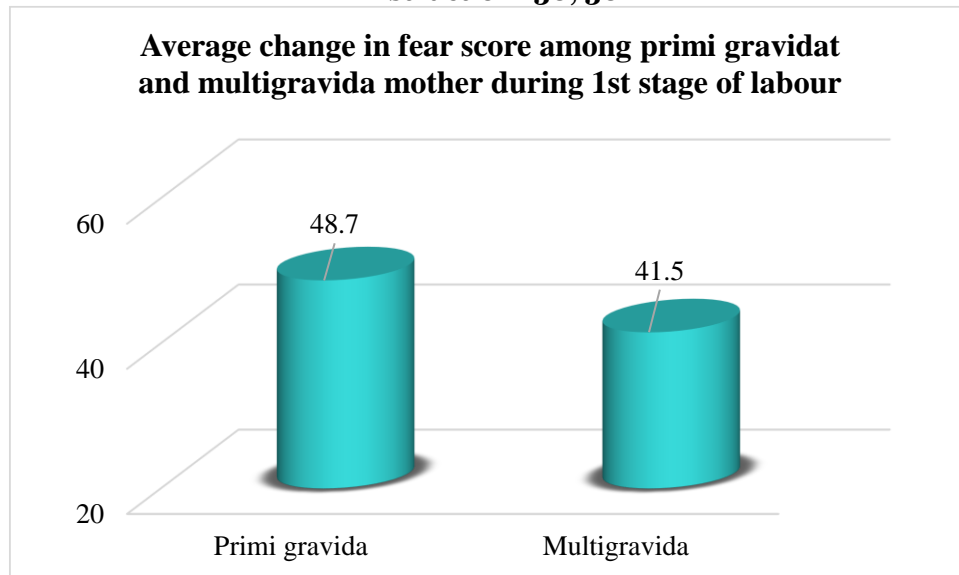


Figure 2 shows that, two sample t-test was applied for the comparison of effect of birth preparation instructions on fear among primigravida and multigravida mother during 1st stage of labour. Average change in fear score among primigravida mothers was 48.7 which was 41.5 in posttest. T-value for this test was 4.5 with 58 degrees of freedom. Corresponding p-value was small (less than 0.05), the null hypothesis is rejected. Average change in Fear score in Primi mothers was significantly more among primigravida mothers as compared to multigravida mothers. It is evident that the fear among primigravida mothers reduced significantly more after birth preparation instructions.

**Fig 3: Two sample t-test for the comparison of anxiety among primigravida and multigravida mother during 1st stage of labour before implementation of birth preparation instruction N=30, 30**

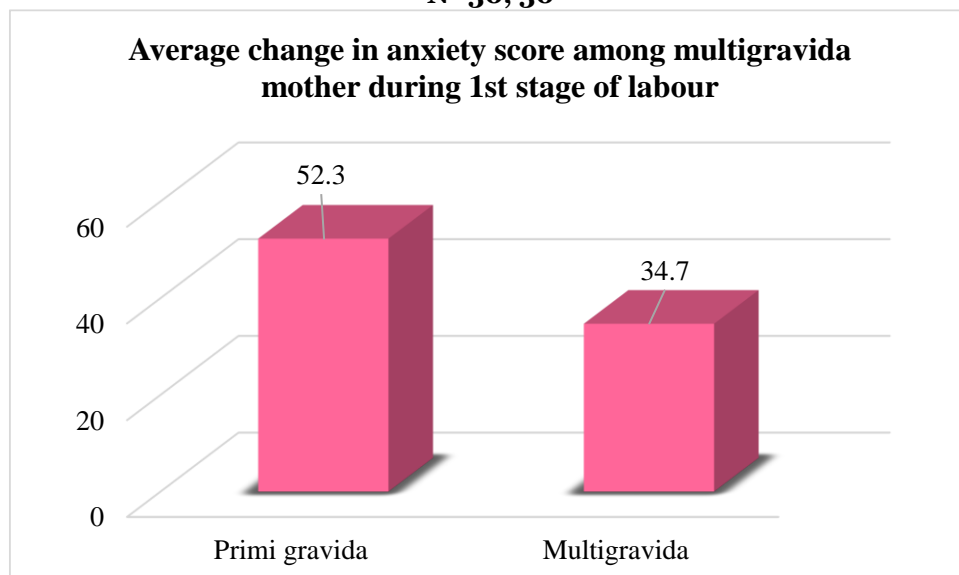


Figure 3 shows that, two sample t-test was applied for the comparison of effect of birth preparation instructions on anxiety among primigravida and multigravida mothers during 1st stage of labour. Average change in anxiety score among primigravida mothers was 52.3 which was 34.7 in posttest. T-value for this test was 10.2 with 58

degrees of freedom. Corresponding p-value was small (less than 0.05), the null hypothesis is rejected. Average change in anxiety score in Primi mothers was significantly more among primigravida mothers as compared to multigravida mothers. It is evident that the anxiety among primigravida mothers reduced significantly more after birth preparation instructions as compared to multigravida mothers.

**Table 11: Fisher's exact test for the association between anxiety & fear of 1st stage of labour among multigravida mothers with selected demographic variables**

**N=30, 30**

Demographic variable		Anxiety			Fear		
		Moderate	Severe	p-value	Moderate	Severe	p-value
Age	23-27	4	1	0.842	1	4	0.218
	28-32	13	5		1	17	
	Above 33	6	1		2	5	
Education	Primary	1	0	0.893	1	0	0.069
	Secondary	9	2		2	9	
	Graduate	9	3		0	12	
	Post graduate	4	2		1	5	
Type of family	Nuclear	13	7	0.083	3	17	1.000
	Joint	9	0		1	8	
	Extended	1	0		0	1	
Any history of past medical illness	Yes	6	0	0.290	0	6	0.557
	No	17	7		4	20	

Table 11 shows that, all the p-values were large (greater than 0.05), therefore none of the demographic variables were found to have significant association with the anxiety & fear of 1st stage of labour among multigravida mothers.

## DISCUSSION

In current study the subjects were primigravida and multigravida women. A pre-experimental pre-test post-test design was chosen for this study. Total 60 samples participated in the study. The data for pre-test was collected using Demographic Questionnaire, State Triad Anxiety Inventory (STAI) and Fear of Childbirth Questionnaire (FCQ). Birth preparation instructions were then administered to the study samples & post test was conducted on the same day to assess effectiveness of birth preparation instructions.

Similarly a cross-sectional study conducted in Ahvaz, southwest of Iran with an aim to compare fear of childbirth, and childbirth self-efficacy among primiparous and multiparous women. The study was conducted on 200 pregnant women (100 primiparous and 100 multiparous women) who had been admitted to the maternity ward of hospitals affiliated to Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran. The instruments used for data collection included a demographic questionnaire, Delivery Fear Scale (DFS), Spielberger's State-Trait Anxiety Inventory (STAI), and Childbirth Self-Efficacy Inventory (CBSEI). The data were analysed by chi-square test and independent t-test. Also, the univariate general linear model was used by adjusting for the socio-demographic and obstetric characteristics that were considered as possible confounding variables. Findings of the study revealed, a mean score of DFS in primiparous women was significantly higher than that of multiparous women. The mean of the overall score of childbirth self-efficacy of primiparous women was significantly lower than that of multiparous women.<sup>10</sup>

The mean score of the outcome expectancies and self-efficacy expectancies was significantly lower in primiparous women compared with multiparous women. There was no statistically significant difference between the two groups in terms of the mean score of STAI. After adjusting for possible confounding variables, the differences between the two groups in terms of fear of childbirth scores, overall childbirth self-efficacy score and self-efficacy expectancies remained significant. Based on the data analysis, the high fear of childbirth and low childbirth self-efficacy in primiparous women compared to the multiparous women, the researchers recommended, appropriate interventions to be adopted by health care providers in order to reduce fear and improve childbirth self-efficacy in primiparous women.<sup>10</sup>

## CONCLUSION

The results of the study revealed that birth preparation instructions were found to be effective in improving the level of fear and anxiety among primigravida and multigravida women. Women had significant improvement in level of fear and anxiety.

Hence, it is undoubtedly concluded that the written prepared material by the investigator in the form of birth preparation instructions helped the women to reduce their level of fear and anxiety during 1<sup>st</sup> stage of labour.

Since it is cost effective can be included as routine for women experiencing labour pain for reducing fear and anxiety among them.

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**AUTHORS' CONTRIBUTION:** All the authors have contributed to the planning, implementation and analysis of the research study and its presentation in the form of the manuscript.

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