Assessment of the fear of Delivery among Women at Labor

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Abstract

Objective: To assess the fear of laboring women regarding the delivery on themselves and their newborns.

Methodology : A descriptive study was conducted on (100) pregnant women who where admitted to labor room in Al- Yarmock Teaching Hospital/Maternity Units, Fatima Al- Zahra and Ibn-Al Baladi Maternity and Pediatric Hospital. The questionnaire was consisted of pregnant women socio-demographic data, reproductive data and fear items of labor. Data were collected by using a questionnaire format, through interview technique and reviewing pregnant records, descriptive and inferential statistical procedure were used to analyze the data.

Results: The main results of the study revealed a high mean of scores with moderate (RS) in women's fear regarding labor on her self (labor difficulties ,dying during labor, labor pain related to uterine contractions, prolonged labor, fear of being left alone, fear of episiotomy, and exposure to infection) And on their newborn in (delivery of unhealthy or abnormal newborn ,newborn death during or after delivery, head dystocia, fetal asphyxia, and exposure to cold and infection). The findings also presented significant differences between women's fear regarding labor on themselves and socio demographic and reproductive variables in (age, education, residency, socioeconomic status, history of abortion, pregnancy &delivery complications), and on their newborn in (age, education, type of family .gravidity, parity, history of abortion, &pregnancy complications).

Recommendation: Educational program can be designed to orient the pregnant women toward physiological and psychological changes during pregnancy, labor & delivery process and Initiation of prenatal education classes in primary health care centers. **Key wards** : Fear of labor, fear of delivery, psychology of labor and activity.

Introduction

The process of maternal adaptation to pregnancy is completed as a woman prepares her self to experience labor , to give birth ,and to take on maternal role .A woman typically has fears and worries about the process of labor and birth, these fears are understandable .(1)

The woman s' emotional status before and during labor is the final influence on the progression of the birth process .If a woman is frightened ,anxious , or upset ,her psyche can actually alter the normal physiologic process of labor and birth. It is hypothesized that high level of catecholamines can interfere with the normal progress of labor on a biologic level. It is possible that nor epinephrine and epinephrine stimulate both the alpha receptors and beta receptors of myo-metrium and

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interfere with rhythmic nature labor, culminating a pattern of ineffective contractions and resulting in a longer labor .

Fear have an enormous effect on labor, especially when unexpected complications may jeopardize the life or health of the mother anchor fetus. A child birth experience that was initially approached with expectation and confidence may become fraugh: with anxiety and uncertainty . In labor fear exacerbate pain .

A frequent outcome of increased levels of fear , and loss of control in child birth is the development of post traumatic stress disorder. Women who have experience unexpectedly high levels of labor intervention and who feel unsatisfied with the:: health care are much more likely to exhibit long term symptoms of posttraumatic stress disorder, such as episodes of intense fear, persistent experiencing of traumatic events, and recurring feeling of helplessness and horror . (2,4)

Successful labor requires the harmonious functioning of five components; emotion^ factors, contractile forces ,fetus, pelvis, and relationship between the fetus an-pelvic('

To provide strategies that will help to decrease the fear of women, childbir.-experience is enhanced if caregivers give the laboring women opportunities to **talk** about concerns and make choices about her care, even when complications exist.(''

The nurse can use therapeutic communication and sharing of information to *a\l*-fear for woman. The labor and delivery nurse should provide a supportive and carin environment for the women and should respect the women's family's needs **and** attitudes. Delivery of such care is attained through therapeutic communication **arW** assessment of client need (6)' The objectives of the study ; To assess women s feJ toward labor (on her self & her Newborn) , and to find out the relationship betwe^ mothers fear regarding labor and socio demographic Reproductive variables

Methodology

A descriptive study was carried out to assess fear of laboring women during first stage of labor at delivery room. The study was conducted at Al-Yarmo< Teaching Hospital, Fatima Al- Zahraa and Ibn Al-Baladi Maternity and Pediatr Teaching Hospitals. A purposive sample which was consisted of (100) pregna women who were admitted to delivery room with labor pain . The instrument v designed and constructed by the investigator after reviewing related literature previous studies. It was consisted of the following parts:

Part 1.

a. Socio demographic data which include ,women age educational level, occupati. type of family, residence,& socioeconomic status .

b. Reproductive data which include ,Gravidity, parity, abortion occurrence, pres pregnancy complications, previous delivery complications, neonatal death and S births.

Part 11. This section was presented pregnant fears regarding delivery , it « composed of women [v]s fear on her self (41) items ,and their fear on newborn ('.' items. Items of this scale were selected from the review of literature and from previous studies on women's fear at delivery .

The data were collected through the use of questionnaire , through interview . data process collection was performed from Jan.2nd 2006 to May 11th 2006 .

The validity of the questionnaire was determined through the use of a panel (6) experts in maternity medicine and nursing ,and psychology to investigate I

content of the questionnaire for its clarity, relevancy, and adequacy. Their comments were taken into consideration.

For the purpose of measuring reliability for the fear of women on her self and her newborn , it was calculated by chi- square (X2) which is nonparametric test usually applied when the data have been measured on nominal or ordinal scale and because the data of the study were qualitative data for check statistically significance .[7]

Reliability for fear items by using chi-square

Women fear	On her self (41) items	On her newborn (12) items	X2	df	P-value Sig.
High	193				
Moderate	119	15 84			0.000
Mild	95	19	21.813561		

Statistica analysis of the data was employed through descriptive & inferential data analysis approach.

The data of the study were ordinal according to levels scale of (High Moderate, Mild) which scored as (3,2,1) for each level respectively .So the cut-off point was :

Cut-off point= 1+2+3/ 3 = 2

Relative Sufficiency is calculated according to the following formula :

RS= cut-off point / no. of scoring *100 To calculate the interval according to this formula : 2/3*100 =66.66 is considered as low limit of acceptance . 100 -low limit of acceptance/ no. of scoring =100-66.66 / 3 = 11 11 Low =66.66-77.78 Moderate =77.78-88.89 High = 88.89-100

Level of socioeconomic status (SES) was calculated according to (level of education and occupation for both partners, crowding index ,and properties). The score of (SES) was calculated as follows :

Level of (SES) Low	The score
Middle High	<89
	90-120
	121-150

Results

Table (1) Distribution of women's fear items regarding women's fear during labor on her self

Items	High	Moderate	Mild	MS	RS
ear of labor difficulties	33	64	2.61		
ear of labor dystocia	11	28	61	2.5	
ear of lack medical care .	31	29	40	2.09	
ear of dying during labor	34	17	49	2.15	
ear of delivering by cesarean section	28	25	47	2.19	87*
	20	22	58	2.38	83.33=
ear of labor pain related to uterine contractions ear of pain resulted from head crowning	24	24	52	2.28	69.66* 71.66*
ear of pregnant women picture screaming in pain ear of losing control during labor	23	34	43	2.2	73
		37	44	2.25	79.33*
	44	39	17	1.73	76*
					73.33*
ear of cannot explain how my fear arose					75*
					57.66

Table

11	Fears because their women's talk about their				1.55 :
12	mothers had bad delivery. frightened me some experience of labor	57	31	12	1.93
13	Fear increase with hearing about occurrence of terrible complication during labor.	32	43	25	~2.38
14	Fear of increasing pain, prolonged labor duration lose my ability to continue.	14	32	54	2.37
15	Feeling with fear about labor with beginning of each contraction.	11	41	48	2.49
16	Fear of not understanding what happen with frequencies of pain	34	41 36	54 30	------ -a 1.96 1.76
17	Previous delivery complications increase my fear in present delivery	26	25	11	1.71
18	Some investigations during pregnancy frightened me on delivery.	48	33	19	ji
19	Fear of white coat				
20	Fears just by arriving at hospital or birthing room.	74	21		1.3
21	Absence of reassurance on my condition frightened me.	20	36	44	2.24 2.0
22	Absence of any one of my family members with me in birth room put me in fear.	33 19	34	33 49	z.j
23	Absence of family support put me in fear				
24	Fear of unsafe environment		28	41	2.06
25	Fear of being left alone with my pain		32	37	2.4:-
26	Lack of confidence make me feel with fear	10	37 31	53 12	F5l "
27	Inability to cope with labor frightened me	57	35	28	1.91
28	Fear of labor due to absence of previous experience	37	17 30	41 41	1.9^
29	Feeling with terrible fear when thinking with head delivery and causing tears.	42 29	38	19	2.1: i."
30	Fears & unrealistic expectations losen my response to labor.				
31	Fear of future relationship after delivery with husband		19 16		1.2'
33	Fear of seen unattractive after delivery by her husband	80	31 38		
34	Some traditions & taboos increase my fears.	72 77		51 39	1.3
35	Voices & noises increases my pain & fear.	18	28		2.3:-
36	Absence of privacy in labor place increase my pain and fear.	23	18	47 74	2.:
37	Fear of repeated vaginal examination.	25	27		2.::
38	Feeling with terrible fear when 1 thought there will be an episiotomy & repair.	19	38	54 21	2.6 2.3:
	Fear of exposure to infection due to lapses in aseptic techniques	41			1.5
	Fear of urinary retention due to head pressure on the				
40	Fear of fatigue decrease my ability to push effectively.	21	41	38	2.1'
41	Fear increase due to knowledge deficit about labor & delivery.	42	33	25	1.83

(RS) :* Low 77.78 ** Moderate= 77.78- *88.89* *** High =*88.89- 100* (cut =66.67-off point =2)

The table revealed that there were high mean of score regarding women s fear during labor on herself with moderate Relative sufficiency in fear of (episiotomy & repair MS;2.66,RS: 88.66, labor difficulties MS:2.61,RS: 87 ,labor dystocia MS: 2.5,Rs: 83.33, fear with beginning of each uterine contractions MS:2.49, RS: 83, fear of being left alone MS: 2.43, RS: 81, labor pain related to uterine contractions'MS: 2.38, RS: 79.33, fear of labor complications MS: 2.38, RS: 79.33, prolonged labor duration loss her ability to continue MS: 2.37, RS: 79, and fear of exposure to infection due to lapses in aseptic techniques MS: 2.35, RS: 78.33 .

Table (2) Distribution of women's fear items regarding women's fear during labor on her Newborn

Items	Moderate fear	Hig h		Mil ‹72	MS 2.54	RS
.ear of delivery of unhealthy or abnormal developed rewborn.		18	10			
rear of delivery of unexpected newborn sex.		73	14		1.4	84.66**
rear of newborn death during & after delivery.		15		76	2.61	46.66
F ear of uterine contraction pressure of fetal head (as she believed).		29	34	37	1.5	87 50
ear of fetal head dystocia.		14	*21*	*65*	*2.51*	*83.66'*
ear of fetal injury related to mal Presentation.		23	29	48	2.25	75*
.ear of fetal injury related to prolonged labor or .ivstocia.		16	30	54	2.38	79.33**
"ear of fetal	asphyxia due toamniotic fluid	19	14	67	2.48	82.66*
Fear of fetal injury due to vaginal examination		42	24	34	1.92	64
rear of newborn . omplications .	injury due to delivery	29	19	52	2.23	.JJ' 74 "3 T*
ears related to newborn iuring labor & delivery.	exposure to infection	19	28	53	2.34	#* 78
Tears related to newborn exposure to cold injury After delivery.		23	39	38	2.15	71.66H

RS: * Low=66.76- 77.78 **Moderate =77.78-88.89 ***High= 88.89-100

The table showed that there were high mean of scores with moderate(RS) in women fear regarding labor on her fetus in fear of (death of newborn during or after delivery Ms: 2.61, RS: 87, delivery of unhealthy or abnormal developed newborn MS: 2.54, RS: 84.66, fetal head dystocia MS: 2.51, RS: 83.66, fetal asphyxia MS:2.48, RS: 82.66, fetal injury related to prolonged labor MS:2.38, RS: 79.33, and newborn exposure to infection during labor & delivery MS:2.34, RS: 78.

Table (3) The relationship between women's fear regarding labor themselves and socio-demographic data

^\Level of fear Variable^\^	High		Moderate		Mild		Total	
	F	%	F	%	F	%	F	%
Maternal age								
<18	1	1%	5	5%	8	8%	14	14%
19-23	4 7	4%	7	7%	7 7	7%	18	18%
24-27	5 0	7%	11	11%	11	7%	25	25%
28-32	0	5%	6	6%	6 2	11%	22	22%
33-37	17	0%	10	10%	41	6%	16 5	16%
>38		0%	3	3%		2%	100	5%
Total		17 %	42	42%		41%		100 %
X2 = 12.89 df=10 p>0.05 (NS)								
Educational level	F	%	F	%	F	%	F	%
Illiterate Primary	0 2	0%	1	1%	5	5%	6	6%
school Secondary	7 8	2%	13	13%	15	15%	30	30%
school College	17	7%	13	13%	16	16%	36	36%
Total		8%	15	15%	5	5%	28	28%
		17 %	42	42%	41	41%	100	100 %
X2 = 14.42 df=6 p<0.05 (S)								
Occupation	F	%	F	%	F	%	F	%
Housewife	14	14 %	29	29%	34	34%	77	77%
Officer	3	3%	13	13%	7	7%	33	33%
Total	17	17 %	42	42%	41	41%	100	100 %
X2 =2.61 df=2 p>0.05 (NS)								
Type of family	F	%	F	%	F	%	F	%
Nuclear	7	7%	24	24%	17	17%	48	48%
Extended	10	10 %	18	18%	24	24%	52	52%
Total	17	17 %	42	42%	41	41%	100	100 %
X2 = 2.39 df=2 p>0.05 (NS)								
Residency	F	%	F	%	F	%	F	%
Urban	17	17 %	41	41%	36	36%	94%	
Rural	0	0%	1	1%	5	5%	6%	
Total	17	17 %	42	42%	41	41%	100 %	
X2 =4.923 df=2 p> 0.05 (NS)								

Table (3) Continued

Socioeconomic status								
						%		
Low	9		21	21%	30	30%	60	60%
Moderate High	7		15	15%	10	10%	32	32%
Total	1		6	6%	1	1%	8	8%
	17		42	42%	41	41%	100	100
		9%						
		7%						
		1%						
		17						

X2 = 7.198 df=4 p>0.05 (NS)

S = significant NS = Not significant

Table (3) reveals that the highest percentage of women having high score of fear regarding labor on themself (7%) in age group (24- 27) years, (8%) college graduate ,(14%) housewives ,(10%) live in nuclear families ,(17%) from urban areas ,(9%) of low socio economic status . The table also indicated that there were significant differences between women s fear on her self and educational level only .

Table (4) The relationship between women's fear regarding labor *on* jheir newborn and socio-demographic data

^~/^~~-—~-_Level of Fear	|	*High*	f	Moderate	|	Fear	f	Total
Variables	F	%	F	%	F	%	F	%
Maternal age								
<18 Years	2	2%	4	4%	8	8%	14	14%
19-23	8	8%	3	3%	7	7%	18	18%
24-27	14	14%	6	6%	5	5%	25	25%
28-32	16	16%	3	3%	3	3%	22	22%
₣J- J /-7	13	13%	2	2%	1	1%	16	16%
>38	3	3%	1	1%	1	1%	5	5%
Total	56	56%	19	19%	25	25%	100	100%
X2 =20.	52	f= 10	p<0.0	(S)				
Educational level	F	%	F	%	F	%	F	%
Illiterate	0	0%	1	1%	5	5%	6	6%
Primary school	12	12%	7	7%	11	11%	30	30%
Secondary school	22	22%	6	6%	8	8%	36	36%
College	22	22%	5	5%	1	1%	28	28%
Total	56	56%	19	19%	25	25%	100	100%
X2 = 2<	1.07	df=6	p<0.0	(S)				
Occupation	F	%	F	%	F	%	F	%
Housewife	40	40%	16	16%	21	21%	77	77%
Officer	16	16%	3	3%	4	4%	33	33%
Total	56	56%	19	19%	25	25%	100	100%

X2 = 2.2	4	-2	>0.05	(NS)				
Type of family	F	%	F	%	F	%	F	%
Nuclear	30	30%	11	11%	7	7%	48	48%
Extended	26	26%	8	8%	18	18%	52	52%
Total	56	56%	19	19%	25	25%	100	100%
X2 =5.5	6	2	3.05	CNS)				

Table (4) Continued

Residency	F	%	F	%	F	%	F	%
Urban	54	54%	17	17%	23	23%	94	94%
Rural	2	2%	2	2%	2	2%	6	6%
Total	56	56%	19	19%	25	25%	100	100%
X2=1.49 df=2 p>0.05 (NS)								
Socioeconomic status	F	%	F	%	F	%	F	%
< 89 (Low)	28	28%	12	12%	20	20%	60	68%
90- 120 (Moderate)	22	22%	6 1	6%	4 1	4%	32	32%
121-150 (High)	6	6%	19	1%	25	1%	8	8%
Total	56	56%		19%		25%	100	100%
X2 = 6.81 df=4 p>0.05 (NS)								

The table indicated that the highest percentage of women having high score oi fears regarding labor on their newborn (16%) in age group of (28-32) years ,(22% | secondary school & college graduates, (40%) housewives ,(30%) live in nuclear families ,(54%) from urban areas, and (28%) of low socioeconomic status. The table also reveals that there were significant differences between women s fear on he: newborn in maternal age, & educational level.

Table (5) The relationship between women's fear regarding labor on them selves and reproductive data

Variables Level of Fear	High		Moderate		Mild		Total	
	F	%	F	%	F	%	F	%
Gravidity								
Prime	9	9%	13	13%	16	16%	38	38%
2-3	4	4%	13	13%	10	10%	27	27%
4+	4	4%	13	13%	11	11%	28	28%
Total	0	0%	3	3%	4	4%	7	7%
	17	17%	42	42%	41	41%	100	100%
X2 = 3.8 95 df=6 p>0.05 MS)								
Parity	F	%	F	%	F	%	F	%
None	10	10%	14	14%	18	18%	42	42%
1-2	4	4%	14	14%	9	9%	27	27%
3+	3	3%	11	11%	11	11%	25	25%
Total	0	0%	3	3%	3	1%	6	6%
	17	17%	42	42%	41	41%	100	100%
X2 =4.8: *I* df=6 NS)								
Abortion accurrence	F	%	F	%	F	%	F	%
Yes,	5	5%	8	8%	7	7%	20	20%
No,	12	12%	34	34%	34	34%	80	80%
Total	17	17%	42	42%	41	41%	100	100%
X2 = 1.2 6 df= 2 3.05 NS)								
Pregnancy complication	F	%	F	%	F	%	F	%
Yes,	2	2%	14	14%	9	9%	25	25%
No,	15	15%	28	28%	32	32%	75	75%
Total	17	17%	42	42%	41	41%	100	100% !
X2 =4.4 1 df=2 NS)								

Table (5) Continued

Recent delivery complication	F	%	F	%	F	%	F	%
Yes,	1	1%	7	7%	4	4%	12	12%
No,	16	16%	35	35%	37	37%	88	88%
Total	17	17%	42	42%	41	41%	100	100%
X2=1.70 df=2 p>0.05 [NS]								
Perinatal death	F	%	F	%	F	%	F	%
Yes,	1	1%	4	4%	1	1%	6	6%
No,	16	16%	38	38%	40	40%	94	94%
Total	17	17%	42	42%	41	41%	100	100%
X2 = 2.0 df= 2 p>0.05 (NS)								
Neonatal death	F	%	F	%	F	%	F	%
Yes,	0	0%	2	2%	2	2%	4	4%
No,	17	17%	40	40%	39	39%	96	96%
Total	17	17%	42	42%	41	41%	100	100%
X2 = 0.85< 5 df= 2 (NS)								

The table shows that the highest percentage of women having high scores of fear regarding labor on themselves (9%)in primigravid women, (10%) not having previous delivery, (12%) in women not having abortions, (15%>) in women not having pregnancy complications, (6%) in women not having delivery complications, (16,17%o) respectively in women not having either perinatal or neonatal death. The table also shows no significant differences between women s fear regarding labor on her self & reproductive characteristics .

Table (6) The relationship between women's fear regarding labor on their newborn and reproductive data.

"/^\"/^\"/^_____/^xvel of Fear Variables	High		Moc	erate	Mild		Total	
	F	%	F	%	F	%	F	%
Gravidity								
Prime	15	15%	8	8%	15	15%	38	38%
2-3	19	19%	3	3%	5	5%	27	27%
4-5	18	18%	7	7%	3	3%	28	28%
6+	4	4%	1	1%	2	2%	7	7%
Total	56	56%	19	19%	25	25%	100	100%
X2-10.9119 32 df-6 p>0.05 (NS)								
Parity	F	%	F	%	F	%	F	%
None	17	17%	8	8%	17	17%	42	42%
1-2	21	21%	3	3%	3	3%	27	27%
3-4	14	14%	7	7%	4	4%	25	25%
5+	4	4%	1	1%	1	1%	6	6%
Total	56	56%	19	19%	25	25%	100	100%
X2=13.386C 04 = 6 }<0.05 (S)								
Abortion occurrence	F	%	F	%	F	%	F	%
Yes,	13	13%	2	2%	5	5%	20	20%
No,	43	43%	17	17%	20	20%	80	80%
Total	56	56%	19	19%	25	25%	100	100%
X2= .4855214 = 2 p>0.05 (NS)								

Table (6) Continued

Pregnancy complication	F	%	F	%	F	%	F	%
Yes,	13	13%	6	6%	6	6%	25	25%
No,	43	43%	13	13%	19	19%	75	75%
Total	56	56%	19	19%	25	25%	100	100%
X2 =0.5771428 df= 2 p>0.05 (NS)								
Delivery complication	F	%	F	%	F	%	F	%
Yes,	9	9%	2	2%	1	1%	12	12%
No,	47	47%	17	17%	24	24%	88	88%
Total	56	56%	19	19%	25	25%	100	100%
X2 = 2.4778] 7 df=2 p>0.05 (NS)								
Perinatal death	F	%	F	%	F	%	F	%
Yes,	5	5%	1	1%	0	0%	6	6%
No,	51	51%	18	18%	25	25%	94	94%
Total	56	56%	19	19%	25	25%	100	100%
X2 = 2.4726942 df=2 p>0.05 (NS;)								
Neonatal death	F	%	F	%	F	%	F	%
Yes,	2	2%	1	1%	1	1%	4	4%
No,	54	54%	18	18%	24	24%	96	96%
Total	56	56%	19	19%	25	25%	100	100%
X2 = 0.2342714 df= 2 p>0.05								

The table indicated that the highest percentage of women having high scores of fear regarding labor on their newborn (19%)in women having (2-3) pregnancies ,(2P/o) having (1-2) deliveries, (13%) having abortions & pregnancy complications respectively, (19%) having delivery complications ,(5%) having prenatal death. The table also showed that there were significant differences between women s fear regarding labor on their newborn and parity .

Discussion

Regarding women's fear on her self:

There were high mean of scores with moderate (RS) in fear of episiotomy and repair labor difficulties ,labor dystocia, labor pain related to uterine contraction. hearing about labor and delivery complications prolonged labor, fear of being left alone, and fear of exposure to infection.

As the first signs of labor begin, however, the woman may become anxious because of perceived threats to her self and the fetus. Perception of pain may heighten the anxiety, and knowledge deficits add another dimension to the woman's fear.(1)

Labor can lead to emotional distress because it represent the beginning of a major life change for the woman and her partner. Even for the most organized woman, pain reduces the ability to cope and may make her quick - tempered or quick to criticize things around her.(4)

A women often fears about how she will respond to pain and work of labor, about losing control emotionally and physically, and about whether she and her newborn will survive. Some of these can be resolved with information and reassurance form

care providers. A supportive partner or family member can help, but ultimately. The woman must cope with fear in her own way.[1]

Labor pain are the fact of life that can not be avoided, some time, the pain is easier to bear when understanding what is happening in the body. Taking up childbirth education classes and read upon the subject will certainly help.[8]

Pain is an individual experience. It can be influenced by a number of factors such as cultural practices, anxieties, fears, previous experiences with pain, and psychologic support, these factors also are present during the experience of childbirth. ^[6]

In addition to the pain perceived by women related to the general physiologic changes of labor and birth, other physical variables may influence pain perception, such as fatigue, malnutrition and generally poor physical condition are associated with an increased perception of pain in labor .Women's fear of risk related to labor, birth, vaginal examination, ruptured membranes, exposure to microorganism, and cold.[2]

Reaction to pain are subjective and individualized they are based on past experiences, knowledge and acceptance of the situation, and cultural beliefs about pain and childbirth. Fear can lie behind the extraordinary detailed birth plans; about drugs, position during labor, lightening and intervention that some women expect their doctors to follow. However, fear emotionally draining and, in some cases, can trigger physical complication, fear of dying during labor, and some women worry about losing control. Information about the progress of labor conserves psychological energy, and reduces anxiety associated with fears of the unknown. Also support person assists the client in maintain control as well as increase self - esteem and self confidence. When a support person stays, the fear of being alone is reduced, anxiety alsoreduced.[2,9,10<n,12]

Regarding the fear on newborn :

There are high mean of scores with moderate (RS) in fear of delivery of unhealthy or abnormal developed newborn, newborn death during or after delivery, fetal head dystocia, fetal injury and asphyxia and exposure to infection during labor and delivery.

Women's fears on their newborn related to malpresentation prolonged labor, and complication during their pregnancy which effect the pregnancy outcome and making their labor abnormal and hurting their baby.(

Women experience a terrible fears about their baby's development, and this fear and anxiety usually takes place late in pregnancy. Also she reported that quite common the mothers fear of losing the baby, or disposes of it in some way .Most first time mothers look forward with excitement to much wanted baby, but they are also prey to darker fears and thoughts/

Women may begin to worry that their infant may die or be born with abnormalities . They may be afraid that they will not meet their own expectations.[4]

The relationship between socio-demographic variables and women fear regarding labor on themselves and their newborns:

The finding presented significant differences between women's fear regarding labor on themselves and socio demographic characteristics in (educational level only) . Regarding their fear on newborn, and socio demographic characteristics there were significant differences in (maternal age, and educational level).

Women older than teenage their feeling rating ,very good, good or less worried toward their pregnancies and their outcomes.[13] Similar evidence was found that

women at age 30 years and more approach pregnancy and labor in more delibera and thought-full way than younger mothers do. Several group risk factors, impa negatively on the laboring women ability ,some are socio-demographic risk factoi such as age, parity, socioeconomic status, under nutrition ,some of these are beyoi the pregnant control ,behavioral risk factors, such as life style, life event and 1 stress risk factors.(l4)

Regarding educational level, information about educational level is an indicator the socioeconomic status. The education of the expectant couples influences -preparation for expectant child bearing; therefore, an emotional adaptation exist.(2,15)

Concerning the occupation, generally each women working hard if she is workii or not to meet her family demands. It is known fact that working women under rr.a stress, tension due to working condition, by the time, a woman is generally tired fra the burden of carrying so much extra weight with her. The process of labor can 1< as an overwhelming, unendurable experience.(4)

The relationship between reproductive variables and women's fear regarding labc: themselves and their newborn :

The findings of the study presented no significant differences between won: fear regarding labor on themselves ^reproductive characteristics. Regarding their : on newborn and reproductive characteristics significant differences were founc (parity) only.

Parity may influence pain in labor; it was found that primiparas may experie greater pain during early labor & less pain during 2nd stage than multipart Primipara who has not experienced the process of child birth fears the unknown. multipara may know what can go wrong and exactly what to anticipate/1}

Women with a previous pregnancy loss, showed significantly more neg emotions than women with out such history. Also, they stated that, if the expec" woman has had previous negative experiences responses are likely to be ■ negative'1 " There is evidence, both for and against possible variable specific reproduction such as parity, history of miscarriage or concurrent obsto complications and this may by related to anxiety and fears about fetus, tension prolonged trial to get pregnant, and fear from risk to health due to complic" pregnancy.(20)

In the present study the laboring women experiencing fears of risk related to l towards them self and their newborn not only in those who having problems in *r* pregnancy or previous delivery, or in special age group, or socioeconomic status the women experience fear in different degrees regardless of their socio-demogra-and reproductive characteristics. Any condition that might adversely affect, the he. of the woman during pregnancy, labor and delivery places the woman in high r category, in which various psychological and developmental factors can place 1 mother at high risk. They are insecure and have negative feeling about their del: have limited experience, and the woman may have unresolved feeling about previous labor.

Recommendations

1. Initiation of prenatal education classes in primary health care center.
2. 2-Educational program can be designed to orient the pregnant women toward physiologicl and psychological changes regarding fear reduction during pregnancy , labor and delivery process.

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