

The effect of counseling with Beck's cognitive therapy on anxiety and childbirth fear: a randomized controlled clinical trial

Abstract

Background: Considering the prevalence and the consequences of anxiety and fear of childbirth during pregnancy, interventions that can control the amount of anxiety and fear of childbirth in pregnant women will be very helpful. The aim of this study was to determine the effect of counselling on Beck's cognitive therapy approach on anxiety and fear of childbirth (primary outcome), delivery satisfaction and delivery experience and type of delivery (secondary outcomes).

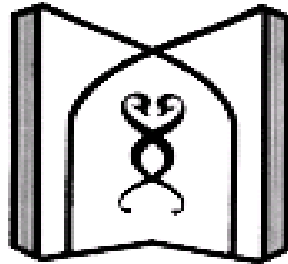
Methods: This randomized controlled clinical trial was conducted on 68 pregnant women referring to Ardabil city health centers in 1397. The participants were randomly assigned to two groups of counselling (n = 34) and control (n = 34). The intervention group participated in cognitive therapy counselling sessions during 6 sessions of 60 minutes, and the control group received routine care during pregnancy. Spielberger anxiety questionnaire at before intervention and during labor (beginning of active phase), Wijma delivery expectancy/experience questionnaire before intervention, 36 weeks of pregnancy and after childbirth, labor experience and delivery satisfaction at 12 to 24 hours postpartum were completed through interview with participants. Chi-square, t-test, ANCOVA and repeated measure ANOVA were used to data analysis.

Results: 33 patients in the counselling group and 31 patients in the control group were followed up and analyzed until the end of the study. The two groups of counselling and control were homogeneous in terms of socio-demographic characteristics and the baseline scores of fear of childbirth and state – trait anxiety. According to ANCOVA test and by controlling the baseline scores, there was no significant difference between counselling and control groups in terms of mean score of state anxiety (mean difference: -1.2; 95% confidence interval: 8.2 to -6.7; p= 0.842) and trait anxiety (mean difference: -0.3; 95% confidence interval: 2.6 to -3.2; p= 0.859) during labor. Based on

repeated measure ANOVA and with controlling the baseline score, there was no significant difference between counselling and control groups in terms of post-intervention mean score of fear of childbirth. According to t-test, no significant difference was observed between groups in terms of mean scores of labor experience (mean difference: -1.9; 95% confidence interval: 2.7 to -6.6; $p= 0.400$) and delivery satisfaction (mean difference: -1.2; 95% confidence interval: 0.7 to -3.1; $p= 0.231$). The frequency of vaginal delivery in the intervention and control group was not statistically significant ($p= 0.856$).

Conclusions: Counselling with the Beck's cognitive approach and the change in women's cognition from childbirth alone were not effective in reducing anxiety and fear of childbirth and had no effect on maternal satisfaction and labor experience in primipara women, Therefore, using this counselling method along with other pain relief methods is recommended to reduce the anxiety and fear of childbirth in pregnant mothers.

Keywords: Anxiety, Fear of childbirth, Beck's counselling method, Childbirth experience, Delivery satisfaction



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