

Korabiusz Katarzyna, Wawryków Agata, Stecko Monika, Fabian-Danielewska Anna, Harasimowicz Joanna, Harasimowicz Paweł, Torbé Andrzej. Elective cesarean section on psychiatric indications - tokophobia. Journal of Education, Health and Sport. 2019;9(7):67-75. eISSN 2391-8306. DOI <http://dx.doi.org/10.5281/zenodo.3265650>  
<http://ojs.ukw.edu.pl/index.php/johs/article/view/7099>

The journal has had 7 points in Ministry of Science and Higher Education parametric evaluation. Part B item 1223 (26/01/2017).  
1223 Journal of Education, Health and Sport eISSN 2391-8306 7

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The authors declare that there is no conflict of interests regarding the publication of this paper.

Received: 20.06.2019. Revised: 25.06.2019. Accepted: 02.07.2019.

## **ELECTIVE CESAREAN SECTION ON PSYCHIATRIC INDICATIONS- TOKOPHOBIA**

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**Key words: tokophobia, cesarean section, psychiatric indications**

## **Abstract:**

**Aim of the study:** The aim of the study was to analyze the influence of tokophobia on delivery solution by Caesarean section. The number of deliveries solved by Caesarean section has increased significantly in recent years. In Poland, it has almost doubled since 2000 (from 18.1% to 37%)

**Research methods:** A survey was used in the study. 25 first-born girls and 25 multi-rivers took part, the selection criterion was delivered by caesarean section.

**Results:** The fear of giving birth was the cause of caesarean section in 12 of the 25 primigravidas and 12 of the 25 multigravidas.

**Conclusion:** Fear of childbirth may be a very important issue related to planning the delivery method.

The number of deliveries solved by Caesarean section has increased significantly in recent years. In Poland, it has almost doubled since 2000 (from 18.1% to 37%)<sup>1,2</sup>, the highest percentage of cesarean deliveries is recorded in Latin America (24.4%), and the lowest in European countries (11%). Poland definitely belongs to the countries with the highest number of pregnancies terminated with cesarean section<sup>3</sup>. As far as medico-legal norms are concerned, in some countries the Caesarean section on maternal request (CSMR) can be performed only on the basis of the Caesarean section on maternal request. In Poland, this method of delivery is referred to as "cesarean section on demand", however, this solution has not yet been approved by the Polish Gynecological Society. Delivery by cesarean section "on request" is performed in Polish private gynecology and obstetrics clinics, while public hospitals having an agreement with the National Health Fund follow the guidelines of the Polish Gynecological Society, which defines gestation termination as "an obstetric operation, having for the purpose of completing pregnancy or childbirth, when further waiting for their natural ending presents a danger for the mother and the child". Guided by the above guidelines, the indications for caesarean section were divided into: elective (planned)

1 Troszyński M. Umieralność okołoporodowa wczesna (0-6) płodów i noworodków Polska – 2010 oraz 1999-2010. Warsaw: Institute of Mother and Child; 2010.

2 Dz. U. (Journal of laws) No. 17, item 78, as amended, Report of the Council of Ministers on the implementation and results of the application of the Act of 7 January 1993 on family planning, protection of the human fetus and conditions of permissible abortion in 2012. Warsaw; 2014.

3 Mozzoni A, Althabe F, Liu NH, Bonotti AM, Gibbons L, Sanchez AJ. et al. Women's preference for caesarean section: a systematic review and meta-analysis of observational studies. BJOG 2011; 118: 391–399.

indications, urgent indications, urgent indications and sudden indications<sup>4,5</sup>.

Many researchers have attempted to explain the phenomenon of a significant increase in deliveries by Caesarean section, the most probable explanations are: a higher age of mothers, lower fertility and a higher body mass index of pregnant women. There is also a difference in the doctors' approach to this type of surgery. Another important reason is the preference of the mothers themselves - they prefer to terminate their pregnancy by cutting the caesarean section because of their anxiety. Among the reasons given by pregnant women who preferred pregnancy cc treatment were: fear of childbirth, previous negative or traumatic experiences of childbirth with natural forces, previous obstetric complications (eg in the form of emergency caesarean section)<sup>6</sup>.

Anxiety, both in psychology and psychiatry, is treated as a negative emotion or indefinable anxiety caused by waiting for a threat to occur, a person is then unable to think logically, make decisions, feel a physical and psychological breakdown. The phenomenon of fear of childbirth has been observed for a long time by obstetricians and psychologists, but has not been defined in an unambiguous way<sup>7,8,9</sup>.

Some of the pregnant women suffer from tokophobia, that is extreme fear of pregnancy and childbirth, while simultaneously desiring to have a child. This phobia carries with it numerous physical and psychological problems. Pregnancy is a physiological condition that forces a change in behavior, changes life goals, a hierarchy of values and raises expectations - including those concerning the course of labor. Anxiety related to childbirth may have both the nature of fear (childbirth is associated with an objective threat to the mother and child) and anxiety (when the threat is significantly exaggerated and anxiety significantly stronger than the objective degree of risk). It has been found that in some women the fear of giving birth is so strong that it prevents normal functioning<sup>10</sup>.

4 Poręba R, Brazert J, Chazan B, Czajkowski K, Dębski R, Drews K. et al. Rekomendacje Polskiego Towarzystwa Ginekologicznego. Cięcie cesarskie. Ginekol. Pol. 2008; 79: 378–384

5 Słomko Z, Poręba R, Drews K, Niemiec K. Najważniejsze zagadnienia dotyczące cięcia cesarskiego. Ginekol. Położ. 2006; 2(2): 7–22.

6 Sydsjo G, Möller L, Lilliecreutz C, Bladh M, Andolf E, Josefsson A. Psychiatric illness in women requesting caesarean section. BJOG; 2014; 122(3)

7 Guszkowska M: Lęk przed porodem i determinujące go czynniki – przegląd literatury. Perinat Neonat Ginekol. 2012;5(3):154–161.

8 Libera A: Problemy psychologiczne okresu ciąży. [W:] Psychologia w położnictwie i ginekologii. Red.: Makara-Studzińska M, Iwanowicz-Palus G. Warszawa: Wyd. Lekarskie PZWL; 2009:154–177

9 Koszewska I: O depresji w ciąży i po porodzie. Warszawa: PZWL; 2010.

10 Florica M, Stephansson O, Nordström L. Indications associated with increased cesarean section rates in a Swedish hospital. Int. J. Gynaecol. Obstet. 2006; 92: 181–185.

Tokophobia is classified as anxiety disorder that is not clearly defined clinically due to poorly defined diagnostic criteria <sup>11 12</sup>.

To a large extent, tokophobia contributes to obtaining a guarantee from the obstetrician's doctor regarding the termination of pregnancy by cesarean section <sup>13</sup>.

We can distinguish several types of tokophobia:

1. Primary form - when the fear of childbirth develops well before the first pregnancy (probably already from the adolescence period);
2. Secondary form - which develops following the first traumatic delivery and may be associated with symptoms of post-partum post-traumatic stress disorder or postnatal chronic depressive reaction that have not been diagnosed or treated;
3. Tokophobia coexisting with depression during pregnancy is one of the symptoms of depressive disorders. Pregnant with this form of tokophobia experience obsessively recurrent thoughts regarding the belief that they are unable to give birth to a child or die during delivery

<sup>14 15 16 17</sup>.

One of the solutions that reduce anxiety in pregnant women are psychoeducational interventions. It was found that psychoprophylaxis reduces the number of surgical deliveries and increases the satisfaction with the delivery process <sup>18 19</sup>.

11 Saisto T, Halmesmaki E: Fear of childbirth: a neglected dilemma. *Acta Obstet Gynecol Scand.* 2003;82:201–208

12 Billert H: Tokofobia – problem multidyscyplinary. *Ginekol Pol.* 2007;78:807–811

13 Hofberg KM, Brockington IF: Tokophobia: a morbid dread of childbirth its presence in Great Britain and Grand Cayman, British West Indies. *J Psychosom Obstet Gynaecol.* 2001;22–96

14 Hofberg K, Ward MR: Fear of pregnancy and childbirth. *Postgrad Med J.* 2003;79:505–510.

15 American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th ed. (DSM-5). Washington, DC: American Psychiatric Publishing; 2013.

16 ICD-10. Klasyfikacja zaburzeń psychicznych i zaburzeń zachowania w ICD-10. Opisy kliniczne i wskazówki diagnostyczne. Kraków–Warsaw: University Medical Publishing House “Vesalius”, Institute of Psychiatry and Neurology; 2000

17 Hofberg K, Brockington IF. Tokophobia: an unreasoning fear of childbirth. *Br. J. Psychiatry* 2000; 176: 83–85.

18 Rouhe H, Salmela-Aro K, Toivanen R, Tokola M, Halmesmaki E, Saisto T. Obstetric outcome after intervention for severe fear of childbirth in nulliparous women: a randomised trial. *BJOG*; 2013; 120(1): 76–84

19 Mojs E, Czarnecka-Iwańczuk M, Głowacka MD. The level of anxiety and depression in the early puerperium – preliminary communication. *Psychiatr. Pol.* 2013; 47(1): 31–40

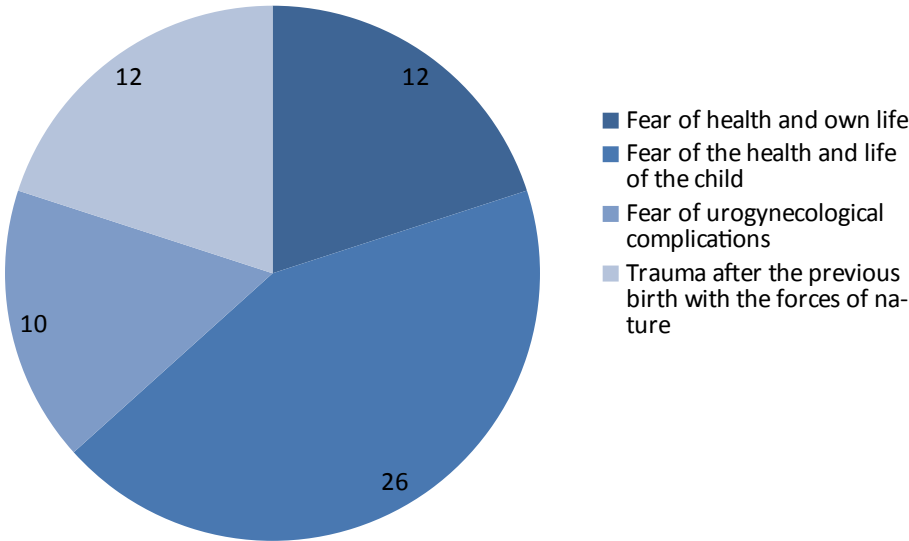
**Survey:**

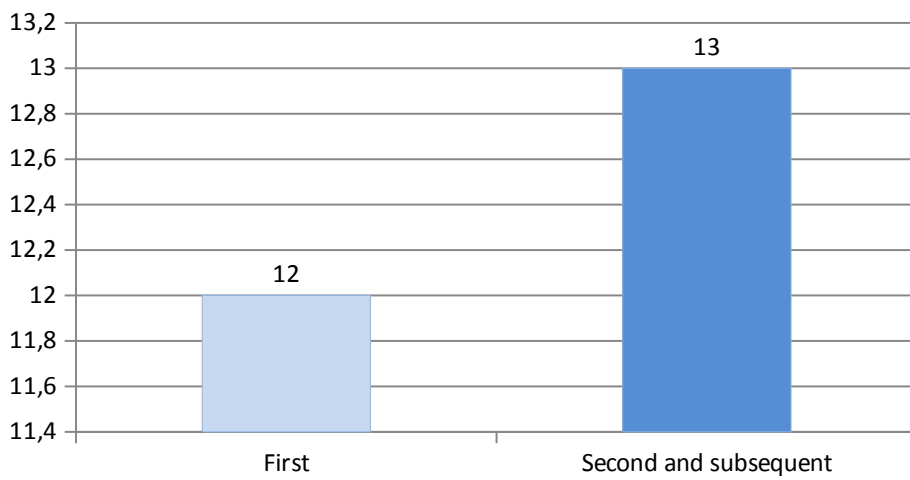
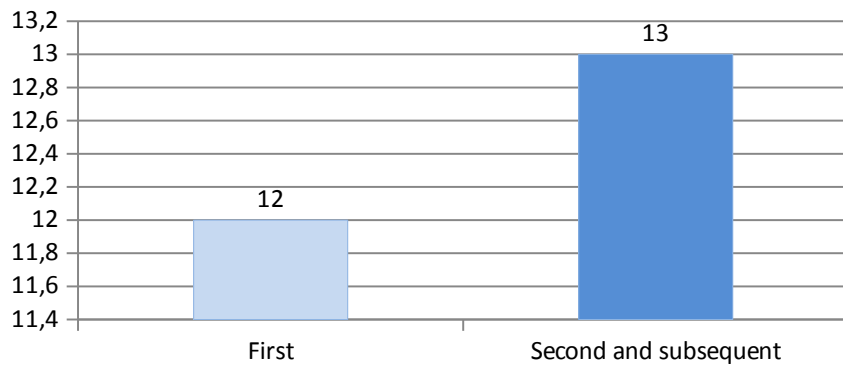
The study included 25 primigravidas and 25 multigravidas.

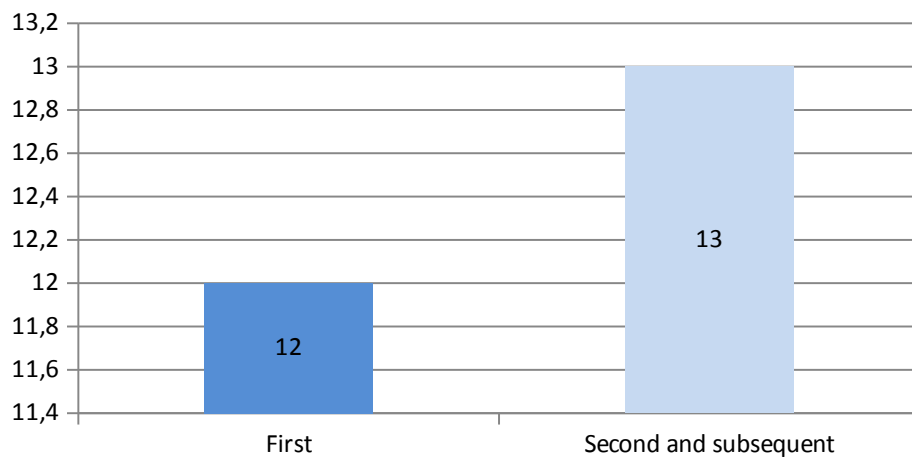
The fear of childbirth was caused by fear of health and own life (12 women), fear of the health and life of the child(26 women), fear of urogynecological complications (10women) and trauma after the previous birth (12 women).

The fear of giving birth was the cause of caesarean section in 12 of the 25 primigravidas and 12 of the 25 multigravidas.

**Fear of childbirth was caused by:**







### **Conclusion:**

Fear of childbirth may be a very important issue related to planning the delivery method, so it means, that there should definitely be more research covering the subject of tokophobia.

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