Poole Hospital NHS Foundation Trust

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

Fear of Childbirth (Tocophobia) and Traumatic Experience of Childbirth Leading to/or Maternal request for caesarean section

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A) SUMMARY POINTS
• Fear of birth affects a significant proportion of women whilst 14% are thought to have severe fear affecting daily life (tocophobia)
• For many women this will lead to a maternal request caesarean section
• Significant care is required antenatally as these women are more likely to have additional mental health issues such as anxiety, depression or psychiatric care
B) ASSOCIATED DOCUMENTS
• Caesarean section guideline
• Perinatal Mental Health

C) DOCUMENT DETAILS	
Author:	[redacted]
Job title:	Trainee Consultant Midwife
Directorate:	Obstetrics and Gynaecology
Version no:	1
Target audience:	Midwives, Obstetricians, MSW
Approving committee / group:	EDMAD
Chairperson:	[redacted]
Review Date:	April 2023

D) VERSION CONTROL						
Date of Issue	**Version No.**	**Date of Review**	**Nature of Change**	**Approval Date**	**Approval Committee**	**Author**
April 2020	1.0	April 2023	New guidance	April 30th 2020	EDMAD CPPG	[redacted]

E) CONSULTATION PROCESS			
Version No.	**Review Date**	**Author**	**Level of Consultation**
1	New guidance	[redacted]	EDMAD consultation group, CPPG group

CONTENT

PAGE No.

1. Introduction

This guideline applies to all staff involved in the care of women in Poole Maternity Unit and in the community. It aims to support a woman with her birth choices and reduce the caesarean section rate for maternal request by providing holistic and evidence-based care.

2. Purpose

The purpose of this guideline is to provide guidance for the identification and referral pathways and processes for women experiencing significant fear of birth and/or maternal request for caesareans section.

This guideline links with NICE (CG132) and the NHS England long term plan (2019) which has an increased focus on perinatal mental health. NICE (CG 192) has also released pathways to support specific mental health problems in pregnancy and the postnatal period including tocophobia and PTSD.

3. Definitions

3.1 **Tocophobia/Severe FOB**– a marked or severe fear or phobia of childbirth (and sometimes fear of pregnancy) that gives rise to anxiety symptoms that will impact on her pregnancy and birth experience and the care that she requires. No definition agreed as yet and not a part of the psychiatric diagnostic criteria manual.

Traumatic birth- includes births, whether miscarriage, preterm or full term, which are physically traumatic (for example, instrumental or assisted deliveries or emergency caesarean sections, severe perineal tears, postpartum haemorrhage) and births that are experienced as traumatic, even when the delivery is obstetrically straightforward.

PTSD – post traumatic stress disorder. This is thought to affect 4% of the postnatal population. Symptoms include; re-experiencing (flashbacks, nightmares), avoidance, negative mood and thoughts and hyperarousal.

CS- Caesarean section

CBT- Cognitive Behavioural Therapy, also available is CBT-T for trauma related psychotherapy.

PNMH – Perinatal Mental Health. The aim is to optimise good mental health however, specific known conditions include severe depression or anxiety, bi-polar disorder, personality disorders, history of psychotic illness or previous admission to a psychiatric ward and should be under the care of the PNMH team which can provide psychiatric involvement.

MDT – Multi-Disciplinary Team

4. Procedures/Document Content

4.1 Background

One in five women will experience a mental health problem during their pregnancy and in the first year after birth, with depression and anxiety disorders being the most common.

Tocophobia is considered a 'severe fear of birth' (FOB) using the definition of being a 'marked fear of childbirth giving rise to anxiety symptoms' and is thought to affect more than 14% of women worldwide (O'Connell et al 2017).

The impact of severe FOB and the high levels of anxiety associated with it, is known to be associated with antenatal depression, postnatal depression, attachment difficulties during pregnancy and following birth. Reduced newborn birth weight and increased preterm births are reported in women who experience high levels of anxiety and depression during pregnancy (which is associated with tocophobia/severe FOB).

Women who experience severe FOB are more likely to experience longer labours, perceived labour to be more painful and to have obstetric interventions during labour and birth making them at higher risk of developing PTSD (Dencker et al 2019).

4.2 Identifying women with FOB

Early identification is key to offering effective support and treatment (Slade et al 2019). Screening for severe FOB early aims to help relieve the anxiety as early as possible, potentially avoid caesarean section and help with preparation for normal childbirth (Rouche et al 2009).

As with any disclosure, it may not occur the first time that the woman is asked and is likely to occur later in pregnancy, due to associated avoidance strategies (Rondung et al 2016). Asking women at each antenatal contact is important.

With the current levels of anxiety within the pregnancy population it is also a challenge to ascertain which women with severe FOB requires intervention rather than social support.

Booking appointment: ALL Women need be asked key questions which are to be documented on medway in the comments section;

- **How do you feel about the pregnancy?** (look for ambivalent or negative emotions, anxiety symptoms)
- **How do you feel about birth, what are your thoughts and plans?** (if she requests a caesarean section but there is no medical indication for it, explore the reasons why)
- **What was your previous experience of childbirth like?** (where applicable; look for symptoms of PTS D 3.1).

For further reading please view the pan London Tocophobia Toolkit.

These questions should be utilised with the Whooly and GAD-2 questions (NICE CG 192) already prompted on medway.

The relevant questions can be asked throughout pregnancy at each appointment to gauge how a woman is feeling as the pregnancy progresses and offer additional opportunities for disclosure and discussion.

See flow chart 1 (p8.) for info on use of these questions at booking to make referrals.

Further assessment

If after asking these questions, severe FOB is suspected by the midwife a simple visual analogue scale for FOB which has been validated (Haines et al 2011) can be done. The women are asked a question; 'How do you feel right now about birth' and are asked to place an x on the line between calm and worried and between no fear and strong fear (appendix 1).

The results will be averaged by the midwife at the appointment and a score over 60 should be referred to the consultant midwife 'Birth choices clinic' (referral form appendix 2) who will make a follow up phone call for a more in depth discussion and assessment of their needs.

4.3 **Risk factors for FOB/Tocophobia**

The research available suggests that the following are risk factors for FOB;

- Women with an unplanned pregnancy
- Poor social support
- A previous negative birth experience or complicated birth (induction, long first or second stage, instrumental and emergency CS highly linked)
- A history of abuse
- A history of or current anxiety or depression and treatment
- Vicarious trauma is recognised as a risk factor and may affect staff in their own pregnancies

4.5 **Care planning**

Please see the flow chart (Figure 1) below for the appropriate pathway and appendix 3 for supportive interventions available.

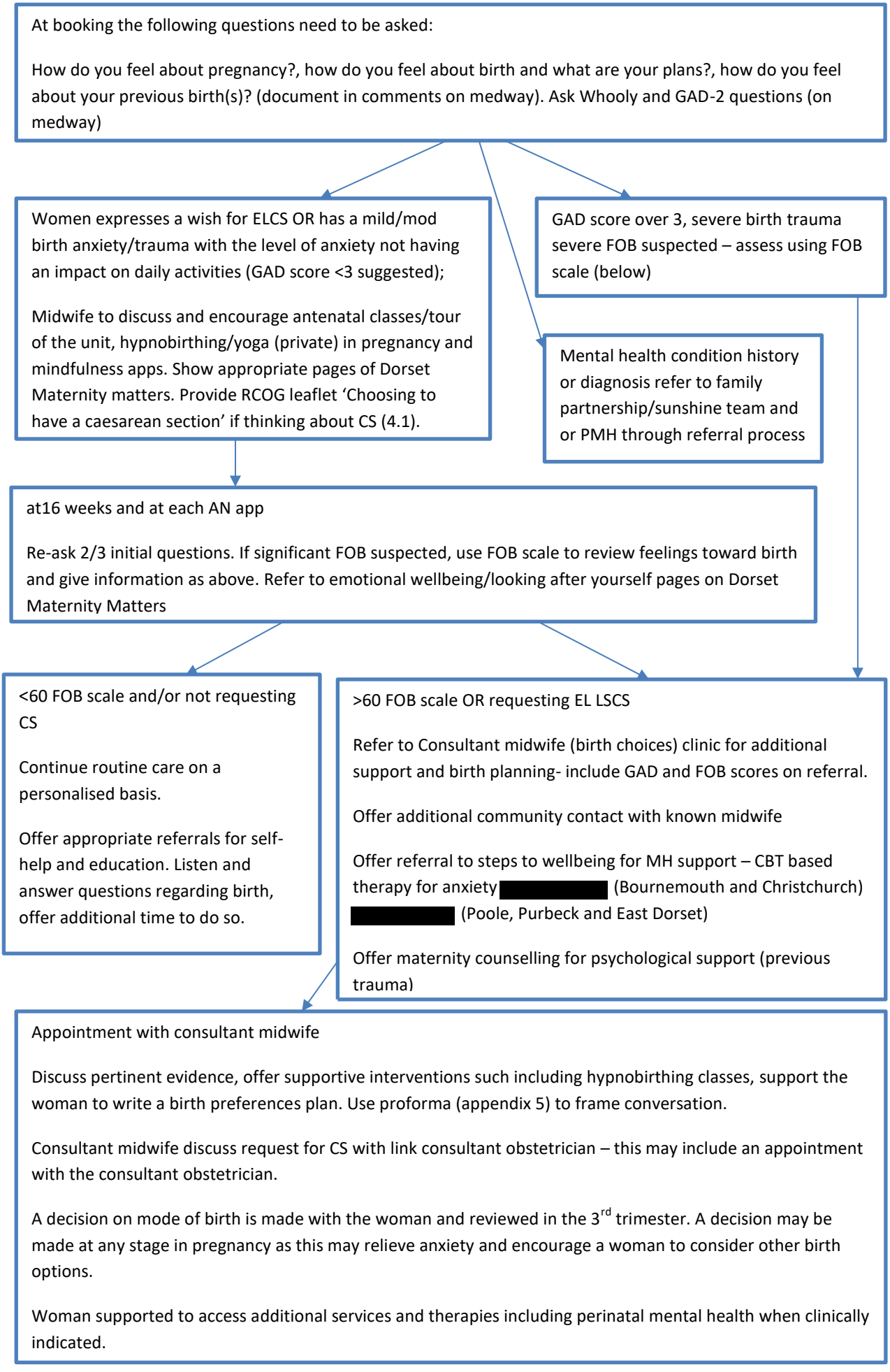
A referral to the consultant midwife (via EPR) for on-going assessment, support and planning should occur for all women with suspected severe FOB and after initial discussions with women expressing a wish for maternal request caesarean section see 4.2.

A personalised care plan will be made with the woman and the wider team caring for her and uploaded onto medway for accessibility. They should be offered supportive interventions from which they may express a preference for or be clinically indicated;

- Home visits by a known midwife/continuity of care where possible
- Steps to wellbeing self-referral

- Additional GP/HV input through pregnancy
- Maternity counselling (any gestation but focusing on stabilisation) and EMDR (for those with previous trauma to help process, ideally before 20 weeks)
- Hypnobirthing classes (specialised FOB classes in future)
- Familiarisation to labour ward/birth centre
- Perinatal mental health referral (complex cases)
- Postnatal joint clinic for women with obstetric complications

Figure1. FOB and Maternal request pathway



4.6 **Caring for women who request a caesarean section**

Severe FOB is increasing amongst women often leading to maternal request for caesarean section. A woman may also request a caesarean section out of choice as she feels this is the right decision for her.

NICE (CG 132) state that when a woman requests a caesarean section without medical/obstetric reason the overall risks/benefits should be discussed and the reason for the request explored. The Royal College of Obstetrics and Gynaecology (RCOG) 'Choosing a caesarean section' leaflet can assist in explaining these risks/benefits.

Studies have shown that women are concerned about the risk to the baby when born vaginally (Fisher 2006). With support from CBT, counselling and hypnobirthing, half the women studies converted their plans to vaginal birth (Saisto et al 2001).

If a caesarean section is requested at any stage of pregnancy, Follow flow chart 1.
It is acknowledged that, whilst it is important to avoid unnecessary surgery, the interventions offered for women are to support the woman's mental health regardless of planned mode of birth. The pathway is provided in conjunction to the supportive interventions (Appendix 3). A decision for a caesarean section may be made at any stage of pregnancy as it may reduce anxiety and assist the woman to explore birth and develop a birth plan.

5. Roles and Responsibilities

- Midwives undertaking antenatal care are responsible for screening women for FOB and ensuring that every opportunity is taken to discuss and sign post to additional care options, making referrals where appropriate.
- Care and information should be appropriate and the woman's cultural practices taken into account.
- All information should be provided in a manner that is accessible to women, their partners and families taking into account any additional needs such as physical, cognitive, sensory or non-English speaking.

6. Training

Training for all community staff will be provided by the practice development team, community leads and consultant midwives within the VBAC MLC pathway training session. This will provide opportunity for conversation role play.

7. Monitoring Compliance and Effectiveness of the Document

In order to provide maternity services with assurance of implementation of the guidelines and the provision of safe clinical care the following process of monitoring will be utilised.

Audit method	Lead responsible	Frequency of audit
30 sets of notes	Consultant midwife or specialist perinatal mental health midwife	Annually

Audit criteria – women identified as having significant FOB requiring referral to Birth Choices.

The audit report will be submitted to clinical leaders for monitoring. Action plan implementation is the responsibility of the consultant/specialist midwives. Changes in practice identified will be taken forward and implemented by the community leads and consultant midwives.

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Haines, H., Palland, J., Karistrom, A., Hildingsson, I. (2011) Cross cultural comparison of childbirth related fear in an Australian and Swedish sample. *Midwifery* 27, 560-567.

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Smith, C., Levett, K., Collins, C., & Crowther, C. (2011). Relaxation techniques for pain management in labour. *Cochrane Database of Systematic Reviews, 2011*(12).

World Health Organization (2015) WHO Statement on Caesarean Section Rates. Human Reproduction Programme.

9. Supporting Documents

See appendices

10. Review

The guideline will be reviewed every three years or sooner if additional guidance is released.

11. Equality Impact Assessment

Date of assessment:	30/04/2020
Care Group or Directorate:	Obstetrics and Gynaecology
Author:	[redacted]
Position:	Consultant Midwife Trainee
Assessment Area: (i.e. procedure/service/function)	This supports correct service provision to those with tocophobia
Purpose:	Outlines clear referral processes

Objectives:	To provide support to the midwifery teams in identifying and supporting those women with Tocophobia.
Intended outcomes:	Supporting women in their birth choices

What is the overall impact on those affected by the policy/function/service?

Ethnic Groups	Gender groups	Religious Groups	Disabled Persons	Other
High/Medium/ Low	High/Medium/ Low	High/Medium /Low	High/Medium /Low	High/Medium/ Low
(Low)	(Low)	(Low)	(Low)	(Low)

Available information:

Assessment of overall impact:

Consultation:

Actions: None identified

Appendix 1.

NHS
Poole Hospital
NHS Foundation Trust

NHS
The Royal Bournemouth
and Christchurch Hospitals
NHS Foundation Trust

FOB Scale

This is a simple tool we use to help us identify women who need extra support during pregnancy around their feelings about birth.

Please read the question and place an X on each line.

This needs to be your initial instinctive reaction to reading the question.

How do you feel right now about the approaching birth?
Please mark with an X on the lines below.

Calm ——————————————— Worried

No fear ——————————————— Strong fear

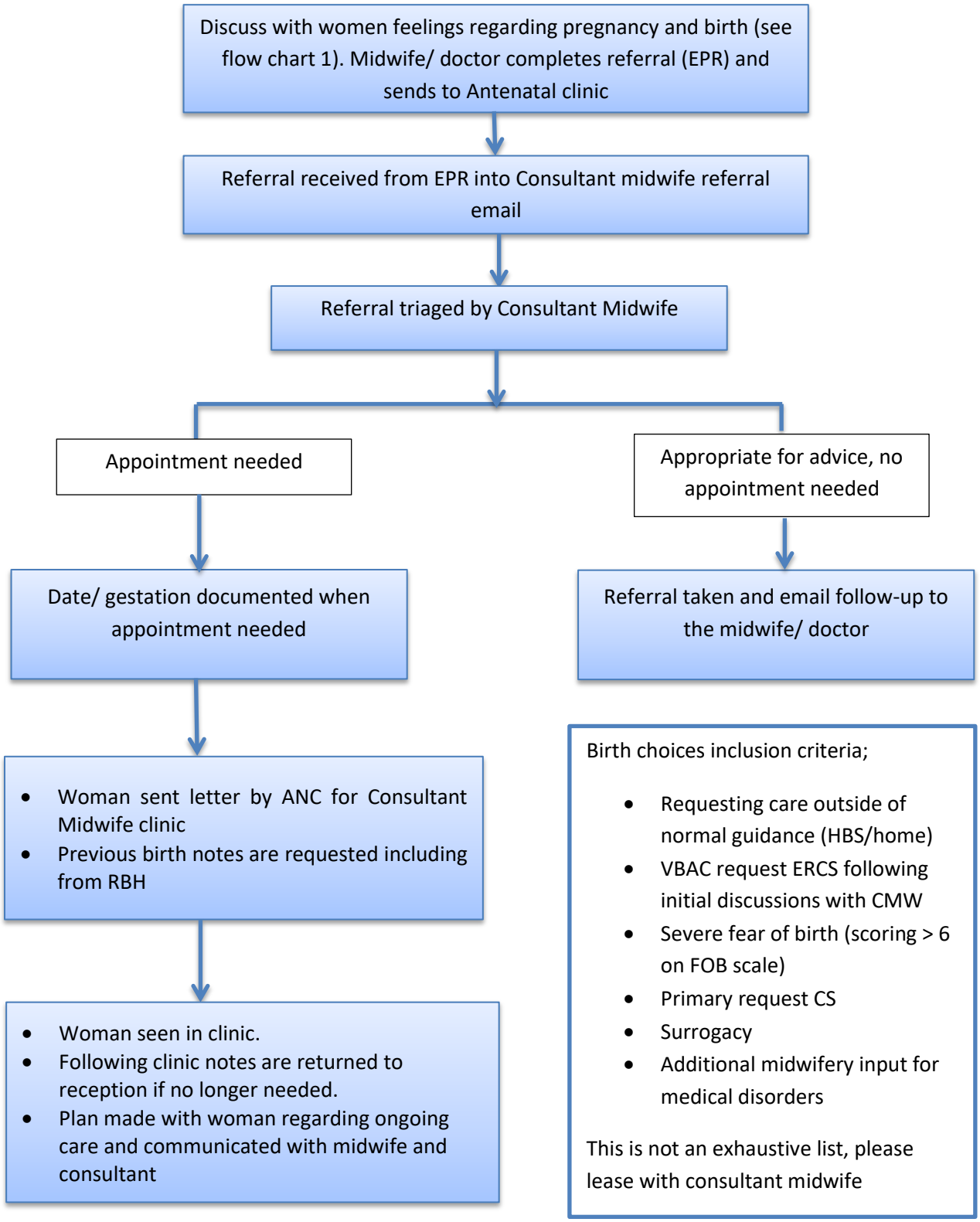
Appendix 2.

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

Poole Hospital NHS Foundation Trust

Referral Form: Consultant Midwife Clinic

Referral process for Birth Choices Consultant Midwife Clinic- to be completed on EPR



Please complete the following form in full.

Referrals will be triaged dependent on clinical need with the following outcomes:

- Support provided from a senior midwife in conjunction with community midwife
- Appointment offered with another midwife or health professional (birth choices)
- The woman is sent an appointment to be seen in consultant midwife clinic or phoned

<table>
<tr><td rowspan="3">Addressograph</td><td colspan="2">Date referred:</td></tr>
<tr><td colspan="2">Referred by:</td></tr>
<tr><td colspan="2">Email and telephone contact for referrer:</td></tr>
<tr><td colspan="3">Contact telephone number for woman:</td></tr>
<tr><td colspan="3">Reason for referral:</td></tr>
<tr><td colspan="3">Clinical details: (please include as many details as possible)</td></tr>
<tr><td>If request for LSCS following previous section :</td><td colspan="2">Are you happy for Consultant Midwife to book after Consultation (Consultant Decision)
Y ☐ N ☐ NA ☐ (please tick)</td></tr>
<tr><td>EDD:</td><td>Community midwife:</td><td>Consultant Obstetrician:</td></tr>
</table>

Thank you for your referral. Please send to Antenatal Clinic

For urgent referrals please telephone: [redacted] [redacted] office hours only) or contact the maternity bleep holder

Date referral received	Date referral triaged	Appointment date

Appendix 3.

Evidence Based Supportive Intervention (pregnancy or pre-pregnancy)

CBT and CBTi are available via steps-to-wellbeing. CBT is based on the concept that your thoughts, feelings, physical sensations and actions are interconnected, and that negative thoughts and feelings can trap you in a vicious cycle. CBT aims to help people deal with overwhelming problems in a more positive way by breaking them down into smaller parts. It will show people how to change these negative patterns to improve the way they feel. Unlike some other talking treatments, CBT deals with your current problems, rather than focusing on issues from the past. It looks for practical ways to improve their state of mind on a daily basis.

Counselling or talking therapies are available within the maternity unit and may be helpful for women with a fear of birth or previous trauma and are recommended by NICE. Women can self – or refer via with details on the Dorset Maternity Matters website. It is suggested that birth afterthoughts is attended prior to counselling if it is related to a previous maternity experience but this is not compulsory, it is up to the individual to decide.

Hypnobirthing is now widely used to aid relaxation through labour and birth. It is known to reduce anxiety about birth (Bulez et al 2019, Atis and Rathfisch 2018) and works to reduce fear and thus aim to remove or break the fear-pain-tension cycle (Dick-Read 2004) that is commonly seen amongst labouring women. Women can learn these simple relaxation techniques in a variety of ways to suite them; book and cd, online learning course, group class or one to ones. It often includes breathing techniques, supportive touch from a partner, visualisations and affirmations. Classes will be offered by the maternity unit for women with FOB and will be offered through the birth choices clinic.

'Mindfulness' may be used to promote perinatal mental health which is important when a woman is experiencing anxiety associated with fear of birth. Hall et al (2016) reported that mindfulness helped to manage stress and anxiety during pregnancy. There are various self-help strategies available e.g. Netmums has information on mindfulness and anxiety reduction techniques as well as apps; mind the bump, Headspace or Mindfulness are easily accessible and effective aids.

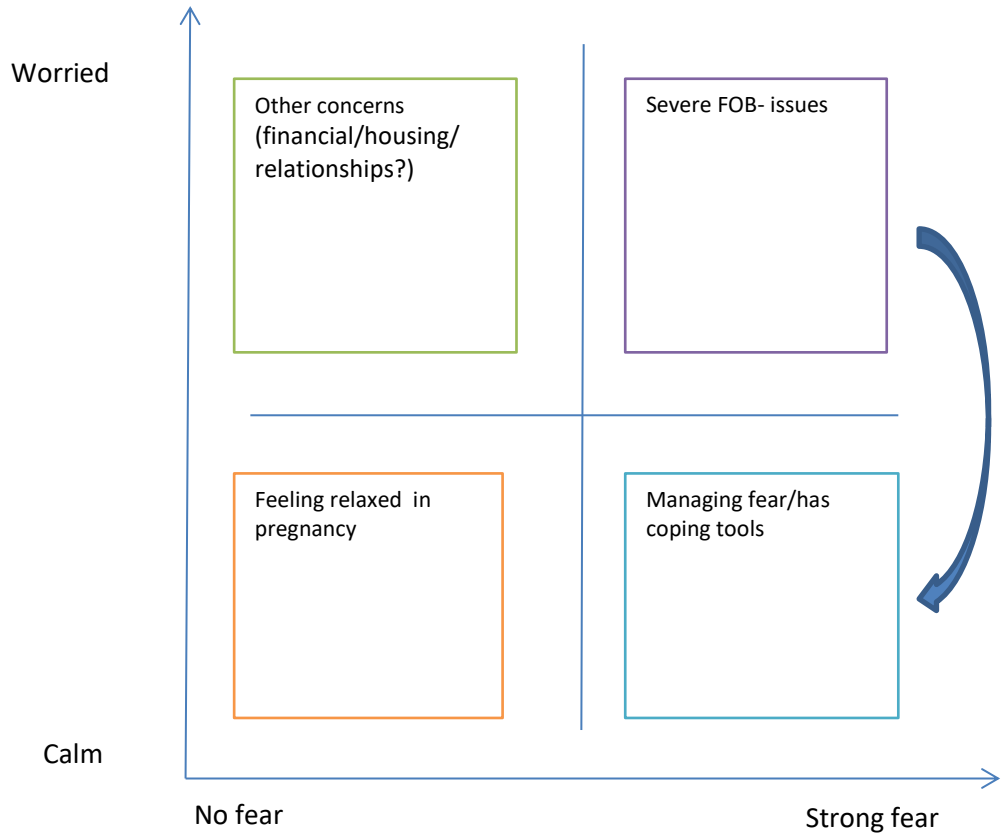
Pregnancy yoga- women may find yoga a relaxing and empowering intervention. Smith, Levett, Collins, and Crowther's (2011) systematic review concluded that yoga in pregnancy was associated with reduced pain, increased satisfaction with pain relief, increased satisfaction with birth experience, and reduced length of labour compared to usual care and birthing in a supine position. A reduction in anxiety during pregnancy has also been demonstrated (Marc et al., 2011). There are a variety of local providers although no single provider can be recommended over another.

See Appendix 5 for wellbeing plan which can be used during pregnancy to help women think about their mental wellbeing and support needed for pregnancy and the newborn period.

Appendix 4.

FOB model (R Savage 2020)

Use this model to help identify areas of fear and worry for the woman, each box represents the intersection where the two aspects interact. The aim for women with FOB is to find her own coping mechanisms and support/plans that enable the individual to find their control.



Main fear/issue (if known):

Strategies discussed or referrals made:

Name: **PID:** **Date:**

Appendix 5 - Wellbeing plan for women

My pregnancy & post-birth wellbeing plan

Boots Family Trust

This plan is to help you prepare the support you might need to look after your mental health. While coping with the physical changes in pregnancy, birth and beyond, your emotional health is important too. Many women feel anxious, unhappy, mentally distressed, depressed or even more severely mentally unwell during this time, which can be unexpected.

This plan is to help you think about the support you might need to look after your mental health and wellbeing. It is your decision whether to share it with anyone else

How am I feeling?

Take a moment to write about how you feel now, your thoughts about the birth and how you feel about your baby.

You may have mixed emotions about your pregnancy and your baby. This is completely normal. Here are some common signs that you should talk through with your midwife or health visitor:

- Tearfulness
- Feeling overwhelmed
- Being irritable/arguing more often
- Lack of concentration
- Change in appetite
- Problems sleeping or extreme energy
- Racing thoughts
- Feeling more anxious
- Lack of interest in usual things

Some women can also have:

- Intrusive thoughts
- Suicidal thoughts
- Strict rituals and obsessions
- Lack of feelings for their baby

Talking about how you are feeling helps you get through the exciting yet challenging time of becoming a parent. It doesn't matter who you talk to, but it is worth having someone in mind that you can trust and who can support you if needed. One of the first steps to getting better is knowing and accepting that you are unwell.

Often your friends and family will spot that things aren't quite right before you do.

I will ask .....
and talk to them about things troubling me.*

Also, ask yourself...

Am I** the sort of person **who accepts** that **I'm unwell?

How** might I start **the conversation** if **I feel embarrassed?

Who** else **can I turn to** if I don't feel **listened** to or **supported?

* You may want to share this Wellbeing Plan with them

Being prepared: help and support

Finding support can be tricky, especially if you are on your own. Starting to look at local activities and groups during your pregnancy can be a good way to meet new friends and mums in your area. Look in the local children's centre and on the Netmums website for antenatal classes, baby massage, antenatal and postnatal exercise groups, new mums groups and so on.

It is never too early to start meeting other pregnant women and new mums, or being active to support your mental health.

The following groups/classes are local to me:

Ways to cope: what might appeal to me?

- ❒ Talking to someone I trust about how I feel, such as a parent, sibling, partner or trusted friend
- ❒ Talking to my midwife or health visitor about how I feel
- ❒ Keeping active
- ❒ Having a healthy diet
- ❒ Finding out about different ways to relax, such as yoga, meditation
- ❒ Asking for help with things at home, like chores and babysitting
- ❒ Asking for support if I am worried about my baby
- ❒ Finding out about how to change my thinking patterns
- ❒ Discussing the possibility of counselling or medication with my GP
- ❒ Keeping a journal of my feelings though pregnancy and beyond

.....

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Remember...

- Feeling emotionally unwell is common. It is nothing to be embarrassed about.
- Talking about it is the best first step in getting the right support.
- It can happen to anyone, whether you have a history of mental illness or not.
- If you have suffered before, it doesn't mean it will happen again.
- Being prepared can make a big difference, so you've taken the first step by using this plan

Who could I ask if I need help with practicalities, such as shopping, tidying up and babysitting?

People I can call on are:

Record contact details here of a professional who should be able to help you or let you know of other support available if you are concerned about how you are feeling.

Midwife:
.....

Health visitor:
.....

GP:
.....

Other:
.....

- For more info and a full list of support organisations, national and local, visit www.netmums.com/pnd or ring the Tommy's FREE PregnancyLine on 0800 147800
- Find more information at www.tommys.org/mentalhealth

Published: Oct 2013
Review date: Oct 2016
Send feedback to mailbox@tommys.org

Endorsed by the National Institute for Health and Care Excellence (NICE) and the Royal College of General Practitioners (RCGP)
Find out more at http://bit.ly/1BZpboR