The effects of childbirth self-efficacy and anxiety during pregnancy on prehospitalization labor.

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OBJECTIVE: To describe levels of anxiety and self-efficacy for childbirth in nulliparous women during the late third trimester and to identify relationships among those variables, prehospitalization labor pain, management strategies, and hospital admission status. DESIGN: A longitudinal, descriptive study. PARTICIPANTS: Thirty-five English-speaking nulliparous women, 18 to 40 years of age, more than or equal to 38 week's gestation, with uncomplicated pregnancies. All participants had a significant other (husband or partner) and attended childbirth education programs. MAIN OUTCOME MEASURES: Spielberger Trait Anxiety Inventory, Prenatal Self-Evaluation Questionnaire, Childbirth Self-Efficacy Inventory, McGill Pain Questionnaire-Short Form, postpartum interviews, and medical records review. RESULTS: Prenatal anxiety was significantly related to self-efficacy for childbirth in late pregnancy, labor pain, number of hours at home in labor, and admitting cervical dilation. The number of management strategies used was related to pain scores during labor before hospital admission. Women who spent longer periods of time at home in labor arrived at the hospital with a greater cervical dilation. CONCLUSIONS: Antenatal characteristics influence intrapartal outcomes in nulliparas. Labor environment, at home and in the hospital, is recognized as an important component of the first childbirth experience.