Primary Tokophobia: fear of childbirth

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Definitions

Primary tokophobia – intense, disabling fear of childbirth which predates the first *birth experience*: approximately 1 per 1000

Secondary tokophobia – as above, but as a result of/postdates the first birth experience: approximately 1-3% of postnatal women

Hofberg K, Brockington IF. Tokophobia: an unreasoning dread of childbirth: A series of 26 cases. *The British Journal of Psychiatry 2000*, 176 (1) 83-85; DOI: 10.1192/bjp.176.1.83

Secondary tokophobia

- Symptom of PTSD (avoidance)
- May manifest as a request for maternal request elective caesarean section
- Not the subject of this presentation

Presentation of PT

Intense fear of childbirth, not amenable to reassurance and not at normal levels	Fear of pain	Unrelated to level of desire for own child
Some have intense fear/discomfort re pregnancy too	Some have revulsion regarding 'something growing inside', this is 'wrong, unnatural'	Some forget the desire for a baby once pregnant
Some are unaware they will respond in this way prior to their pregnancy	Mental avoidance of the pregnancy – discussion of the baby, sharing the news, concealing the bump, remaining small	Bond in pregnancy unlikely to form at more severe end

Presentation of PT

Can carry a risk of self-harm or harm to the fetus (uncommon)	May remain childless despite wanting a child	May delay pregnancy for many years
May seek out agreement for a CS for an obstetrician before pregnancy	High likelihood of terminating wanted pregnancies	Shame and guilt are strongly characteristic – delayed presentation, late TOP
Very high levels of stigma and embarrassment	High levels of anxiety	Very low mood with high levels of suicidal ideation

Formulation

- Family narratives
- Negative body experiences, particularly gynaecological
- Adolescent exposure to birth
- Eating disorder
- CSA or sexual violence history
- ‘Squeamish’
- ???

Treatment

- There is a weak evidence base – some support for group interventions, exposure to labour environment, relaxation
  - There is (some) research in the area and results are unclear, although there is some trending evidence emerging for group psychoeducation
    - The effect of interventions in alleviating fear of childbirth in pregnant women: a systematic review. Bakhteh A, Jaberghaderi N, Rezaei M, AL-Sadat Naghibzadeh Z, Kolivand M, Motaghi Z. Journal of Reproductive and Infant Psychology. Published online April 2022.
    - Birth preference in women undergoing treatment for childbirth fear: A randomised controlled trial. Larsson B, Karlstrom A, Rubertsson C, Ternstrom E, Ekdahl J, Segebladh B, Hildingsson I. Women and Birth, 2017; 30(6), 460-467
- Graded exposure? Inherent within pregnancy but ineffective
- Engagement/trust with therapist is key
- Woman and therapist require strong relationship with maternity services and involvement of senior staff in order to deliver the birth needed by the woman
- Engagement with partner (and sometimes family) is essential

Supporting pre-conception

If pre-conception:

- Requires assurance of caesarean delivery as a minimum
- Each anxiety/fear needs to be individually considered and a response derived
- May require a consultant obstetrician meeting
- Ask women to write themselves a letter outlining why they want a baby and how they have come to the decision to get pregnant
- Meet the partner if at all possible – explain condition, possible impact once pregnant

Supporting antenatally

During pregnancy:

- Many women will do well once a CS is agreed
- Meet very regularly, particularly in the pre-12 week period, and the post 24 week period.
- Meet with the partner as often as needed to support him and his ability to support the woman
- 'Chain' women with the same presentation (pregnant with postnatal)
- Assess mood and risk frequently – consider crisis services
- Consider the utility of any 'baby trigger' such as scans, discussions etc
- Agree a means to answer 'baby questions'
- Be aware of the woman's own language
- Support mood interventions (anxiety/depression)

Planning birth

- Planning with maternity services
  - Pink sticker system
- Reduce risk of being offered natural delivery
- Ensure a back-up plan exists if early labour begins
- Offer attendance at birth if necessary/feasible
- Consider breastfeeding – many will not entertain this
- Discuss the immediate postnatal period with partner

Pink Sticker

McKenzie-McHarg K, Crockett M, Olander EK, Ayers S. Think pink! A sticker alert system for psychological distress or vulnerability during pregnancy. *British Journal of Midwifery 22(8)*:590-595 · August 2014. DOI: 10.12968/bjom.2014.22.8.590

Supporting postnatally

After birth:

- Many women will return to normal almost immediately
- Women with more severe illness can take longer
- Immediate rejection of the baby after birth is rare but does occur
- Women will often need ongoing therapy post-birth to come to terms with their own responses during pregnancy
- Guilt and shame predominate postnatally
- Some attachment work may be necessary
- May need to consider the option of another baby!

Thank you!

Any questions??