



Emotional freedom techniques and breathing awareness to reduce childbirth fear: A randomized controlled study

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Abstract

Background

Emotional freedom techniques (EFT) and breathing awareness (BA) are applicable during labour. The present study aimed to determine the effectiveness of EFT and BA in the reduction of childbirth fear.

Materials and methods

This randomized controlled study included 120 pregnant women, of whom the EFT, BA and control groups. The women in the EFT and BA groups were offered their intervention in the latent, active and transition phases of labour.

Results

There was no significant difference in the sociodemographic and obstetric factors between the groups ($p > 0.05$). The Subjective Units of Distress Scale in active and transition phases were significantly lower in the EFT group. The difference in the scores for the Wijma Delivery Expectancy/Experience Questionnaire (version B) between the groups was significant ($p < 0.001$).

Conclusion

Both EFT and BA were observed to be beneficial in clinical practice; the EFT was found to be more effective and permanent.

Introduction

Complex feelings experienced in the first trimester of pregnancy are affected by many factors and replaced by childbirth fear in the second and third trimesters. Childbirth fear can be a result of biological, psychological and social factors. Prior obstetric and gynaecological experiences, fear of inability to give birth and to cope with pain and various psychosocial factors may create childbirth fear in pregnant women [1]. Severe fear, especially in the third trimester, leads to anxiety about the possibility of pain and stress during labour [2].

If the primary cause of fear is not solved, the defense mechanism of the body is activated. The sympathetic nervous system starts to function, which causes the release of stress hormones and activates various mechanisms of vasoconstriction [3]. Having fear and anxiety during labour increases the secretion of stress hormones, such as catecholamines (adrenaline and noradrenaline) [4]. Excessive release of cortisol in the presence of stress affects the secretion of oxytocin, which initiates labour. As a result, labour becomes longer, the mother and the baby may get tired, and lactogenesis is affected, which causes delayed lactation and reduces the frequency of breastfeeding [5]. The hormone cortisol can predispose to maternal and neonatal complications, emergency caesarian section, postpartum emotional problems and difficulty in adaptation to motherhood roles and mother-infant attachment [1,5]. Increasing the self-confidence of women during labour is effective in creating positive labour experiences and has a positive influence on a woman's adaptation to motherhood [6].

It has been reported that the prevalence of childbirth fear is 10% and is higher in the nullipara [[7], [8], [9]]. There have been various attempts to reduce this fear, such as psychoeducation, relaxation techniques and hypnosis, which have been shown to reduce fear [[10], [11], [12]].

Emotional Freedom Techniques (EFT) is a psychophysiological intervention that combines elements of cognitive behavioral therapy (CBT), exposure therapy and somatic stimulation using acupuncture points. Because of this acupuncture element, EFT is called "tapping". The basic EFT protocol has been published as a simplified form of thought field therapy [13,14]. Acupoint stimulation in EFT protocols breaks the cycle of sympathetic nervous system hyperarousal more rapidly than other forms of desensitization, thus allowing for faster symptom reduction, and it may also be beneficial for physical health [15]. The manualized, evidence-based expression of the method is defined as "Clinical EFT" [16]. This method can be safely applied to all age groups, including the elderly, pregnant women and children. Studies have cited hundreds of available EFT applications. Some of these studies are randomized controlled studies, and positive results have been obtained with clinical measurements [17]. EFT can be used in many areas, such as for addiction, anger, sexuality, anxiety, beliefs, grief, confidence, death, forgiveness and creativity. It can produce positive effects and has no reported side effects so far [18]. In addition, it has been found that EFT is as effective as cognitive behavioral therapies in studies of depression, post-traumatic stress disorder (PTSD) and anxiety in the clinical application of EFT in meta-analysis studies [[19], [20], [21]]. Solving emotional problems by using EFT before labour empowers pregnant women to cope with fear and other negative situations during labour. It can be implemented safely and effectively to help decrease pain during labour and to shorten the duration of labour [22].

Breathing awareness (BA) can provide physical, mental and emotional control. Because deep breathing increases blood circulation and oxygen flow and decreases stress, both mothers and their babies benefit from it. If pregnant women learn about breathing awareness, they have a calmer and more comfortable labour experience [23]. Slow and deep breathing can help pregnant women to control themselves when uterine contractions start [24]. This maintains the well-being of the foetus and facilitates labour. BA allows pregnant women to manage their respiratory muscles and control their pain and relaxation and increases their self-confidence [25]. Using complex breathing patterns may force the woman to recruit accessory

breathing muscles, which may contribute to an increased level of fatigue and thus may result in maternal dissatisfaction. The use of breathing patterns during labour should be recommended with caution, respecting patients' preferences [26].

There have been very few studies on the best ways for pregnant women to cope with childbirth fear. The present study focused on examining the effects of EFT and BA on reducing the fear felt by pregnant women during labour.

Section snippets

Study design

This is an experimental, randomized, controlled study. It was conducted according to the CONSORT guidelines [27,28]. The study was performed in the obstetric ward of an university hospital between April 2016 and May 2017. In 2016, 1417 vaginal births occurred in the hospital. In each labour room, there is a bathroom, a toilet, a sofa for a caregiver, a television, a refrigerator and a wardrobe. A female caregiver can stay with a pregnant woman, and the pregnant woman can walk in the suite and...

Results

There was no significant difference in age, education, health insurance and spouses' education between the groups ($p > 0.05$). The number of pregnancies, the number of abortions, gestational week, weight gained during pregnancy, type of delivery, health problems in pregnancy, the number of prenatal follow-up visits and meeting a woman giving birth did not significantly differ either ($p > 0.05$). The groups were similar in terms of sociodemographic and obstetric features (Table 1).

In this study,...

Discussion

Complementary therapies have been widely used to cope with various symptoms during pregnancy, childbirth and postpartum periods. Despite the existence of studies showing that EFT and BA decrease anxiety and stress, their effects on childbirth fear have not been investigated [22,24]. The present study is the first study to have conducted randomized controlled EFT and BA applications to reduce the fear of childbirth. When the level of fear of childbirth was compared with the W-DEQ-A of the...

Conclusion

In conclusion, although both EFT and BA were observed to be beneficial, EFT could be more effective than BA in reducing childbirth fear during delivery. On the basis of the SUDS scores, EFT can be said to produce a more positive and permanent effect. However, further studies are needed to specify that EFT and BA reduce the fear of birth. The results of the study will help practitioners at labour to decrease childbirth fear in that EFT and BA were specifically used to reduce this fear in this...

Conflicts of interest

All authors have no competing financial interests....