



# An Innovative Intervention Method in the Treatment of Fear of Birth: Haptotherapy

## *Doğum Korkusu Tedavisinde İnovatif Bir Müdahale Yöntemi: Haptoterapi*

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### ABSTRACT

Fear of childbirth is an issue that should not be ignored because it can cause serious problems in terms of maternal and infant health. It is necessary to reduce the fear of birth of pregnant women who experience fear of childbirth at various levels, and to increase their motivation for normal vaginal delivery, their awareness of their skills and their self-efficacy. In our country, there is no standard application protocol for reducing the fear of childbirth in pregnant women. Haptotherapy is an intervention protocol that includes a birth simulation that changes the way of cognitive and perceptual interpretation of giving birth, allows the birth to be perceived as a more normal and positive event and ultimately reduces the fear of childbirth in the pregnant woman, enabling the formation and development of certain skills in the woman. Haptotherapy is effective in reducing the fear of childbirth by making pregnant women aware of their negative feelings and thoughts, increasing women's self-efficacy and directing their birth preferences to vaginal birth. Women's health also means baby, family and community health. The birth of healthy generations depends on the physical, social and psychological well-being of the pregnant woman and it is necessary for the woman to be prepared for pregnancy, birth after conception, and motherhood away from all kinds of fear, anxiety and stress. In this context, it is important to evaluate the effect of haptotherapy on fear of childbirth, which is not yet known, not applied and clinical studies have not been conducted in our country, and to examine the effects of haptotherapy's effect and importance on maternal and infant health in the light of the literature.

**Keywords:** Fear of childbirth, haptotherapy, haptotherapeutic intervention

### ÖZ

Doğum korkusu beraberinde anne ve bebek sağlığı açısından ciddi sorunlar meydana getirebilmesi nedeniyle göz ardı edilmemesi gereken bir konudur. Doğum korkusunu çeşitli düzeylerde yaşayan gebelerin doğuma ilişkin korkularının azaltılması, normal vajinal doğuma yönelik motivasyonlarının, becerilerine yönelik farkındalıklarının ve öz-yeterliliklerinin artırılması gerekmektedir. Ülkemizde gebelerde doğum korkusunun azaltılmasına yönelik standart bir uygulama protokolü bulunmamaktadır. Haptoterapi doğum yapmanın bilişsel ve algısal yorumlanma tarzını değiştiren ve doğumu daha normal ve olumlu bir olay olarak algılanmasını ve sonuçta gebelerdeki doğum korkusunu azaltan, gebede belirli becerilerin oluşmasını ve gelişmesini sağlayan, bir doğum simülasyonunu içeren bir müdahale protokolüdür. Haptoterapi gebelerin olumsuz duygu ve düşüncelerinin farkına varması sağlanarak doğum korkusunun azaltılmasında, kadının öz-yeterliliğinin artırılmasında ve doğum tercihlerinin vajinal doğuma yönlendirilmesinde etkili olmaktadır. Kadın sağlığı aynı zamanda bebek, aile ve toplum sağlığı demektir. Sağlıklı nesillerin dünyaya gelmesi gebenin fiziksel, sosyal ve psikolojik olmak üzere her yönden iyi olmasına bağlıdır ve kadın gebeliğe, gebe kaldıktan sonra doğuma, daha sonra anneliğe her türlü korku, endişe, stresten uzak hazırlanması gereklidir. Bu bağlamda ülkemizde henüz pek fazla bilinmeyen, uygulanmayan ve klinik bir çalışma yapılmayan haptoterapinin doğum korkusu üzerindeki etkisinin değerlendirilmesi, haptoterapinin etkisinin ve öneminin anne ve bebek sağlığına olan etkilerinin yapıldığı çalışmaların literatür ışığında incelenmesi yapılacak çalışmalara yol göstermek adına önem arz etmektedir.

**Anahtar sözcükler:** Doğum korkusu, haptoterapi, haptoterapötik müdahale

## Introduction

**PREGNANCY** and childbirth are a period in which many changes are experienced as well as important and unique experiences in a woman's life. While this period includes positive emotions and expectations for some women, it means negative emotions and

experiences for some women, causing birth to be perceived as an unknown and unpredictable situation and fear of childbirth (Larsson et al. 2011, Toohill et al. 2014). Fear of childbirth is expressed as "fear before, during and after birth, or anxiety and anxiety caused by vaginal birth" (Adams et al. 2012). Fear of childbirth can be mild, moderate or severe, and according to

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studies, it is known that approximately 20-50% of women have mild, 20-26% moderate and 2-13% severe fear of childbirth (Mete et al. 2017, Klambers et al. 2018, Boz and Akgün 2020). In addition, in the study of Fenwick et al. (2013) and Bolsoy et al. (2019), it is stated that the daily work, individual and professional lives, social activities and relationships of pregnant women who have fear of childbirth are significantly affected by this fear (Fenwick et al. 2013, Bolsoy et al. 2019).

Factors that cause fear of childbirth are diverse; Many reasons such as anxiety or depression tendency, some psychiatric disorders, history of sexual or physical abuse, traumatic gynecological examination and experiences can cause fear of childbirth as well as increase the existing fear. In addition, past bad birth experience and fear of recurrence, labor pain experienced by primiparous pregnant women, and the unknown about birth, and myths about birth are other factors that cause fear of childbirth (Kordi et al. 2017, Demšar et al. 2018). Fear of childbirth is an issue that should not be ignored because serious consequences and complications may occur, maternal and infant health may be endangered. Fear of childbirth may cause women to terminate their pregnancy despite wanting a baby, to prefer cesarean delivery, and for some women to give up on biological motherhood. High level of fear of childbirth; women's avoidance of pregnancy, induced abortion, anxiety during pregnancy, depression, insomnia, stress and anxiety, domestic restlessness, birth; While it may cause prolongation of labor, use of induction, emergency cesarean delivery and vaginal delivery with intervention, it may cause delayed mother-baby attachment in the postpartum period, postpartum depression and post-traumatic stress disorder (Alessandra and Roberta 2013, Verhoeven 2016, Klabbbers et al. 2017).

In the last decade, various clinical studies aimed at reducing and preventing the fear of childbirth and its negative effects have gained momentum. There are studies indicating that the "haptotherapy" method can be used for treatment (Klabbbers et al. 2014, Verhoeven 2016). Haptotherapy exercises are designed to change a woman's perception of her pregnancy and develop a more positive attitude towards pregnancy and childbirth. With haptotherapy, the readiness of the woman who is pregnant and preparing to become a mother for the upcoming birth process is increased, and as a result, it is expected that the fear of childbirth will decrease (Klabbbers 2018). Maternal health also means baby, family and community health. The birth of healthy generations depends on the mother's physical, social and psychological well-being in all aspects, and the woman should be prepared away from all kinds of fear, anxiety and stress regarding pregnancy, childbirth after conception, and later motherhood (Toohill et al. 2014, Bolsoy et al. .2019). In this context, it is important to evaluate the effect of haptotherapy on fear of childbirth, which is not yet known, not applied and clinical studies have not been conducted in our country, and to provide information by examining the subject in the light of foreign literature. In addition, in order to conduct more randomized

controlled studies in order to reduce the fear of childbirth, it is important to conduct compiling studies emphasizing the effect and importance of haptotherapy and the effects of fear of childbirth on maternal and infant health in order to guide the scientific world and the literature.

## **Fear of Birth**

Fear is "an emotion experienced in the face of a possibility of danger arising from the inner or outer world, or any situation that is perceived and interpreted as a danger". Fear of birth is expressed as the fear experienced before, during and after birth (Aslan and Okumuş 2017). In many cultures, giving birth is associated with factors such as loss of control, experiencing severe pain, death and uncertainty, and fear of childbirth can be perceived by women at different levels such as mild, moderate, and severe (Mete et al. 2017, Boz and Akgün 2020). Low level of fear; It is a level of fear that does not affect a woman's daily life and can be managed by herself, and a level of fear can help a woman prepare for birth and motherhood. Moderate fear is a fear that does not affect mental health, but alone can be difficult to manage and support may be needed. Severe fear, on the other hand, is a fear that affects a woman's daily life and causes various mental health problems and complications. Pregnancy and the level of severe fear that causes avoidance of vaginal birth during pregnancy is called "tokophobia" (Fenwick et al. 2013, Wijma and Wijma 2017). In the studies conducted by Kjaergaard et al. (2008) and Adams et al. (2012), it was determined that 10% and 7.5% of women, and in the study conducted by Fenwick et al. (2013), 10-39% of women experienced severe fear of childbirth (Kjærgaard et al. 2008, Adams et al. 2012, Fenwick et al. 2013). In addition, when we look at the studies carried out in our country; Bülbül colleagues (2016) found that 38.8% of women, and Demirci and Şimşek (2018) found that 72.6% of women had a severe fear of childbirth (Bülbül et al. 2016, Demirci and Şimşek 2018).

The etiology of the fear of childbirth experienced by pregnant women is multifactorial and these factors are; It can be classified as socio-demographic, obstetric and psycho-social. In addition to these factors, the reasons for the fear of childbirth experienced by women; birth pain, complications that may develop in the mother and baby during birth, procedures applied at birth, the approach of health personnel and sexuality (Serçekuş and Okumuş 2009, Klabbbers 2018). Many negative situations caused by the fear of childbirth have been reported in the studies, it has been reported that the fear of childbirth causes hormonal changes in the uterus and these changes cause obstetric complications, pain, emergency cesarean section and exaggerated mood disorders in the postpartum period, increase the labor pain (Karabulutlu 2012). It has been found that it reduces satisfaction (Rouhe et al. 2013), weakens mother-infant attachment, affects breastfeeding negatively, and causes interventional deliveries, cesarean delivery and an increase in preference (Fenwick et al. 2015). In addition, it can cause serious problems such as severe fear of childbirth, premature birth, preeclampsia, low birth weight, and increased risk of depression in women (Adams et al. 2012, Alessandra and Roberto 2013, Taşkın 2020).

## Treatment of Fear of Birth

The aim of treatments and interventions to cope with the fear of childbirth is to enable the woman to accept her pregnancy and childbirth situation and to realize her abilities, to control her fears and anxieties about childbirth and to develop positive feelings towards birth. In addition, it is to reduce the feeling of uncertainty that causes fear of childbirth, to eliminate false and fearful thoughts, and to increase women's self-efficacy and the idea of giving birth (Rouhe et al. 2009, Kordi et al. 2017). The management of fear of childbirth is mostly done for labor pain, and in the current literature, the management that should be done for this fear; It is stated that fear of childbirth is not only related to labor pain, but also many factors such as previous birth type, depression, low social support and knowledge level should be emphasized (Toohill et al. 2015). Many approaches such as birth preparation classes, breathing techniques, hydrotherapy, hypnosis, doula support, psycho-education, cognitive and behavioral therapies, individual counseling, art therapy, motivational interviewing are used in the management of fear of childbirth. One of these approaches is the "haptotherapy" approach, which is a current practice used in the prevention, management and treatment of fear of childbirth (Toohill et al. 2014, Shakeri 2014, Fenwick et al. 2015). Klabbbers et al. (2019) found a significant decrease in the fear of childbirth in pregnant women in the haptotherapy group in their study to reduce the fear of birth with haptotherapy (Klabbbers et al. 2019).

When we examine some studies within the framework of approaches to reduce the fear of birth; Nieminen et al. (2016) stated that the 8-week internet-based cognitive behavioral therapy applied to pregnant women with severe fear of childbirth was effective in reducing the fear of birth in women, Uçar (2013), a training program based on cognitive behavioral techniques that lasted for three weeks and consisted of six sessions, reduced the fear of birth in pregnant women, Toohill et al. (2014) stated that the psycho-education program applied by telephone to pregnant women who have fear of childbirth reduces fear of birth and increases self-efficacy in childbirth (Uçar 2013, Toohill et al. 2014, Nieminen et al. 2016). In a systematic review and meta-analysis study by Boz and Akgün (2020), it was found that psycho-education reduces the fear of birth and the rate of cesarean delivery, and Klabbbers et al. (2019) found that haptotherapy applied in eight one-hour sessions between the 20th and 36th weeks of pregnancy. Sezen and Ünsalver (2019) reported that it is more effective than internet-based psycho-education and standard care in reducing the fear of childbirth, and that art therapy applied as a six-session group for fear of childbirth significantly reduces women's fear of birth, cesarean delivery and unnecessary interventions in birth, the rate of vaginal birth. (Klabbbers et al. 2019, Sezen and Ünsalver 2019, Boz and Akgün 2020). In addition, Larsson et al. (2011) in their study; They stated that the counseling given to women by midwives for their fear of childbirth increased their self-confidence, positively affected

their thoughts about childbirth, made women feel stronger during childbirth, and decreased their fear of childbirth (Larsson et al. 2011).

## Haptotherapy in the Treatment of Fear of Childbirth

Haptonomy; "communicating and feeling together", haptotherapy; "The therapeutic application of the principles of haptonomy", in other words, "it is a safe touch method used to reduce the pregnancy's fear of birth, strengthen maternal-paternal attachment, and reduce the negative effects of fear and anxiety" (Klabbbers et al, 2014). This method was found by Frans Veldman in the 1950s, in 1993 the haptotherapy profession was formalized by the Haptotherapists Association, and it was accepted as a profession, an official specialty in the Netherlands. Haptotherapists who apply the haptotherapy method are physiotherapists, general practitioners or medical professionals who have basic pregnancy and birth knowledge apart from haptotherapy. Pregnant women with severe fear of childbirth in the Netherlands are normally referred to a psychologist or psychiatrist, or they can also directly contact a certified health haptotherapist specializing in the treatment of fear of childbirth. Today, haptotherapists working in primary health care services in the Netherlands can be accessed directly, and the cost of haptotherapy is fully or partially reimbursed by all health insurances (Verhoeven 2016, Klabbbers et al. 2017).

Haptonomy special education and training programs implemented since 1993 include special exercises and skills to treat women with severe fear of childbirth and pregnant women. The exercises are designed to create a change in the woman's perception of her pregnancy, her perceived strength and body, to develop a positive attitude towards pregnancy and childbirth, and to focus on raising awareness about her ability to feel and open up (Klabbbers et al. 2018). Contact and communication are key concepts in haptonomy. In haptotherapy, through touch, pregnant women learn to connect with their emotions and then learn how to better cope with their illness, their fears, themselves, and the world around them. In addition, with haptotherapy, pregnant women can improve their readiness for the upcoming birth, which is expected to lead to a reduction in fear of childbirth (Klabbbers 2014). It is stated that haptotherapy facilitates the development of certain skills that change the cognitive evaluation of giving birth and make it possible to perceive birth as a more normal and positive life event, and ultimately reduce the fear of childbirth. A common component of all haptotherapies treatments is greater preparedness for the physical sensations that are perceived and experienced. Changing the mind, body awareness, and therefore self-awareness, fostering childbirth skills through insightful conversations (such as learning to cope with pain, coping with pain and contractions) and these skills are activated through direct touch, reducing anxiety and tensions, and achieving inner peace. As a result of newly gained insight and experiences, fear leads to an increasing confidence in



one's ability to give birth to a child through a natural vaginal delivery (Verhoeven 2016, Klabbers et al. 2018).

Another purpose of haptotherapy is to change the mindset, to make the pregnant woman aware of her capacity to allow and experience emotions. It tries to make the woman aware of the difference between body-object and body-subject, creating a mindset that helps her cope better with her problems and fears. In other words, the person consciously learns to open and close himself against these feelings (Klamcercs et al. 2019). More specifically, she learns to open herself up to sensory impressions and to use practical techniques to cope with labor pains, to ease contractions, and to gain the ability to properly use abdominal thrust pressure for the baby's pressure. In addition, haptotherapy aims to shape the subconscious thoughts of the pregnant woman and to increase her self-confidence about her ability to deliver vaginally (Klabbers et al. 2018).

The phase of changing body awareness and self-awareness of the therapy, which is applied to awaken feelings such as being aware of or discovering their talents in women who have fear of childbirth, is based on the dialogue between two people (haptotherapist and woman), motivational interview, awareness of women and their body about their ability to give vaginal birth. results in increased self-efficacy. Skill-building exercises and direct contact are applied by the therapist (or partner) to increase body and self-awareness. These skills are meant to make it easier to deal with uterine contractions, handle labor pain more appropriately, and push more effectively in the third stage of labor. In addition, the application of these techniques is expected to create a change in the woman's perception of her pregnancy, which may lead to a decrease (Verhoeven 2016).

### **Haptotherapeutic Intervention**

Haptotherapy is a method that enables the perception of birth as a normal and positive life event and facilitates the formation and development of certain skills that can ultimately reduce the fear of birth. Preferably, the spouse of the pregnant woman is asked to attend each training session and actively do various exercises together with her spouse. This method consists of a training program that includes skills taught in one-hour sessions, eight in total, between the 20th and 36th weeks of pregnancy (Klabbers et al. 2014). The first three sessions of haptotherapeutic intervention include simple exercises from daily life to guide the pregnant woman's ability to open and close her awareness of her own emotions corresponding to her own experiences. The partner (if any) can play an important role in therapy and in the continuation of skills training exercises. Performing skill exercises at home with a partner increases the effectiveness of skills. Sometimes a mother, sister or (girlfriend) friend can attend and provide social support if the spouse is not available. Promoting positive emotional contact between both parents

and the unborn child creates positive feelings for a woman as a pregnant woman. As a result, it is expected that she will feel more comfortable and safe, and that the muscle tone of the uterus will decrease significantly. In addition, the fact that the pregnant woman participates in the training with her partner and is more involved in the upcoming birth process creates a sense of trust for the woman, which can create a confidence that is expected to mean a decrease in the fear of childbirth. It usually takes a few weeks to help the mother develop these skills and integrate these skills into daily life (Klabbers et al. 2019).

Haptotherapy enables the pregnant woman to gain some knowledge and skills, and these knowledge and skills can help women to feel more competent and more controlled, helping to reduce state anxiety, in this way, it is expected that the birth will take place more safely and the unknowns and fears about birth will decrease. Haptotherapy has the following three basic steps (Klabbers et al. 2014, 2018);

Developing the perception of birth as a more normal and positive life event and increasing women's self-efficacy and self-confidence through speech therapy between the pregnant woman and the haptotherapist.

Ensuring maternal attachment by applying exercises to touch the belly of the pregnant and providing paternal attachment by the reaction of the fetus with the father's touching the belly of the pregnant,

In the third stage of labor, the correct use of abdominal pressure, that is, abdominal strength, during the pushing stage of the baby, learning the skills to cope with contractions, painful contractions and in general to cope with labor pain, and the acquisition of skills related to effective coping. It is to enable him to control his fears by making him feel that he is.

### **Content of Haptotherapeutic Intervention Sessions**

Therapy for women with a severe fear of childbirth includes a combination of skills taught in eight chapters. Preferably, the wife of the woman also actively participates in each session, this creates an environment of positive emotional contact and trust in the woman. The individual therapy and the content of the sessions are briefly explained to the pregnant woman, and information is given about the purpose of the therapy. The first three sessions include simple exercises from daily life for the woman to discover her own abilities. These skills are then used to distinguish between having a body as an object and the conscious inner experience of the body as a subject. In the following sessions, the skills developed by the pregnant woman are repeatedly approved by the haptotherapist, and the skills are applied to learn labor pains, uterine contractions and the correct use of abdominal pressure during straining

(Veehoeven 2016, Kladders et al. 2018). We can briefly summarize the haptotherapeutic intervention sessions and their contents as follows:

### Session 1: Getting Started

This session is an informative meeting that concludes with getting to know each other, taking anamnesis, and discussing the working methods described in the haptotherapy treatment guide.

### Session 2: Ability to Open and Close

Awareness of emotions and feelings and their physical consequences, the pregnant woman and her partner are taught to feel the difference between turning emotionally towards someone else and turning away from them. The pregnant woman and her husband are given an exercise for the fetus by touching the belly of the woman in an inviting way. The fetus in the womb may respond by moving towards the touched hand. Facing sensory impressions, the ability to open or close oneself, is the basis of therapy, the essence of haptotherapy intervention.

### Session 3: Further Development of on and off Ability

It is necessary to repeat the initial exercises several times, because women who are often hindered by their fears and who are afraid of childbirth may find it difficult to open up to sensory impressions. At the end of the session, the exercise of invitingly touching the woman's belly and the baby's reactions can be explored more, which can cause emotional openings in the pregnant and reduce the fear of emotional reactions.

### Session 4: Sensitivity

Haptotherapy emphasizes the importance of a delicate interaction between the fetus and the woman's (lower) body to facilitate the birth process. While the first three sessions are seen as a preparation, in the fourth session, the attention of the pregnant woman will be directed to her abdomen and pelvic region. New exercises are performed to refine this part of the body. At the end of the session, in order to gradually increase the sensitivity of both parents, she is encouraged to do the touching exercise again, the tummy is touched, and it is discovered that the baby's responses increase even more.

### Session 5: Abdominal Pressure

The purpose of this session is to ensure the correct use of the pregnant woman's pushing power, abdominal muscles, pain and contraction management during delivery. At the end of the session, abdominal touch exercise is performed again.

### Session 6: Dealing with Contractions and Pain

In this session, it is aimed to practice to learn how to deal with contractions and pains during childbirth. Therefore, all the issues discussed in previous sessions are reviewed again.

### Session 7: Birth Simulation

The seventh session consists of a birth training all aspects of birth are simulated as much as possible. Practices for dealing with contractions and coping with pain in various positions are performed. Attention is also drawn to the role of the spouse during childbirth.

### Session 8: Evaluation and Review

Evaluation and, if necessary, rehearsal of the exercises are the main components of this final session.

## Conclusion

Considering that one of the most important reasons for optional cesarean section births is the fear of birth, it is necessary to reduce the fear of birth, especially primiparous pregnant women who experience the fear of birth and the feeling of uncertainty more intensely, their motivation for normal vaginal delivery, their awareness of their skills and their self-efficacy should be increased. In our country, there is no standard application protocol for reducing the fear of childbirth in pregnant women. Haptotherapy is a proven intervention protocol that includes a birth simulation, which changes the cognitive and perceptual interpretation of giving birth, enables the birth to be perceived as a more normal and positive event, and ultimately reduces the fear of birth in pregnant women. Haptotherapy is effective in reducing the fear of birth by making pregnant women aware of their negative feelings and thoughts, increasing the self-efficacy of women and directing their birth preferences to vaginal birth. In this context, with haptotherapy, the awareness of health professionals who provide support and training to women during pregnancy and childbirth at the point of gaining the ability to cope with labor pains, developing a positive perception of birth and having a birth experience, training on haptotherapy, organizing necessary training and certificate programs and It is important to ensure that midwives participate in these programs. There is a need to follow the studies on the subject and to conduct randomized controlled studies in our country in line with these studies.

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