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Positive Expressive Writing, Fear of Childbirth and Childbirth Self-Efficacy: A Preliminary Study

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Abstract

Introduction: During the third trimester of pregnancy, pregnant women tend to experience increased stress related to the childbirth process, which may lead to fear of childbirth (FOC). High levels of FOC negatively affect the childbirth process and overall birth experience. Fear of childbirth is known to be negatively correlated with childbirth self-efficacy, where better self-efficacy is associated with higher childbirth satisfaction. Expressive writing is a simple psychological intervention focused on emotional processing through writing and has been proven effective in reducing stress and anxiety among pregnant women. However, research examining the effects of expressive writing on FOC and childbirth self-efficacy among third-trimester pregnant women in Indonesia remains limited. Objectives: To examine the effect of expressive writing on fear of childbirth and childbirth self-efficacy among third-trimester pregnant women. Methods: This study employed a pre-experimental design using a one-group pretest–posttest approach. A total of 26 third-trimester pregnant women were selected using accidental sampling. The expressive writing intervention was conducted for four consecutive days. FOC was measured using the W-DEQ version A, while childbirth self-efficacy was assessed using the CBSEI C-32. Data were analyzed using the paired t-test. Results: The results showed a significant reduction in fear of childbirth after the expressive writing intervention (p = 0.043). However, the increase in childbirth self-efficacy scores after the intervention was not statistically significant (p = 0.063). Conclusion: Expressive writing was effective in reducing fear of childbirth but did not demonstrate a significant effect on improving childbirth self-efficacy among third-trimester pregnant women.

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INTRODUCTION

Fear of Childbirth (FOC) is a feeling of fear, worry, or anxiety experienced by women regarding the childbirth process and most commonly occurs in the third trimester of pregnancy (1). The fears experienced by mothers include fear of pain during labor, fear of the medical instruments used during childbirth, and fear concerning the condition of the baby (2). The global prevalence of FOC is estimated at 16% (3). while in Indonesia, 69% of women are reported to experience moderate levels of FOC (4).

FOC may lead to a more difficult and prolonged labor process (1,5). Women experiencing FOC tend to have less satisfactory childbirth experiences, which can affect long-term maternal psychological well-being and the quality of emotional bonding with the infant (6,7). FOC has a negative correlation with childbirth self-efficacy, whereby higher

levels of FOC are associated with lower maternal self-efficacy in coping with childbirth (8). Childbirth self-efficacy refers to a woman's belief in her ability to manage and cope with stress and pain during labor (9). High levels of self-efficacy are associated with better stress control during childbirth, lower perceived pain, and higher childbirth satisfaction (5).

The World Health Organization (WHO), through its Intrapartum Care for a Positive Childbirth Experience guideline, emphasizes the importance of woman-centered care to ensure a positive childbirth experience. This includes emotional support, a sense of safety, active maternal involvement in decision-making, and interventions that minimize unnecessary medical procedures (10).

Expressive writing (EW) is a writing technique that focuses on expressing feelings, thoughts, and emotional experiences related to painful, traumatic, or stressful events. This technique was developed by James W. Pennebaker in the late 1980s. The aim of this method is to help individuals process and release emotions associated with negative experiences, thereby reducing stress levels and improving mental and physical health (11). Several studies have shown that EW can reduce stress, anxiety, and depression levels in pregnant women (12–14).

Research show that after EW sessions, individuals may experience increases in blood pressure as well as feelings of discomfort and distress. However, these responses tend to be temporary and usually subside within a few hours (15). The emergence of negative emotions after the disclosure of painful or traumatic feelings, emotions, or experiences through EW has led to limitations in the use of this technique, particularly among vulnerable individuals. Therefore, EW should be conducted under professional supervision and should not be performed independently at home.

These limitations have encouraged the development of positive expressive writing (PEW), a writing technique that involves self-reflection and the expression of thoughts, feelings, and emotions related to specific positive topics (e.g., gratitude, positive experiences, or best possible selves). PEW has demonstrated consistent effects in increasing positive affect, happiness, optimism, and life satisfaction, compared with EW (16).

Research on the effects of PEW on FOC and childbirth self-efficacy among pregnant women, particularly those in the third trimester, remains limited. Therefore, this study aims to examine the effects of positive expressive writing on fear of childbirth and childbirth self-efficacy among third-trimester pregnant women as an effort to support midwifery care oriented toward maternal mental health. Ethical clearance for this study was obtained from the Research Ethics Committee of RSUD dr. Moewardi, with approval number 1.910/IX/HREC/2025, dated September 1, 2025.

METHODS

This study is a pre-experimental quantitative study with a one-group pretest–posttest design. Respondents were recruited using accidental sampling from pregnant women attending antenatal care services at seven primary health centers (puskesmas) in Surakarta in October and November 2025. Pregnant women who were present during their antenatal visits and were willing to participate were invited to complete an initial screening questionnaire to determine their eligibility based on the predefined inclusion and exclusion criteria. Out of the 81 pregnant women screened, 32 met the exclusion criteria, resulting in 49 pregnant women who fulfilled the inclusion criteria, however 18 pregnant women declined to participate. A total of 31 pregnant women received the intervention, of whom 5 dropped out. Therefore, the final sample analyzed consisted of 26 respondents. The inclusion criteria were gestational age between 28 and 36 weeks and a moderate level of FOC. The exclusion criteria included a history of anxiety disorders and limitations in writing ability.

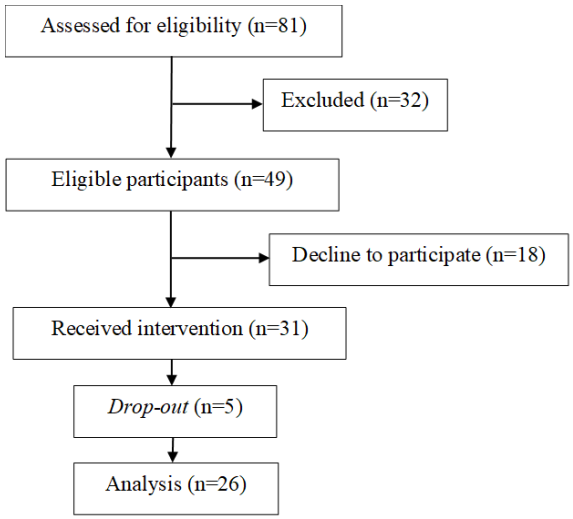

Figure 1. Flow diagram of participant recruitment

FOC and childbirth self-efficacy were measured twice, at pretest and posttest. FOC was assessed using the Wijma Delivery Expectancy Questionnaire (W-DEQ) version A, which consists of 33 items with a total score ranging from 0 to 165. The W-DEQ version A measures FOC across six domains: fear, negative appraisal, loneliness, lack of self-efficacy, lack of positive anticipation, and concerns about the child (17). The W-DEQ version A was translated into Indonesian and tested for validity and reliability in 2022 (18). Childbirth self-efficacy was measured using the Childbirth Self-Efficacy Inventory (CBSEI) C-32, which consists of 32 items. Higher scores indicate higher levels of childbirth self-efficacy. The CBSEI C-32 measures two dimensions of self-efficacy during the second stage of labor: outcome expectancy and self-efficacy expectancy (19). The CBSEI has been translated into Indonesian and tested for validity and reliability in 2019 (20).

The PEW intervention was delivered using a module book that had undergone content validity testing by a psychologist, a midwife, and a visual communication design lecturer. The intervention process began with a screening stage to identify eligible respondents based on the inclusion criteria. Eligible participants were then provided with an explanation of the PEW intervention. Those who agreed to participate were asked to sign an informed consent form, followed by completion of the pretest questionnaires. The PEW intervention was conducted independently at home by the respondents for four consecutive days, with each session lasting 15–20 minutes. The PEW module consisted of structured positive writing prompts focusing on gratitude, positive pregnancy experiences, and positive expectations toward childbirth. Adherence was monitored through daily WhatsApp follow-ups, where participants confirmed completion of each session. The post-test questionnaires were administered offline by home visit one day after completion of the final writing session. Differences between pretest and posttest scores were analyzed using bivariate analysis with a paired t-test.

RESULTS AND DISCUSSION

Table 1. Respondent characteristic

Respondent Characteristics	Frequency (n)	Percentage (%)
Age (years)		
<20	0	0
20-35	25	96.8
>35	1	3.2
Education Level		
Primary school	0	0
Junior high school	0	0
Senior high school	16	61.5
Higher education	10	38.5
Employment Status		
Housewife	20	76.9
Employed	6	23.1
Parity		
Primiparous	11	42.3
Multiparous	15	57.7
History of Cesarean Section		
Yes	8	30.8
No	18	69.2
History of Pregnancy or Childbirth Complications		
Yes	6	23.1
No	20	76.9
Participation in Antenatal Classes		
Never	12	46.2
Once	2	7.7
≥ 2 times	12	46.2
Total	26	100

The majority of respondents were aged 20–35 years (96.8%). At this age range, women are considered to be psychologically and physically more capable of undergoing and accepting pregnancy (21,22). Most respondents had completed senior high school as their highest level of education (61.5%), while the remainder had attained higher education (38.5%). Higher educational attainment is associated with better health literacy, which influences understanding of pregnancy and childbirth. Adequate health literacy also facilitates access to and critical appraisal of valid health information. Women with lower educational levels tend to have greater difficulty accessing, understanding, and filtering information related to pregnancy and childbirth, which may increase worry and anxiety (21).

The majority of respondents were housewives (76.9%). Employment status influences the psychosocial aspects of pregnancy. Employment provides structured daily routines, strengthens social identity, and offers opportunities for social interaction, all of which contribute to emotional stability. In contrast, unemployed or non-working pregnant women, including housewives, may experience higher levels of anxiety due to limited social support and reduced engagement in activities, which can lead to feelings of helplessness. However, it is important to note that employment may also act as a source of stress when workload is excessive or the work environment is unsupportive (21).

Based on parity, 57.7% of respondents were multiparous, while 42.3% were primiparous. Among multiparous women, FOC is often associated with traumatic or unpleasant experiences during previous pregnancies or childbirth. Negative childbirth experiences increase maternal fear due to concerns that similar events may recur in subsequent deliveries (23). This finding is consistent with the observation that 30.8% of respondents had a history of cesarean section and 23.1% had experienced pregnancy or childbirth complications, both of which may further intensify fear of subsequent

childbirth. Among primiparous women, FOC commonly arises from a lack of experience and knowledge regarding childbirth (24). Adequate knowledge about childbirth has been shown to enhance self-confidence and reduce FOC (25).

Nearly half of the respondents (46.2%) had never participated in antenatal classes. Participation in antenatal classes enables pregnant women to acquire information, skills, and a better understanding of the childbirth process, thereby facilitating improved mental preparation for labor. Women who attend antenatal classes generally report feeling calmer and more confident, as they have a clearer expectation of what to anticipate during childbirth. Conversely, those who do not attend such classes tend to experience higher levels of anxiety due to limited knowledge and inadequate mental preparedness. Therefore, antenatal classes play an important role in enhancing psychological readiness for childbirth (26).

Table 2. Fear of childbirth scores before and after intervention

Fear of Childbirth	Mean ± SD	Difference ± SD	p-value	Cohen's d	95% CI
Pretest (n=26)	45.88 ± 10.701	5.731 ± 13.710	0.043	0.418	0.013 – 0.815
Posttest (n=26)	40.15 ± 15. 673				

The mean FOC score among respondents prior to the PEW intervention was 45.88 (SD = 10.701) and decreased to 40.15 (SD = 15.673) after the intervention. This reduction indicates a mean difference of 5.731 with a standard deviation of 13.710. The paired t-test results showed a p-value of 0.043 ($p < 0.05$), indicating a statistically significant difference in FOC scores before and after the PEW intervention. The reduction in fear of childbirth demonstrated a small-to-moderate effect size (Cohen's d = 0.418, 95% CI = 0.013–0.815), indicating that the intervention had a modest practical impact despite the relatively small sample size.

The findings of this study are consistent with previous research examining the effects of EW on FOC among nulliparous pregnant women conducted by Khalili et al., (2022), which reported a significant reduction in FOC scores among third-trimester nulliparous women following EW intervention. EW facilitates emotional expression, helps release suppressed emotions, reduces psychological burden, and decreases general anxiety related to childbirth. Furthermore, reflective writing enhances self-awareness and provides space for pregnant women to process their fears more rationally, thereby contributing to a reduction in FOC (27).

The results of this study are also in line with research on the effectiveness of EW in reducing anxiety levels among pregnant women conducted by Sundarin dan Kusumahati (2025), which reported a significant decrease in anxiety among third-trimester pregnant women following an EW intervention using the "Pregnancy Journey Journal". The reduction in anxiety observed in that study was associated with Gross's emotion regulation theory and Leventhal's Self-Regulation Theory. Emotional regulation through writing allows third-trimester pregnant women to reflect on their emotions and supports adaptive coping strategies. The use of emotional coping worksheets within the intervention provided opportunities for independent coping sessions, enabling pregnant women to identify and respond to sources of stress, thereby reducing anxiety levels (28).

The reduction in FOC observed in the present study demonstrates a pattern consistent with previous studies implementing EW interventions, although the intervention applied in this study was positive expressive writing (PEW). The mechanism underlying the reduction in FOC in this study differs slightly from those of previous EW-based studies. In the present study, the reduction in FOC is explained using the Broaden-and-Build Theory developed by Fredrickson in 2004. Through positive emotion writing or PEW, third-trimester pregnant women experience an expansion of cognitive

perspectives, enabling them to perceive childbirth in a more positive and optimistic manner. This process subsequently builds psychological resources by enhancing self-confidence and reducing FOC (29).

Table 3. Childbirth self-efficacy scores before and after intervention

Childbirth Self-Efficacy	*Mean* ± SD	*Difference* ± SD	p-value	Cohen's d	95% CI
Pretest (n=26)	270.38 ± 23.809	-5.115 ± 13.391	0.063	-0.382	-0.777 – 0.020
Posttest (n=26)	275.50 ± 23.752				

The mean childbirth self-efficacy score among respondents prior to the PEW intervention was 270.38 (SD = 23.809) and increased to 275.50 (SD = 23.752) after the intervention. This increase indicates a mean difference of –5.115 with a standard deviation of 13.391, reflecting an average increase of approximately 5 points in childbirth self-efficacy scores. However, the paired t-test results showed a p-value of 0.063 ($p > 0.05$), indicating no statistically significant difference in childbirth self-efficacy scores before and after the PEW intervention. The increase in childbirth self-efficacy demonstrated a small effect size (Cohen's d = −0.382, 95% CI = −0.777–0.020). Although the direction of the effect indicated an improvement in self-efficacy scores after the intervention, the confidence interval included zero, suggesting that the effect was not statistically reliable.

The findings of this study indicate that there was no statistically significant difference in childbirth self-efficacy scores before and after the PEW intervention. Although an average increase of approximately 5 points in childbirth self-efficacy was observed, the analysis demonstrated that this increase was not statistically significant. The finding that PEW had a significant effect on reducing FOC but not on increasing childbirth self-efficacy may be explained by Fredrickson's Broaden-and-Build Theory. According to this theory, both reduced FOC and increased childbirth self-efficacy are considered psychological resources; however, the "build" process involved in strengthening childbirth self-efficacy requires a longer period of time compared to the reduction of FOC (29).

This interpretation is also consistent with Bandura's self-efficacy theory, which proposes that self-efficacy is developed through four primary sources: mastery experiences, vicarious experiences, verbal persuasion, and physiological and emotional states. The PEW intervention primarily influences the physiological and emotional state component, while the other three sources of childbirth self-efficacy remain unchanged. Consequently, the intervention may not have been sufficiently strong to produce a significant change in childbirth self-efficacy, which is relatively more stable in nature (30).

Although the reduction in fear of childbirth was statistically significant, the p-value obtained ($p = 0.043$) was close to the conventional significance threshold ($p < 0.05$). Therefore, the finding should be interpreted with appropriate caution, particularly considering the relatively small sample size of the present study. Small samples may increase the likelihood of statistical errors, including Type I error, where a statistically significant result may occur by chance. In contrast, the non-significant result observed for childbirth self-efficacy may also reflect a potential Type II error, where a true effect may not be detected due to limited statistical power. Despite these considerations, the observed reduction in fear of childbirth and the calculated effect size suggest that positive expressive writing may have practical relevance for supporting maternal psychological well-being. Future studies with larger samples and more robust research designs are recommended to confirm and extend these findings.

CONCLUSION

This study demonstrated a significant effect of the PEW intervention on reducing fear of childbirth. However, no significant effect was found on increasing childbirth self-efficacy. Future studies are recommended to compare the effectiveness of positive expressive writing and expressive writing interventions to determine which approach is more effective in reducing fear of childbirth. In addition, further research should consider technical aspects of the writing process, such as writing length, depth of paticipants' reflections, and alignment of the written content with the provided prompts, as these factors may influence the breadth of emotional exploration and the overall effectiveness of positive expressive writing interventions.

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