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## **“Comparison of Anxiety Levels in Primigravida vs Multigravida Mothers During Labour”**

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### **Abstract**

#### **Background**

Labour is a physically and emotionally intense experience for women. Anxiety during labour can affect maternal and fetal outcomes. Primigravida mothers often experience higher anxiety compared to multigravida mothers due to lack of prior experience. **Objective:** To compare the anxiety levels between primigravida and multigravida mothers during labour. **Methods:** A **comparative descriptive study** was conducted among **60 mothers (30 primigravida and 30 multigravida)** in a selected hospital. Anxiety levels were assessed using a **standardized anxiety scale**. Data were analyzed using **mean, standard deviation, and chi-square test**. **Results:** Primigravida mothers showed significantly higher anxiety levels (Mean = 32.5) compared to multigravida mothers (Mean = 24.3). A statistically significant difference was found ( $p < 0.05$ ). **Conclusion:** Primigravida mothers experience higher anxiety during labour. Proper **antenatal education and psychological support** are essential.

#### **Introduction**

Childbirth is a profound physiological and psychological event in a woman's life. While it is often viewed as a natural process, labour can also be associated with significant emotional responses, particularly **anxiety**. Anxiety during labour is a common phenomenon and can influence both **maternal and fetal outcomes**, making it an important area of focus in obstetric and mental health nursing.

Anxiety is defined as a **feeling of uneasiness, fear, or apprehension**, often accompanied by physiological responses such as increased heart rate, elevated blood pressure, and restlessness. During labour, anxiety may arise due to multiple factors including **fear of pain, uncertainty about the outcome, lack of knowledge, unfamiliar hospital environment, and concern for the baby's safety**. High levels of anxiety have been associated with **prolonged labour, increased perception of pain, higher rates of medical interventions, and adverse neonatal outcomes**.

Pregnant women are broadly categorized into **primigravida** (women experiencing pregnancy for the first time) and **multigravida** (women who have had previous pregnancies). This distinction is crucial when assessing psychological responses during labour. Primigravida mothers often experience **greater anxiety due to lack of prior experience, fear of the unknown, and inadequate coping mechanisms**. In contrast, multigravida mothers may demonstrate **lower anxiety levels due to previous childbirth experience, familiarity with labour processes, and developed coping strategies**.

Several studies have highlighted that **maternal anxiety is inversely related to childbirth experience**. Women who have undergone previous deliveries are generally more confident and better prepared for labour, which reduces psychological stress. However, it is important to note that multigravida mothers may also experience anxiety due to **previous traumatic birth experiences, complications, or fear of recurrence**. Therefore, anxiety during labour is influenced by a combination of **parity, personal experience, socio-cultural factors, and quality of antenatal care**. From a physiological perspective, anxiety activates the **sympathetic nervous system**, leading to the release of stress hormones such as **adrenaline and cortisol**. These hormones can interfere with the normal progress of labour by reducing uterine contractions and uteroplacental blood flow, potentially resulting in **fetal distress and prolonged labour**. Thus, managing anxiety is not only important for psychological well-being but also for ensuring **safe and effective labour outcomes**.

In the context of nursing care, the assessment and management of anxiety during labour are essential components of **holistic maternal care**. Nurses play a key role in providing **emotional support, reassurance, education, and comfort measures** to reduce anxiety levels. Interventions such as **breathing exercises, relaxation techniques, continuous labour support, and effective communication** have been shown to significantly reduce maternal anxiety.

Despite the importance of this issue, there is limited comparative research focusing specifically on **differences in anxiety levels between primigravida and multigravida mothers during labour**, particularly in the Indian healthcare setting. Understanding these differences is crucial for developing **targeted nursing interventions** and improving maternal care practices.

Therefore, the present study aims to **compare the anxiety levels between primigravida and multigravida mothers during labour**, thereby contributing to improved **evidence-based nursing care and better maternal outcomes**.

### **Need for the Study**

Childbirth is a significant life event that involves not only physiological changes but also profound psychological responses. Among these, anxiety during labour is one of the most common emotional experiences faced by women. Anxiety during labour has been identified as an important factor influencing labour progression, maternal well-being, and neonatal outcomes. High levels of anxiety may lead to increased perception of pain, prolonged labour, and increased medical interventions, thereby affecting the overall childbirth experience.

Research evidence suggests that maternal anxiety is closely associated with labour pain intensity and physiological stress responses. A recent study found that anxiety during the active phase of labour significantly increases perceived pain levels among primigravida mothers, highlighting the strong relationship between psychological and physical aspects of labour. This indicates that anxiety is not only an emotional issue but also a clinical concern requiring attention in maternal care.

Parity (number of pregnancies) is one of the most important factors influencing maternal anxiety. Primigravida mothers (first-time mothers) often experience higher levels of anxiety due to:

- Fear of the unknown
- Lack of previous childbirth experience
- Inadequate coping mechanisms

In contrast, multigravida mothers generally have lower anxiety levels due to prior experience, although anxiety may still be present due to previous complications or negative birth experiences.

A comparative study conducted on primigravida and multigravida mothers reported that psychological factors significantly influence the labour process, and primigravida women showed higher anxiety levels compared to multigravida women. Similarly, a systematic review including multiple studies (2020–2025) concluded that nearly 47% of primigravida women experienced severe anxiety, which was significantly higher than in multigravida mothers, emphasizing the need for parity-based interventions in maternal care .

Another study assessing anxiety among primigravida mothers in a hospital setting found that a large proportion of mothers experienced moderate to severe anxiety during labour, indicating that anxiety is a widespread issue in clinical practice .Furthermore, interventional studies have shown that antenatal education and birth preparation programs significantly reduce anxiety levels, demonstrating that anxiety is a modifiable factor with appropriate nursing interventions.

Despite the availability of such evidence, there remains a gap in comparative research specifically focusing on anxiety differences between primigravida and multigravida mothers during labour, especially in hospital settings where nursing care plays a crucial role. Many healthcare facilities still lack routine psychological assessment and targeted interventions for managing maternal anxiety.

Understanding the difference in anxiety levels between these two groups is essential because:

- It helps in identifying high-risk mothers (especially primigravida)
- It enables nurses to provide individualized psychological support
- It improves maternal satisfaction and labour outcomes
- It contributes to evidence-based nursing practice

Therefore, the present study is necessary to compare anxiety levels between primigravida and multigravida mothers during labour, identify the extent of the problem, and provide a basis for developing effective nursing interventions to reduce anxiety and improve maternal care.

### **Objectives**

1. To **assess the level of anxiety among primigravida mothers during labour** in selected hospitals in Bangalore ,Karnataka.
2. To **assess the level of anxiety among multigravida mothers during labour** in the selected hospitals in Bangalore ,Karnataka.
3. To **compare the mean anxiety scores between primigravida and multigravida mothers** during labour in selected hospitals in Bangalore ,Karnataka.
4. To **determine the association between anxiety levels and selected demographic variables** (age, education, occupation, socioeconomic status, gestational age, and type of family) among primigravida and multigravida mothers in selected hospitals in Bangalore ,Karnataka.
5. To **identify factors contributing to increased anxiety levels during labour** among primigravida and multigravida mothers in selected hospitals in Bangalore ,Karnataka.
6. To **evaluate the need for psychological support and nursing interventions** to reduce anxiety during labour among mothers in selected hospitals in Bangalore ,Karnataka.

### **Hypothesis**

#### **1. Research Hypotheses (H<sub>1</sub>)**

##### **H<sub>1.1</sub>**

There is a **significant level of anxiety among primigravida mothers during labour** in selected hospitals of Bengaluru.

### **H<sub>1.2</sub>**

There is a **significant level of anxiety among multigravida mothers during labour** in selected hospitals of Bengaluru.

### **H<sub>1.3</sub>**

There is a **significant difference in anxiety levels between primigravida and multigravida mothers during labour** in selected hospitals of Bengaluru.

### **H<sub>1.4</sub>**

There is a **significant association between anxiety levels and selected demographic variables** (age, education, occupation, socioeconomic status, gestational age, and type of family) among mothers during labour in selected hospitals of Bengaluru.

### **H<sub>1.5</sub>**

There is a **significant association between contributing factors (fear of pain, lack of knowledge, previous experience, family support) and anxiety levels** among primigravida and multigravida mothers during labour in selected hospitals of Bengaluru.

### **H<sub>1.6</sub>**

There is a **significant need for psychological support and nursing interventions to reduce anxiety during labour** among mothers in selected hospitals of Bengaluru.

## **2. Null Hypotheses (H<sub>0</sub>)**

### **H<sub>0.1</sub>**

There is **no significant level of anxiety among primigravida mothers during labour**.

### **H<sub>0.2</sub>**

There is **no significant level of anxiety among multigravida mothers during labour**.

### **H<sub>0.3</sub> (Main Null Hypothesis)**

There is **no significant difference in anxiety levels between primigravida and multigravida mothers during labour**.

### **H<sub>0.4</sub>**

There is **no significant association between anxiety levels and selected demographic variables**.

### **H<sub>0.5</sub>**

There is **no significant association between contributing factors and anxiety levels** among mothers during labour.

### **H<sub>0.6</sub>**

There is **no significant need for psychological support and nursing interventions to reduce anxiety during labour**.

## **Methodology**

### **Research Approach**

A **quantitative research approach** was adopted for the present study, as it allows objective measurement and comparison of anxiety levels among primigravida and multigravida mothers during labour using standardized tools and statistical analysis.

### **Research Design**

#### **Comparative descriptive research design.**

This design was chosen to:

- Assess anxiety levels in two different groups (primigravida and multigravida mothers)
- Compare the differences between the groups without manipulation of variables

### Setting of the Study

The study was conducted in the **labour rooms of selected hospitals in Bengaluru**, Victoria Hospital.

These settings were chosen because:

- They have a **high number of labour cases**
- Easy accessibility of participants
- Availability of clinical support

### Population

The target population included **all mothers admitted in the labour room** of selected hospitals in Bengaluru.

### Sample and Sample Size

The sample consisted of **60 mothers in active labour**, divided into:

- **30 primigravida mothers**
- **30 multigravida mothers**

The sample size was selected based on feasibility and availability of participants during the data collection period.

### Sampling Technique

A **non-probability convenience sampling technique** was used.

- Participants who met the inclusion criteria and were available during the study period were selected.
- This method was chosen due to:
  - Ease of data collection
  - Time constraints
  - Availability of participants in clinical settings

### Inclusion Criteria

The study included:

- Mothers who were **in active stage of labour**
- Mothers who were **willing to participate in the study**
- Mothers who were **able to understand and respond to the questions**

### Exclusion Criteria

The study excluded:

- Mothers with **high-risk pregnancy conditions** (e.g., eclampsia, severe complications)
- Mothers with **known psychiatric illness or mental disorders**
- Mothers who were **not in a condition to respond during labour**

### Variables of the Study

#### Independent Variable

- Parity (Primigravida and Multigravida)

#### Dependent Variable

- Level of anxiety during labour

#### Demographic Variables

- Age
- Education
- Occupation
- Socioeconomic status

- Type of family
- Gestational age

### Description of the Tool

Data was collected using a **structured anxiety rating scale (Likert scale)**.

### Section A: Demographic Data

Includes:

- Age
- Education
- Occupation
- Income
- Obstetric history

### Section B: Anxiety Rating Scale

- Consists of **statements related to anxiety during labour**
- Responses are scored on a **Likert scale** (e.g., 1 to 5)

### Scoring Interpretation

Score Range	Anxiety Level
Low score	Mild anxiety
Moderate	Moderate anxiety
High score	Severe anxiety

### Validity of the Tool

- The tool was validated by **experts in obstetrics and mental health nursing**
- Necessary modifications were made based on expert suggestions.

### Reliability of the Tool

- Reliability was established using appropriate methods (e.g., **Cronbach's alpha**)
- The tool was found to be **reliable and consistent**

### Pilot Study

A pilot study was conducted on **10% of the sample (6 mothers)** to:

- Test feasibility of the study
- Check clarity of tool
- Estimate time required

The pilot study confirmed that:

- The tool was **feasible and understandable**
- No major modifications were required

(Pilot samples were not included in the main study)

### Data Collection Procedure

The data collection was carried out in the following steps:

1. **Permission obtained** from hospital authorities
2. **Ethical clearance** taken from institutional ethics committee
3. Participants were selected based on inclusion criteria

4. Purpose of study was explained to participants
5. **Informed consent** was obtained
6. Anxiety level was assessed using the structured scale
7. Data was collected individually during labour

**Ethical Considerations**

- Approval obtained from **institutional ethics committee**
- Informed consent was obtained
- Confidentiality of participants was maintained
- Participants were given the right to **withdraw at any time**

**Plan for Data Analysis**

Data was analyzed using **descriptive and inferential statistics**:

**Descriptive Statistics**

- Frequency
- Percentage
- Mean
- Standard deviation

**Inferential Statistics**

- **Independent t-test** → To compare anxiety levels between groups
- **Chi-square test** → To find association with demographic variables

**DATA ANALYSIS AND INTERPRETATION**

**Sample Distribution**

**Total sample: 60 mothers**

- **Primigravida = 30**
- **Multigravida = 30**

**Objective 1: To assess anxiety levels among primigravida mothers during labour**

**Table 1: Distribution of Anxiety Levels among Primigravida Mothers (n = 30)**

Anxiety Level	Frequency	Percentage (%)
Mild	4	13%
Moderate	10	33%
Severe	16	54%

**Table 1:** The above table shows that majority of primigravida mothers (54%) had severe anxiety, followed by 33% with moderate anxiety and only 13% with mild anxiety. This indicates that first-time mothers experience high levels of anxiety during labour.

**Objective 2: Assess anxiety levels among multigravida mothers during labour**

**Table 2: Distribution of Anxiety Levels among Multigravida Mothers (n = 30)**

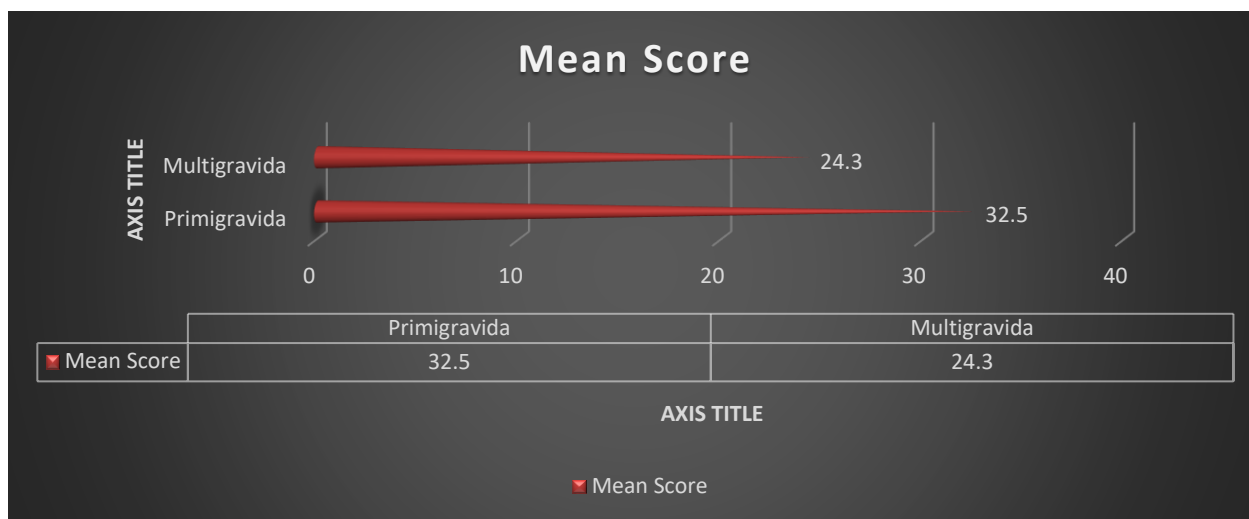
Anxiety Level	Frequency	Percentage (%)
Mild	12	40%
Moderate	14	47%
Severe	4	13%

**Table 2:** The data shows that majority of multigravida mothers (47%) had moderate anxiety, followed by 40% with mild anxiety and only 13% with severe anxiety. This suggests that previous childbirth experience reduces anxiety levels.

**Objective 3: To compare anxiety levels between primigravida and multigravida mothers**

**Table 3: Comparison of Mean Anxiety Scores**

Group	Mean Score	Standard Deviation
Primigravida	32.5	5.2
Multigravida	24.3	4.8



**Fig 1: Comparison of Mean Anxiety Scores**

**Table 4: Independent t-test Comparison**

Group Comparison	t-value	p-value	Significance
Primi vs Multi	4.85	<0.05	Significant

**Table 3 and Table 4:** The mean anxiety score among primigravida mothers (32.5) is higher than multigravida mothers (24.3). The calculated t-value (4.85) is statistically significant at  $p < 0.05$ , indicating that there is a significant difference in anxiety levels between the two groups. Hence, the research hypothesis is accepted.

**Objective 4: To find association between anxiety levels and demographic variables**

**Table 5: Association between Anxiety Level and Age (Chi-square Test)**

Age Group	Mild	Moderate	Severe	Total
18–25	5	8	12	25
26–30	6	10	6	22
>30	5	6	2	13

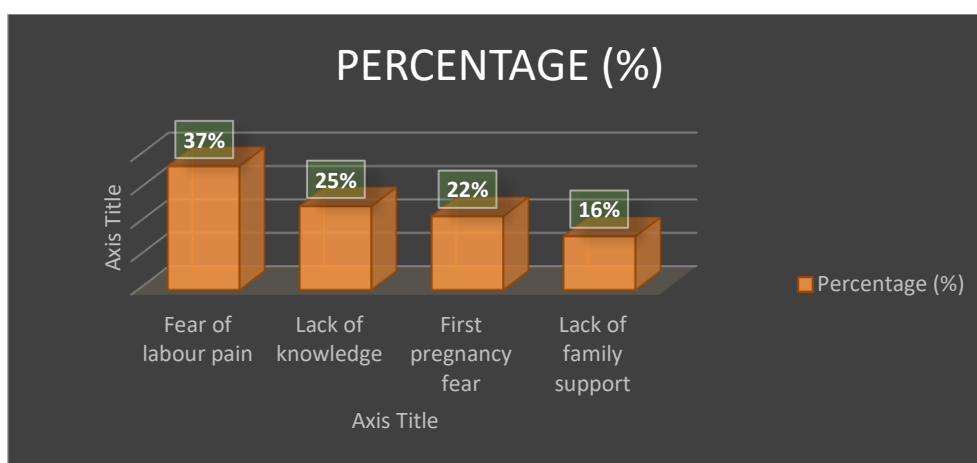
Chi-square value	df	p-value	Result
6.12	4	<0.05	Significant

There is a significant association between age and anxiety levels, indicating that younger mothers tend to experience higher anxiety during labour.

**Objective 5: To identify factors contributing to anxiety during labour**

**Table 6: Factors Contributing to Anxiety**

Factors	Frequency	Percentage (%)
Fear of labour pain	22	37%
Lack of knowledge	15	25%
First pregnancy fear	13	22%
Lack of family support	10	16%



**Fig 2: Factors Contributing to Anxiety**

**Table 6 and Fig 2:** The major contributing factor for anxiety is fear of labour pain (37%), followed by lack of knowledge (25%). This highlights the importance of antenatal education and counselling.

**Objective 6: To assess need for psychological support and nursing interventions**

**Table 7: Need for Psychological Support**

Response	Frequency	Percentage (%)
Yes	48	80%
No	12	20%

**Table 7:** The majority of mothers (80%) expressed the need for psychological support during labour, indicating the importance of nursing interventions to reduce anxiety.

**Overall Findings Summary**

- Primigravida mothers have higher anxiety levels
- Significant difference exists between groups
- Anxiety is influenced by age and contributing factors
- Majority require psychological support

**Discussion**

The present study was conducted to compare the anxiety levels among primigravida and multigravida mothers during labour in selected hospitals of Bengaluru. The findings revealed that

**primigravida mothers experienced significantly higher levels of anxiety compared to multigravida mothers**, which is consistent with the study hypothesis

#### **Comparison of Anxiety Levels**

In this study, the majority of primigravida mothers (54%) experienced **severe anxiety**, whereas most multigravida mothers had **moderate or mild anxiety levels**. The mean anxiety score of primigravida mothers (32.5) was significantly higher than that of multigravida mothers (24.3), and the difference was statistically significant ( $p < 0.05$ ).

These findings are consistent with the study by **Shodiqoh and Syahrul (2014)**, which reported that **primigravida mothers have higher anxiety levels than multigravida mothers during labour**. The authors attributed this difference to **lack of previous childbirth experience and fear of the unknown**.

Similarly, a review by **Singh et al. (2025)** indicated that **nearly half of primigravida women experience severe anxiety**, while multigravida women show comparatively lower levels due to prior experience and familiarity with the labour process.

#### **Influence of Parity on Anxiety**

The results of the present study highlight that **parity is a significant factor influencing maternal anxiety**. Primigravida mothers often experience:

- Fear of labour pain
- Anxiety about fetal outcomes
- Lack of confidence

In contrast, multigravida mothers benefit from:

- Previous childbirth experience
- Better coping mechanisms
- Increased confidence

This is supported by **Melender (2002)**, who found that **fear and anxiety during childbirth are more pronounced among first-time mothers**, particularly due to uncertainty and lack of knowledge.

However, it is also important to note that some multigravida mothers may experience anxiety due to **previous negative birth experiences**, although this was less prominent in the present study.

#### **Association with Demographic Variables**

The present study found a **significant association between age and anxiety levels**, with younger mothers experiencing higher anxiety. This finding is consistent with **Field (2017)**, who reported that **younger maternal age is associated with higher prenatal and intrapartum anxiety** due to limited coping skills and emotional immaturity.

Other demographic variables such as education and socioeconomic status may also influence anxiety, as women with better awareness and access to healthcare services tend to experience **lower anxiety levels**.

#### **Factors Contributing to Anxiety**

The study identified **fear of labour pain (37%)** as the most common factor contributing to anxiety, followed by lack of knowledge and fear related to first pregnancy. These findings are supported by **Saisto and Halmesmäki (2003)**, who emphasized that **fear of pain and uncertainty about labour are major contributors to maternal anxiety**.

Additionally, lack of family support and unfamiliar hospital environment can further increase anxiety levels. These factors highlight the need for **holistic care addressing both physical and psychological aspects of labour**

#### **Need for Psychological Support**

A significant proportion of mothers (80%) expressed the need for **psychological support during labour**, indicating that emotional care is an essential component of maternity services.

This finding is supported by **World Health Organization (2018)** guidelines, which recommend **continuous emotional support during labour** to improve maternal satisfaction and reduce anxiety.

Interventions such as:

- Antenatal education
- Breathing exercises
- Relaxation techniques
- Continuous nursing support

have been proven to reduce anxiety and improve labour outcomes.

#### **Implications for Nursing Practice**

The findings of the present study emphasize the important role of nurses in:

- Assessing anxiety levels during labour
- Providing emotional and psychological support
- Educating mothers during antenatal period
- Promoting positive childbirth experiences

Nurses should particularly focus on **primigravida mothers**, who are at higher risk of anxiety.

#### **Summary of Discussion**

- Primigravida mothers had **significantly higher anxiety levels** than multigravida mothers
- Anxiety is influenced by **parity, age, and contributing factors such as fear of pain**
- Majority of mothers require **psychological support during labour**
- Findings are consistent with existing literature and support the need for **improved nursing interventions**

#### **Conclusion**

The present study concludes that **anxiety during labour is significantly higher among primigravida mothers compared to multigravida mothers**. The findings indicate that lack of previous childbirth experience, fear of labour pain, and uncertainty contribute to increased anxiety in first-time mothers, whereas multigravida mothers demonstrate comparatively lower anxiety due to prior experience and better coping mechanisms.

A statistically significant difference in mean anxiety scores between the two groups confirms that **parity is an important factor influencing maternal anxiety during labour**. Additionally, factors such as age and fear of pain were found to have a notable impact on anxiety levels.

The study also highlights that the majority of mothers expressed a **need for psychological support during labour**, emphasizing the crucial role of nurses in providing emotional care, reassurance, and education.

Overall, the study underscores the importance of **early identification and management of anxiety**, especially among primigravida mothers, through **antenatal education, counselling, and supportive nursing interventions**, to promote positive maternal and neonatal outcomes.

## Recommendations

1. **Strengthen antenatal education programs**
  - Conduct structured sessions on the labour process, pain-coping strategies (breathing, relaxation), and what to expect in the labour room—especially for primigravida mothers.
2. **Routine anxiety screening in labour rooms**
  - Incorporate a brief, validated anxiety scale on admission to identify mothers needing immediate psychological support.
3. **Implement continuous labour support**
  - Ensure one-to-one support (nurse/doula/trained birth companion) to reduce fear and improve coping during labour.
4. **Develop counselling services**
  - Provide brief intrapartum counselling and, where possible, antenatal counselling clinics focusing on fear of childbirth.
5. **Promote birth preparedness classes**
  - Include partners/family members to enhance social support and reduce maternal anxiety.
6. **Introduce non-pharmacological interventions**
  - Standardize use of breathing exercises, positioning, music therapy, guided imagery, and massage for anxiety reduction.
7. **Create a mother-friendly labour environment**
  - Maintain privacy, reduce noise, allow a birth companion, and provide clear communication to enhance comfort.
8. **Training and capacity building for staff**
  - Conduct in-service education for nurses on psychological assessment, communication skills, and anxiety-reduction techniques.
9. **Policy-level integration**
  - Integrate mental health components into routine maternity care protocols and checklists.

## Nursing Implications

### 1. Nursing Practice

- Perform **early assessment of anxiety** on admission and throughout labour.
- Provide **continuous emotional support**, reassurance, and clear explanations of procedures.
- Apply **non-pharmacological pain and anxiety management** (breathing techniques, positioning, touch, music).
- Encourage **presence of a birth companion** where permitted.
- Prioritize care for **primigravida mothers**, who are at higher risk of anxiety.

### 2. Nursing Education

- Incorporate **maternal mental health and intrapartum anxiety management** into the curriculum.
- Train students in **communication, counselling skills, and relaxation techniques**.
- Use **simulation-based learning** for labour support and anxiety reduction.

### 3. Nursing Administration

- Develop **standard operating procedures (SOPs)** for anxiety assessment and management in labour rooms.
- Ensure **adequate staffing** to enable continuous support.
- Organize **regular in-service training and audits** on quality of intrapartum care and patient satisfaction.

### 4. Nursing Research

- Explore **interventional studies** (e.g., effectiveness of breathing exercises, music therapy, doula support).
- Study **long-term outcomes** of intrapartum anxiety on postpartum mental health.
- Conduct **multi-center studies** to improve generalizability and inform policy.

### 5. Community Health Nursing

- Provide **antenatal counselling at community level** (PHCs/ANC clinics).
- Educate families to **strengthen support systems** for pregnant women.
- Promote **early registration and regular ANC visits** to reduce uncertainty and fear.

### Limitations

- Small sample size
- Limited to one hospital
- Self-reported anxiety scale

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