

FEAR OF CHILDBIRTH: A CONTRIBUTION TO THE VALIDATION OF THE ITALIAN VERSION OF THE WIJMA DELIVERY EXPECTANCY/EXPERIENCE QUESTIONNAIRE (WDEQ)

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This work tests the psychometric features of the Wijma Delivery Expectancy/Experience Questionnaire (WDEQ), a self-report instrument that measures the fear of childbirth, in an Italian sample. To 522 Italian primiparous women attending antenatal classes, the following assessments were administered: Wijma Delivery Expectancy/Experience Questionnaire (Wijma, Wijma, & Zar, 1998), State-Trait Anxiety Inventory (Pedrabissi & Santinello, 1996; Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983), Edinburgh Postnatal Depression Scale (Benvenuti, Ferrara, Niccolai, Valorali, & Cox, 1999; Cox, Holden, & Sagovsky, 1987), Eysenck Personality Questionnaire (Dazzi, Pedrabissi, & Santinello, 2004; Eysenck & Eysenck, 1991). The WDEQ shows good psychometric properties even regarding the Italian primiparous population, but the analyses suggest a reduction in the number of items. The factorial structure identified both in the pre-natal (WDEQ-A) and the post-partum (WDEQ-B) version consists of three factors: fear, negative feelings, and lack of confidence. The questionnaire measures expectations (WDEQ-A) and personal experience (WDEQ-B) of childbirth. The fear factor represents a specific dimension of the scale.

Key words: Wijma Delivery Expectancy/Experience Questionnaire (WDEQ); Fear of childbirth; Expectations and experience of childbirth.

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INTRODUCTION

Fear of childbirth is a rather ambiguous construct in perinatal psychology: researchers tend to provide an implicit definition of fear, often neglecting to explain the theoretical model used as a framework. While some researchers associate the fear of childbirth with other diseases, such as generalized anxiety disorder or phobias (Levin & DeFrank, 1988; Reading, 1983), other authors consider fear of childbirth to be a specific entity (Areskog, Uddenberg, & Kjessler, 1983; Johnson & Slade, 2002; Wijma & Wijma, 1992; Wijma, Wijma, & Zar, 1998).

Researchers and clinicians recognize different levels of fear of delivery: a natural-physiological condition, a moment of uncertainty and activation leading up to, in the worst cases, an event that is accompanied by big worries and phobias (Affonso, Liu-Chiang, & Mayberry, 1999). Hofberg and Brockington (2000) coined the term tocophobia to refer to a clinically intense fear of childbirth, similar to a real phobia (Hofberg & Ward, 2003, 2004, 2007; Sjögren, 2000).

Women fearing childbirth may experience an imminent threat with childbirth, may feel “on guard,” may struggle to focus, or experience unusual aggression (Melender, 2002a). They are often afraid of the pain that they are going to feel during delivery (Areskog et al., 1983; Geissbuehler & Eberhard, 2002; Melender, 2002a, 2002b; Ryding, 1993; Saisto & Halmesmäki, 2003; Sercekus & Okumus, 2009; Sjögren, 1997; Sjögren & Thomassen, 1997; Vlaeyen & Linton, 2000). The fear can easily lead to avoidance, including the widespread demand for epidural analgesia (Alehagen, Wijma & Wijma, 2001; Flink, Mroczek, Sullivan, & Linton, 2009; Van den Bussche, Crombez, Eccleston, & Sullivan, 2007), or for an elective caesarean section. They may worry even about their life and physical health (Melender, 2002b; Melender & Lauri, 1999; Ryding, 1993; Saisto, Ylikorkala, & Halmesmäki, 1999; Sjögren, 1997; Sjögren & Thomassen, 1997; Szeverenyi, Poka, Hetey, & Torok, 1998), and the possibility of damage or tearing (Di Renzo, Polito, Volpe, Anceschi, & Guidetti, 1984). They may be also afraid of giving birth to a baby with congenital defects (Areskog, Uddenberg, & Kjessler, 1981; Neuhaus, Scharkus, Hamm, & Bolte, 1994; Szeverenyi et al., 1998), or about problems during delivery that can compromise their life or health (Melender, 2002a; Searle, 1996). Women may be worried about their ability to give birth (Saisto & Halmesmäki, 2003; Szeverenyi et al., 1998). Some authors highlight that fear of delivery can hide a wider fear of not being a “good mother.” These deep worries are transferred into a more concrete and manageable fear: the fear of childbirth (Capolupo, 2007; Fisher, Hauck, & Fenwick, 2006; Saisto & Halmesmäki, 2003).

The literature recognizes the effect of a high general anxiety (trait) on fear of pregnancy, even emotional fragility and a vulnerability to depression (Melender, 2002a; Ryding, Wijma, Wijma, & Rydhstrom, 1998; Saisto, Salmela-Aro, Nurmi, & Halmesmäki, 2001a; Wijma et al., 1998; Zar, Wijma, & Wijma, 2001). It is still not clear whether the fear is an expression of an underlying depressive disorder (Hofberg & Brockington, 2000; Hofberg & Ward, 2003, 2004, 2007). Pregnant women with a clinically significant fear of childbirth appear to have personalities with strong neurotic traits (Saisto et al., 2001a). Even low self-efficacy and low self-esteem appear to increase significantly the risk that a woman will experience high distress at the time of delivery (McDonald, 1995; Ryding, Wirfelt, Wängborg, Sjögren, & Edman, 2007; Zar et al., 2001).

The role of relational variables is often considered to be less important. Saisto, Salmela-Aro, Nurmi, and Halmesmäki (2001b) and Waldenstrom, Hildingsson, Rubertsson, and Radestad (2004) identified a weak social network, poor social support (or perceived support) and low marital satisfaction as increasing the fear of delivery, but research on this topic is lacking.

Several studies have found that intense fear of childbirth increases the risk of complications during labor and/or the expulsive phase; among these complications are counted protracted labors, use of forceps or vacuum, hemorrhage, dystocia, fetal hypoxia, and emergency cesarean section (Alehagen, Wijma, Lundberg, & Wijma, 2005; Cramond, 1954; Crandon, 1979; Hobel, Dunkel-Schetter, Roesch, Castro, & Arora 1999; Laursen, Hedegaard, & Johansen, 2008; Lederman, 1995; Lederman, Lederman, Work, & McCann, 1978, 1985; Lowe, 2007; Monk et al., 2000; Omer, Elizur, Barnea, Fiedlander, & Palti, 1986; Ryding et al., 1998; Sandman, Wadhwa, Chiez-DeMet, Dunkel-Schetter, & Porto, 1997; Simkin & Ancheta, 2000; Standley, Soule, & Copans, 1979; Zar et al., 2001). Some studies show no correlation between fear of childbirth and risk of complications (Andersson, Sundstrom-Poromaa, Wulff, Astrom, & Bixo, 2004; Chung, Lau, Yip, Chiu, & Lee, 2001; Heimstad, Dahloe, Laache, Skogvoll, & Schei, 2006; Johnson & Slade, 2002; Larsson, Sydsjo, & Josefsson, 2004; Ryding et al., 1998; Waldenstrom et al., 2004;

Wu, Viguera, Riley, Cohen, & Ecker, 2002). Thus, the possibility of producing objective effects on the progress of childbirth is controversial.

Anxiety and fear also appear to be connected to the woman's subjective experience of childbirth (Areskog, Uddenberg, & Kjessler, 1984; Bramadat & Driedger, 1993; Linder-Pelz, 1982; Ryding et al., 2007). Pregnant women who greatly fear the pain of contractions, for example, seem to perceive them with greater intensity (Beck et al., 1980; Brewin & Brandley, 1982; Green & Baston, 2003; Wiklund, Edman, Ryding, & Andolf, 2008; Waldenstrom et al., 2004). According to Green, Coupland, and Kitzinger (1990, 1998), and Slade, MacPherson, Hume, and Maresh (1993), a high fear of childbirth and negative expectations are associated with lower satisfaction about the event (Waldenstrom, Hildingsson, & Ryding, 2006; Wu et al., 2002). However, almost nothing has been studied about the variables that could moderate or mediate this relationship. Living in a negative way the experience of giving birth to her child can affect the postnatal adaptation of the mother, her emotional well-being (Des Rivieres-Pigeon, Saurel-Cubizolles, & Lelong, 2004; Ryding et al., 1998; Wijma, 2003; Wijma, Ryding, & Wijma, 2002) and, therefore, the mother-infant bond (Ogrodniczuk, 2004). For this reason, some authors postulate a link between fear of childbirth and maternity blues or postpartum depressive symptoms, although it is difficult to find evidence of it (Areskog et al., 1984; Nielsen Forman, Videbech, Hedegaard, Dalby Salvig, & Secher, 2000).

MEASURING FEAR OF CHILDBIRTH

There are still no standard criteria for measuring fear of childbirth. Fear has been measured using classical scales for general anxiety (Istvan, 1986; Levin & DeFrank, 1988; Lobel, 1994; Reading, 1983), scales built ad hoc, or clinical interviews. This makes it difficult to compare the data and share knowledge about this topic.

The Wijma Delivery Expectancy/Experience Questionnaire (WDEQ; Wijma et al., 1998) is a self-report instrument designed to measure the fear of childbirth in terms of the woman's cognitive appraisal of childbirth. The authors of the WDEQ made explicit reference to Lazarus and Folkman's (1984) theory and argued that the cognitive appraisal of a stressful situation binds subjective emotional experience — and therefore also the fear — and arousal caused by it (Edelman, 1992; Eysenck, 1992; Lazarus, 1982; Lazarus & Averill, 1982).

The WDEQ was developed to measure the construct of fear of childbirth both during pregnancy (version A) and after delivery (version B) (for the Italian version, see Appendices A and B).

The WDEQ is internationally used, but at the moment it is validated only on the Swedish population (Wijma et al., 1998). It is particularly used in Northern Europe and Australia (Christiaens, Verhaeghe, & Bracke, 2008; Fenwick, Gamble, Nathan, Bayes, & Hauck, 2009; Heimstad et al., 2006; Johnson & Slade, 2002; Kjærsgaard, Wijma, Dykes, & Alehagen, 2008; Ryding et al., 2007; Ryding et al., 1998; Wijma et al., 2002; Wiklund et al., 2008; Zar et al., 2001). Designed as a monofactorial scale (Wijma et al., 1998), evidence gathered from research conducted in Great Britain, Australia and Sweden (Fenwick et al., 2009; Johnson & Slade, 2002; Wiklund et al., 2008) showed a 4-factor structure that accounts for a percentage of the common variance between 49.4% and 57.4%. These factors are fear, absence of positive anticipations, isolation, risk; they are saturated by a fair number of items common to all three studies and other items specific

about context. Some items have low communalities, others are not saturated in any factor, and others are spurious or have factor loadings $> .40$ on more factors, in particular, items 26 (“I will not dare to surrender control to my body”), 28 (“[the exact moment when I give birth] will not be funny”), and 30 (“[the exact moment when I give birth] will not be self-evident”) are critical in the three studies. In no case, however, has the factorial structure of the scale, once critical items have been removed, been tested.

Beyond an exploratory analysis, up to date there have been no psychometric studies involving the use of confirmatory techniques.

The WDEQ has shown good concurrent validity in measuring a specific, anxiety-related dimension. The scores of versions A and B and the scores of the State-Trait Anxiety Inventory (STAI) in the form of trait anxiety (Spielberger et al., 1983) reveal a percentage of common variance equal to about 30% to show that the fear of labor and childbirth belongs to the domain of anxiety, but has a peculiarity which can be understood only through a specific instrument. The results confirm the data obtained by other research studies on the relationship between fear and anxiety associated with childbirth (Andersson et al., 2004; Fairbrother & Woody, 2007; Hall et al., 2009; Johnson & Slade, 2002; Ryding et al., 1998, Zar et al., 2001; Zar, Wijma, & Wijma, 2002). Also significant was the relationship between fear of childbirth and neuroticism (Eysenck & Eysenck, 1964, 1991). Wijma et al. (1998) found no significant relationship between fear of childbirth, before the event occurs, and depression. The relationship becomes significant only in the post-partum period, where the correlation between WDEQ-B and Beck Depression Inventory (Beck & Steer, 1967; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) shows an effect size of $r = .33$ ($p < .05$). Even if the link between depression and anxiety is clinically recognized, what remains unclear is the relationship between these constructs in the perinatal period.

The WDEQ has demonstrated good convergent validity, so it does capture cases of fear of childbirth as detected through a clinical interview (Zar et al., 2002).

In Italy, there is no validated questionnaire that measures the fear of childbirth. In this sense the Italian validation of WDEQ would be a useful contribution to the national research.

OBJECTIVES AND METHOD

The objective of this study is to test the psychometric characteristics of WDEQ (both versions A and B) in a sample of primiparous women. In particular the study aims to test: 1) the factorial structure of WDEQ-A and WDEQ-B; first, the mono-factorial model proposed by Wijma et al. (1998) will be tested on our sample, and second, the 4-factor models such as those developed by Fenwick et al. (2009), Johnson and Slade (2002), and Wiklund et al. (2008) will be tested. If no model is found to be replicable, we intend to identify a new factorial structure to fit our data; 2) the reliability of the WDEQ; we intend to test the overall reliability and the reliability of each factor; 3) the construct and concurrent validity of WDEQ; specifically, we intend to verify whether the questionnaire (both versions A and B) measures a specific component of the anxiety construct. We expect WDEQ to have a significant overlap with the scale measuring trait anxiety and a minor overlap with questionnaires that measure some anxiety-related constructs: depression and the neurotic trait of personality.

Participants and Procedure

Pregnant women were contacted while attending antenatal classes at some hospitals and health centers in the Lombardy region of Northern Italy. They were invited by their midwives to participate in a study about the experience (feelings and cognitions) of pregnancy; a general description of the research was provided to avoid influencing the women's answers.

Women had to meet the following inclusion criteria: being in their seventh to eighth month of pregnancy, expecting a first child and understanding and speaking Italian. Women who gave their consent were asked to fill out the WDEQ-A, as well as some other questionnaires described below (Time 1). One month after childbirth, a copy of the WDEQ-B was mailed to all participants (Time 2). The questionnaires were returned by post.

Five hundred and twenty-two women completed the WDEQ-A (Time 1); 153 completed the WDEQ-B (Time 2). The total sample's mean age is 32.1 years (*SD* 4.7; range 19-43); all the women are married or cohabit with the father of the baby.

The sociostructural data and those relating to the pregnancy (and any experience of previous pregnancies) are shown in Table 1.

TABLE 1
 Sociostructural and obstetric data of the sample

	(<i>n</i> = 519)
<i>Age</i>	
< 20	3 (0.6%)
20-24	12 (2.3%)
25-29	119 (22.9%)
30-34	244 (47%)
35-39	118 (22.7%)
> 40	23 (4.4%)
<i>Educational qualification</i>	
Junior high school	63 (12.2%)
High school	240 (46.2%)
Degree/Master's degree	216 (41.6%)
<i>Occupation</i>	
Housewife	24 (4.6%)
Worker	36 (6.9%)
Employee	273 (52.7%)
Merchant	14 (2.7%)
Freelancer	52 (10%)
Other	119 (23%)
<i>Previous experience of pregnancy</i>	
Miscarriages	72 (13.8%)
Abortions	21 (4%)
<i>Course of pregnancy</i>	
Sickness in the third trimester	225 (43.1%)
Sickness over the third trimester	84 (16.1%)
Risk of miscarriage/complications during pregnancy	126 (25.4%)

Instruments

At Time 1, the women were administered the following five scales.

1) Wijma Delivery Expectancy Questionnaire (WDEQ-A; Wijma et al., 1998). The questionnaire measures the intensity of emotions linked to the expectations of the delivery. The WDEQ-A consists of 33 items on a 6-point Likert scale (0 = *do not agree*; 5 = *totally agree*). The total score ranges from 0 to 165; the higher the score, the greater the fear the pregnant women experience. Women whose score is higher than 85 have a clinical fear of childbirth. Women have to answer while imagining how labor and delivery are going to be, and how they expect to feel. Items 2, 3, 6, 7, 8, 11, 12, 15, 19, 20, 24, 25, 27, and 31 are reverse-scored. The questionnaire was translated into Italian and then back translated. The reliability is high: Cronbach's alpha = .90.

2) State-Trait Anxiety Inventory (STAI-Y form, trait version; Pedrabissi & Santinello, 1996; Spielberger et al., 1983); Cronbach's alpha = .89.

3) Edinburgh Postnatal Depression Scale (EPDS; Benvenuti et al., 1999; Cox et al., 1987); Cronbach's alpha = .83.

4) Eysenck Personality Questionnaire Revised (EPQ-R; Dazzi et al., 2004; Eysenck & Eysenck, 1991), neuroticism scale; Cronbach's alpha = .77.

5) Personal and medical history form for the collection of sociostructural information and data for the current pregnancy and previous experiences of miscarriages or abortions.

At Time 2, the women were administered the Wijma Delivery Experience Questionnaire (WDEQ-B; Wijma et al., 1998). The questionnaire measures the intensity of emotions linked to the experience of delivery.

The WDEQ-B consists of 33 items on a 6-point Likert scale. WDEQ-A and WDEQ-B have the same items, so the researcher can compare the answers given before and after childbirth. In version B, respondents answer the questions remembering how delivery went. In WDEQ-B, the intensity of emotions is connected to the experience of childbirth, so the women respond to the items with specific reference to lived experience. The WDEQ-B was translated into Italian and, subsequently, back-translated; the reliability index is high (Cronbach's alpha = .90).

Data Analysis

Normality of Distribution

We tested the univariate and multivariate normal distribution of the 33 items comprising the WDEQ, both versions A and B. Items 3 (alone), 15 (abandoned), and 21 (longing for the child) do not have good values of skewness and kurtosis in either version. Items 11 (desolate), 20 (hopeless), and 29 (unnatural) have indices of appropriate skewness and kurtosis in version A, but not in version B. The remaining items have a distribution that approximates the normal with good or acceptable values.

The multivariate normality was confirmed: the Mardia Index of both the WDEQ-A and the WDEQ-B was lower than $P(P + 2)$ value.¹ However, we identified 14 multivariate outliers, with significant Mahalanobis Distance values ($p < .001$). Those outliers were removed. Moreover, eight of the questionnaires were excluded from the analyses as they were only partially filled out (less than 75%).

The total sample for the analyses is composed by 500 women at Time 1 and by 153 at Time 2.

Factorial Structure

To evaluate the psychometric properties of the WDEQ we started by testing the factorial structure of the questionnaire identified by Wijma et al. (1998), Johnson and Slade (2002), Wiklund et al. (2008), and Fenwick et al. (2009). We adopted a confirmative approach using the Amos 18 software program (Arbuckle, 2009). Structural equation models in the confirmatory factor analysis were evaluated by the overall goodness-of-fit of the models and by the value and significance of each parameter in the model (Byrne, 1998; Corbetta, 1992).

To assess the adequacy of the models the comparative fit index (CFI), the root mean square error of approximation (RMSEA) and the χ^2/df ratio were used.² The chi-square statistic, in fact, is too sensitive to sample size, so it was divided by a sample size parameter (*df*) to counteract this dependence.

The parameters were tested using *t*-test which verifies the hypothesis that a parameter is equal to 0. Modification indices are also used to evaluate the adequacy of adding a free parameter where it was not required by the theoretical model. The use of modification indices has to be directed by a theoretical analysis of the plausibility of each modification.

Reliability

Reliability analysis was applied to determine the internal consistency of WDEQ.

The internal consistency of the items was evaluated by the Cronbach's alpha test and the composite reliability index. The literature indicates that the Cronbach's alpha is appropriate with test items evincing tau equivalence that is, when all items measure the same latent variable, with the same factor loadings and error variances (Graham, 2006). Thus, we considered it suitable to calculate also the composite reliability index, that capitalizes the specific factor loading and the specific error variance of each item and represents a dependable measure of the reliability of multidimensional scales.

Construct and Concurrent Validity

Correlational analyses were performed to test the construct and concurrent validity; the SPSS software (SPSS Inc., 2008) was used.

RESULTS

Table 2 shows that the monofactorial structure identified by Wijma et al. (1998) and the multifactorial structures identified by Johnson and Slade (2002), Wiklund et al. (2008), and Fenwick et al. (2009) were not confirmed in our sample (both for WDEQ-A and WDEQ-B). Thus, we decided to conduct an explorative factor analysis on our sample followed by a confirmatory factor analysis to test the factor solution that we identified.

TABLE 2
 WDEQ: Confirmatory factor analysis (one and four factors)

Version	CFI	RMSEA	90% CI	χ^2	<i>df</i>	<i>p</i>	χ^2/df
WDEQ-A							
One factor (Wijma et al., 1998)	.55	.11	.10-.11	2830.2	495	.000	5.71
Four factors (Johnson & Slade, 2002)	.69	.09	.091-.099	1983.6	428	.000	4.63
Four factors (Wicklund et al., 2008)	.65	.10	.09-.10	2185.8	459	.000	4.76
Four factors (Fenwick et al., 2009)	.70	.09	.08-.09	1976.4	460	.000	4.29
WDEQ-B							
One factor (Wijma et al., 1998)	.55	.10	.09-.11	1061.6	495	.000	2.14
Four factors (Johnson & Slade, 2002)	.71	.09	.07-.09	777.1	428	.000	1.81
Four factors (Wicklund et al., 2008)	.69	.09	.08-.09	873.1	459	.000	1.90
Four factors (Fenwick et al., 2009)	.70	.09	.08-.10	864.7	460	.000	1.88

Note. CFI = comparative fit index; RMSEA = root mean square error of approximation; CI = confidence interval.

The exploratory factor analysis of WDEQ-A was initially conducted on a subsample of 347 women who filled out only the WDEQ-A (first subsample). Once the factor solution with the best fit to the data was identified and tested through confirmatory factor analysis, the factor structure of WDEQ-A was tested on the remaining 153 women who filled out both the WDEQ-A and WDEQ-B (second subsample).

Finally, we tested the structural invariance of the WDEQ-B compared to the WDEQ-A on 153 women.

The two subsamples into which the total sample at Time 1 was divided did not differ in their structural characteristics (age, education level, occupation), course of pregnancy (threats of abortion or pre-term delivery, risks to the health of the mother and/or the child), or previous negative experiences (spontaneous abortions, voluntary terminations of pregnancy): *t*-tests for independent samples and chi-square did not, in fact, show any significant value.

Factorial Structure of the WDEQ-A: First Subsample

The exploratory factor analysis of the WDEQ-A was conducted on a first subsample of 347 women, with the maximum likelihood extraction method, the most appropriate, according to Barbaranelli (2003), if there is multivariate normality among the variables and with Varimax orthogonal rotation.

Items 3, 15, and 21 were dropped because they did not have a normal distribution. From the analysis on 30 items emerged a 4-factor solution. These factors explained 52.75% of the total

variance. Items with a low communality ($< .30$) and those that did not saturate in any factor were excluded (items 1, 4, 5, 7, 10, 26, 28, 29, 30, 31). The final solution comprised 16 items (Table 3) and four factors that explain 44.8% of the common variance.

TABLE 3
 Exploratory factor analysis: Factors and factor loadings (16 items)

Item	Factor 1 Fear	Factor 2 Negative feelings	Factor 3 Lack of confidence	Factor 4 Negative thoughts
6	Afraid	.75		
19	Panic	.70		
2	Frightful	.68		
24	Pain	.60		
12	Tense	.57		
25	I will behave extremely badly	.55		
27	(Not) Control of myself	.53		
8	Weak	.51		
13	(Not) Glad		.79	
18	(Not) Happy		.73	
14	(Not) Proud		.72	
22	(Not) Self-confidence		.75	
23	(Not) Trust		.74	
9	(Not) Safe		.43	
32	Fantasy that child will die			.93
33	Fantasy that child will be injured			.73

The first factor, which explains 20.4% of the common variance, consists of eight items (6, 8, 9, 2, 12, 24, 25, 27) and refers to fear. Fear is directly linked to pain and the possibility of losing control of oneself and of a situation. The name fear given to this factor is consistent with the findings of Johnson and Slade (2002), Wiklund et al. (2008), and Fenwick et al. (2009).

The second factor, 13% of variance, is saturated by three items (13, 18, 14) and refers to negative feelings [(to be not) glad, (not) happy, (not) proud].

The third factor, 9.9% of the variance, is saturated by three items (9, 22, 23) and refers to the sense of confidence and protection that women feel when thinking about childbirth.

The fourth factor explains just 1.5% of variance (items 32, 33), and refers to negative thoughts and it is common to the three studies mentioned above (Fenwick et al., 2009; Johnson & Slade, 2002; Wiklund et al., 2008).

The 4-factor structure is then evaluated with a confirmatory factor analysis. Though the indices of fit of the model are good (see Table 4), item 32 (fourth factor) does not have a significant estimate of variance. Because the factor comprises just two items, and in taking off item 32, would constitute one item, we must drop this factor. Although from a theoretical point of view the idea that a component of fear and expectations about childbirth is linked to the thought that something could happen to the child is well-grounded, from a psychometric point of view, the factor does not show adequate characteristics, so it was excluded from the subsequent analysis. Figure 1 depicts the final factorial structure of the WDEQ-A.

TABLE 4
 WDEQ-A and WDEQ-B: Indices of fit

Version	CFI	RMSEA	90% CI	χ^2	df	p	χ^2/df
WDEQ-A							
16 items, four factors, subsample 1 (n = 347)	.90	.07	.06-.07	504.10	147	.000	3.42
14 items, three factors, subsample 1 (n = 347)	.96	.05	.04-.06	151.34	73	.000	2.07
14 items, three factors, subsample 2 (n = 153)	.97	.04	.00-.07	87.15	73	.123	1.20
WDEQ-B							
14 items, three factors (n = 121)	.94	.06	.05-.07	510.88	353	.001	1.62

Note. CFI = comparative fit index; RMSEA = root mean square error of approximation; CI = confidence interval.

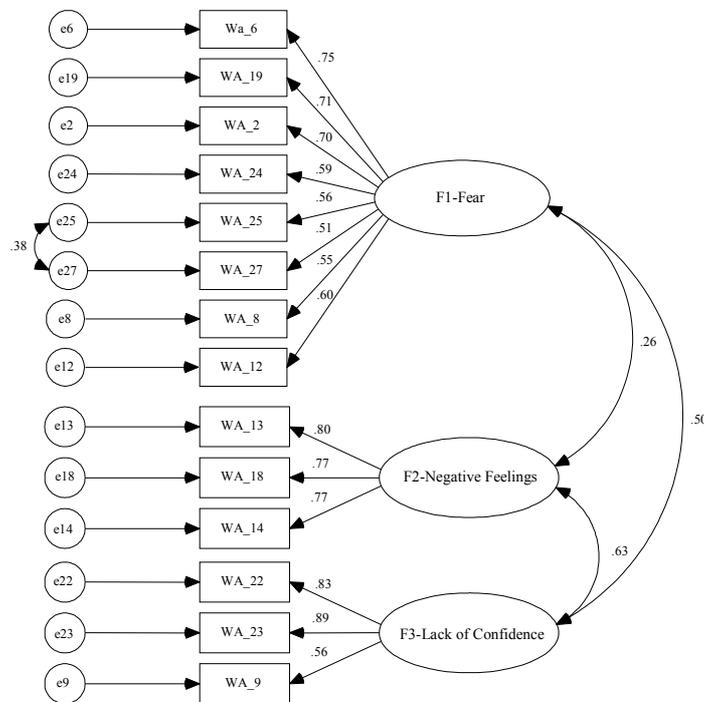


FIGURE 1
 WDEQ-A: Confirmatory factor analysis (3-factor 14-item structure).

Based on indices of change, as well as on a theoretical framework, we considered the possibility of correlating items 25 (“I will behave badly”) and 27 (“I will lose control of myself”) to improve the model. The final structure, consisting of 14 items and three factors (see Figure 1), shows very good fit indices (see Table 4) and all parameters are significant. The covariance among the factors is also significant ($r = .26$ between the first and the second factor, $r = .63$ between the second and the third factor, and $r = .50$ between the first and the third factor).

Factorial Structure of the WDEQ-A: Second Subsample

The factorial structure of the WDEQ-A was verified on the second subsample ($n = 153$). The fit indices’ results are good, with a not significant χ^2 . All the parameters are significant.

Factorial Structure of the WDEQ-B

The invariance of the model identified on the WDEQ-A was tested on the WDEQ-B, completed by 153 women. The saturations of the corresponding items in the two versions were equivalent (see Figure 2). The model shows good fit indices (see Table 4). All parameters are significant.

The WDEQ structure that best fits the data collected on the primiparous population shows a total of 14 items and a solution of three factors: fear, negative feelings, and lack of confidence.

Table 5 shows the mean, standard deviation, and skewness and kurtosis indices of the total score for both version A and version B.

TABLE 5
Descriptive statistics of total scores to the WDEQ-A and B (14 item version)

Version	<i>M</i>	<i>SD</i>	Skewness	Kurtosis
WDEQ-A	29.14	9.35	.17	.21
WDEQ-B	34.81	11.00	.46	-.35

Since the scale was subjected to an important reduction in the number of items, it is no longer possible to refer to the threshold value provided by Wijma et al. (1998) to identify women with a clinically significant fear. Thus it was decided to refer to the value corresponding to the 75th percentile in the distribution of frequencies related to the total score of the scale; these values correspond to 35 for the WDEQ-A and 42 for the WDEQ-B.

Reliability

All the Cronbach’s alpha test values and composite reliability indices are greater than .70, for both versions A and B. Thus, according to Streiner and Norman’s (2008) indications, the WDEQ proves to be a reliable instrument, with good internal consistency.

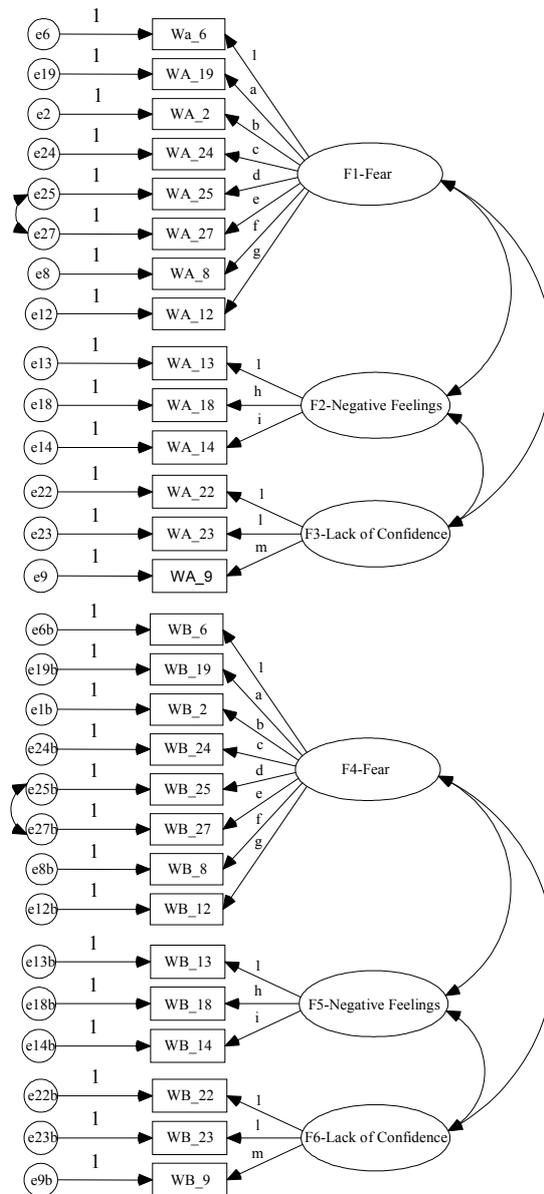


FIGURE 2
 WDEQ-A and WDEQ-B: Structural invariance.

Specifically, the overall reliability is very good: the value of Cronbach's alpha ranges from .86 (WDEQ-A) to .90 (WDEQ-B) and the composite reliability indices is .93 for both versions A and B, also meeting Nunnally's (1978) norm of .90-.95 for questionnaires in applied settings, although up to now the WDEQ is only used in the research context.

The first factor (fear) shows a very good internal consistency with a Cronbach's alpha ranging from .85 (WDEQ-B) to .86 (WDEQ-A) and a composite reliability index equal to .88, for both the WDEQ-A and the WDEQ-B.

The second factor (negative feelings) shows good internal consistency with a Cronbach's alpha from .82 (WDEQ-A) to .84 (WDEQ-B) and a composite reliability index within .73 (WDEQ-B) and .75 (WDEQ-A).

Finally, the third factor (lack of confidence) shows good internal consistency with a Cronbach's alpha ranging from .79 (WDEQ-A) to .81 (WDEQ-B) and a composite reliability index from .74 (WDEQ-B) to .75 (WDEQ-A) (see Table 6).

TABLE 6
 Reliability indices WDEQ-A and B

Version	Cronbach's alpha	Composite reliability index
WDEQ-A (total)	.86	.93
WDEQ-A – Fear	.84	.88
WDEQ-A – Negative feelings	.82	.75
WDEQ-A – Lack of confidence	.79	.74
WDEQ-B (total)	.90	.93
WDEQ-B – Fear	.85	.88
WDEQ-B – Negative feelings	.84	.73
WDEQ-B – Lack of confidence	.81	.75

Note. Composite reliability index: the values are calculated using the formula $\rho = (\sum \lambda_i)^2 / [(\sum \lambda_i)^2 + (\sum \delta_i)^2]$ (Werts, Rock, Linn, & Jöreskog, 1978). λ represents the factor loadings and δ the error variance (standardized estimates).

Concurrent Validity

Since there are no similar instruments in Italy that measure the fear of childbirth, we use a validation path based on correlational hypotheses with constructs that the literature shows are linked to fear of childbirth: depression, anxiety, and neurotic personality trait (Ryding et al., 1998; Wijma et al., 1998; Wijma, Alehagen, & Wijma, 2002; Zar et al., 2001, 2002).

Once the correlation between the total scores of WDEQ (A and B) and those of the EPDS (Benvenuti et al., 1999; Cox et al., 1987), the STAI (Pedrabissi & Santinello, 1996; Spielberger et al., 1983) and the neuroticism scale of EPQ-R (Dazzi et al., 2004; Eysenck & Eysenck, 1991) were verified, we investigated the correlation among the three dimensions measured by the questionnaire (fear, negative feelings, and lack of confidence) and the constructs. Factor scores related to the three factors, calculated with the regression method, were used as variables.

As shown in Table 7, the total score of the scale, both before and after the delivery, significantly correlates with the constructs of anxiety and depression and with the level of neuroticism. The effect sizes range from .22 (correlation with WDEQ-A and EPQ-R) to .45 (correlation with WDEQ-A and STAI), leading to results consistent with those obtained by Wijma et al. (1998).

In particular, before childbirth, the common variance between the WDEQ-A and the STAI (20% overlap) indicates that the questionnaire measures in the domain of anxiety; however, the scale results are not redundant among the anxiety instruments, maintaining 80% of the unique variance. After childbirth, the effect size (ES) of the correlation between the WDEQ-B and the

TABLE 7
Correlations between WDEQ (A and B), EPDS, STAI (trait) and EPQ-R (neuroticism)

Version	EPDS	STAI (trait)	EPQ-R (neuroticism)
WDEQ-A total	.36**	.45**	.22**
WDEQ-A – Fear	.31**	.33**	.20*
WDEQ-A – Negative feelings	.14**	.25**	<i>ns</i>
WDEQ-A – Lack of confidence	.15**	.26**	.19*
WDEQ-B total	.28**	.24**	.32*
WDEQ-B – Fear	.26**	.23**	<i>ns</i>
WDEQ-B – Negative feelings	<i>ns</i>	<i>ns</i>	<i>ns</i>
WDEQ-B – Lack of confidence	.30**	.24**	<i>ns</i>

Note. EPDS = Edinburgh Postnatal Depression Scale; STAI = State-Trait Anxiety Inventory; EPQ-R = Eysenck Personality Questionnaire Revised.

* $p < .05$. ** $p < .01$.

STAI decreases ($ES r = .24$; common variance = .05%); we hypothesize that the perception of delivery is significantly linked to anxiety characteristics, but that other factors may deeply affect the cognitive and emotional evaluation of this specific experience.

If we consider a single factor, the correlation indices show no particular deviations from what was found on the overall score, except for the negative feelings, which do not correlate with the neurotic personality trait at Time 1 as well as with anxiety and depression at Time 2; we hypothesize that the negative feelings could be isolated from the other two factors, but further analyses are needed.

At Time 1 fear shows the highest effect sizes of the correlation with anxiety ($r = .45$) and depression ($r = .36$) of the three subscales. At Time 2, the effect sizes decrease ($r = .28$ for the correlation with fear and EPDS; $r = .24$ for the correlation between fear and STAI).

Both before and after childbirth, fear does not correlate with the neurotic personality trait.

At Time 2 lack of confidence shows the higher effect sizes of the correlation with anxiety ($r = .24$) and depression ($r = .30$) of the three subscales. The effect sizes are lower before delivery ($r = .15$ for the correlation with lack of confidence and EPDS; $r = .26$ for the correlation between lack of confidence and STAI).

DISCUSSION

Given the lack of studies on the psychometric properties of the Italian version of the WDEQ, the present study aimed to contribute to the validation of the scale on a population of primiparous Italian women.

The main results highlighted in the present study may be summarized as follows.

a) The factorial structures of the WDEQ (versions A and B) that emerged from previous international research studies (Fenwick et al., 2009; Johnson & Slade, 2002; Wiklund et al., 2008) do not apply to our sample of women.

The most appropriate structure, both before and after delivery, that emerged from the explorative and confirmative factor analysis, is composed of a total of 14 items instead of the 33 proposed by Wijma et al. (1998) and reveals three latent factors: 1) the first factor refers to the experience of fear; it consists of items that measure from minor stress, up to terror and panic; fear seems to be directly related to the respondents' expectations (WDEQ-A) and to the experience (WDEQ-B) of physical pain as well as to the feeling of losing control of the situation and of themselves; 2) the second factor refers to the negative feelings associated with childbirth; the factor seems to be "purified" by the state of activation and tension caused by the pain (or the idea of pain); 3) the third factor, lack of confidence, focuses on trust, self-assurance, and the sensation of "feeling safe" with others such as the partner, the obstetrician, and the medical staff.

The factors are intercorrelated; therefore, it makes sense to refer both to the total score as well as to the different scores obtained in the subscales.

The three-factor structure of the WDEQ leads us to state that the questionnaire detects something more than simple fear of delivery: the latter in fact represents only one of the three dimensions that the scale includes. Thus, we found that the Italian version of the WDEQ proves to be a good instrument to measure the *expectations* (version A) and the *subjective experience* (version B) of childbirth.

b) In accordance with the criteria recommended in the literature, the WDEQ showed a very good global reliability in our sample of women, both before (WDEQ-A) and after delivery (WDEQ-B). All three subscales show good internal consistency.

c) Correlational analyses confirm that the WDEQ measures a component of anxiety: a reasonable part of the common variance among WDEQ and other questionnaires that measure anxiety, neuroticism and depression proves that fear of childbirth is partially linked to anxiety-related characteristics. However enough variance of the WDEQ is left for the measurement of a specific construct that makes the questionnaire not redundant.

In light of the results, we can make some remarks. The WDEQ can make a significant contribution to perinatal research; specifically, the use of the scale can help researchers to better detect:

1) the effect that expectations about delivery may have on "objective" components of childbirth (e.g., type of delivery, labor duration, epidural analgesia request, complications, etc.). International literature indicates that intense stress, anxiety, and fear during pregnancy can affect the natural process of delivery (Alehagen et al., 2005; Laursen et al., 2008; Lowe, 2007; Monk et al., 2000; Ryding et al., 1998; Sandman et al., 1997) even if the relation between psychological variables and birth outcomes remains controversial. In Italy research on this topic is very scarce: the WDEQ can usefully contribute to improving knowledge in the field;

2) the effect that expectations about delivery may have on "subjective" components of childbirth (women's feelings and thoughts). Research studies point out that intense fear and negative childbirth expectations can affect women's feelings during childbirth and interfere with the sense of satisfaction about it (Areskog et al., 1984; Bramadat & Driedger, 1993; Linder-Pelz, 1982; Ryding et al., 2007). Consequently a negative experience of childbirth can interfere with the nature of the mother-newborn bond (Ogrodniczuk, 2004). The use of the WDEQ both before and after delivery can help researchers further investigate the relationship between fear of childbirth and post-partum disorders, such as maternity blues and post-partum depression, already discussed by some authors (Areskog et al., 1984; Nielsen et al., 2000);

3) the clinical implications of fear of childbirth. Literature shows that extreme fear of delivery could be a signal of a deeper malaise in pregnant women, such as depression (Hofberg & Brockington, 2000; Hofberg & Ward, 2003, 2004, 2007): the WDEQ could contribute to promptly assessing the signs of a psychological disorder and to facilitate clinical interventions, if convenient.

Literature highlights that difficult transitions to motherhood (and more generally, to parenthood) are often marked by feelings of loneliness that diminish the value attributed to the bond with the child and the partner and to a consequent lack of trust; on the contrary, “generative” transitions can be distinguished by the presence of a confident *openness* toward others (partner, child, health workers, etc.) and a shared parenthood experience (Saita, Molgora, & Fenaroli, 2011). The two versions of the WDEQ, with three dimensions of fear, negative feelings and lack of confidence, could help clinicians to better detect situations of vulnerability, such as a risk factor during the transition to motherhood.

Our findings confirm the good psychometric properties of the Italian version of the WDEQ. However further research, especially replications of the study in samples of parous women, is needed: if a selected sample of primiparous women allowed us to control for confounder variables, extending the study to parous women will allow us to better explore the relationship between fear of childbirth and previous deliveries and to better detect the possibility that extreme fear could be an expression of a post-traumatic stress disorder (Wijma, 2003; Wijma, Saita, & Fenaroli, 2010). Moreover further research with the WDEQ should concern predictive validity and the identification of norm values.

These additional analyses would allow the WDEQ to be used as a useful tool in both perinatal research and in a clinical context.

NOTES

1. $P(P + 2) = 1155$, where P = number of variables, in this case $P = 33$; Mardia Index of WDEQ-A = 1027,71; Mardia Index of WDEQ-B = 1116,82.
2. A theoretical model presents a good fit to the data when the value of the CFI is $> .90$, very good when it is $> .95$ (Hu & Bentler, 1998); the RMSEA (Steiger & Lind, 1980) indicates a very good adaptation when it is $< .05$ and good when between $.05$ and $.08$, then the ratio χ^2/df should not exceed 3 (Carmines & McIver, 1981; Marsh, Balla, & MacDonald, 1988).

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APPENDIX A

Italian version of the Wijma Delivery Expectancy/Experience Questionnaire (WDEQ-A)

Come pensa saranno, nel complesso, il suo travaglio e il suo parto? [How do you think your labour and delivery will turn out as a whole?]							
1. Assolutamente fantastici [Extremely fantastic]	1	2	3	4	5	6	Per nulla fantastici [Not at all fantastic]
2. Assolutamente paurosi [Extremely frightful]	1	2	3	4	5	6	Per nulla paurosi [Not at all frightful]
Come pensa si sentirà in generale durante il travaglio e il parto? [How do you think you will feel in general during the labour and delivery?]							
3. Completamente sola [Extremely lonely]	1	2	3	4	5	6	Per nulla sola [Not at all lonely]
4. Assolutamente forte [Extremely strong]	1	2	3	4	5	6	Per nulla forte [Not at all strong]
5. Assolutamente sicura [Extremely confident]	1	2	3	4	5	6	Per nulla sicura [Not at all confident]
6. Completamente spaventata [Extremely afraid]	1	2	3	4	5	6	Per nulla spaventata [Not at all afraid]
7. Completamente svuotata [Extremely deserted]	1	2	3	4	5	6	Per nulla svuotata [Not at all deserted]
8. Estremamente debole [Extremely weak]	1	2	3	4	5	6	Per nulla debole [Not at all weak]
9. Completamente al sicuro [Extremely safe]	1	2	3	4	5	6	Per nulla al sicuro [Not at all safe]
10. Completamente autonoma [Extremely independent]	1	2	3	4	5	6	Per nulla autonoma [Not at all independent]
11. Assolutamente triste [Extremely desolate]	1	2	3	4	5	6	Per nulla triste [Not at all desolate]
12. Assolutamente nervosa [Extremely tense]	1	2	3	4	5	6	Per nulla nervosa [Not at all tense]
13. Assolutamente contenta [Extremely glad]	1	2	3	4	5	6	Per nulla contenta [Not at all glad]
14. Assolutamente orgogliosa [Extremely proud]	1	2	3	4	5	6	Per nulla orgogliosa [Not at all proud]
15. Completamente abbandonata [Extremely abandoned]	1	2	3	4	5	6	Per nulla abbandonata [Not at all abandoned]
16. Completamente calma [Extremely composed]	1	2	3	4	5	6	Per nulla calma [Not at all composed]
17. Completamente rilassata [Extremely relaxed]	1	2	3	4	5	6	Per nulla rilassata [Not at all relaxed]
18. Assolutamente felice [Extremely happy]	1	2	3	4	5	6	Per nulla felice [Not at all happy]
Cosa pensa proverà durante il travaglio e il parto? [How do you think you will feel during the labour and the delivery?]							
19. Panico estremo [Extreme panic]	1	2	3	4	5	6	Nessun tipo di panico [No panic at all]
20. Completa perdita di speranza [Extreme hopelessness]	1	2	3	4	5	6	Nessuna perdita di speranza [No hopelessness at all]

(appendix A continues)

Appendix A (continued)

22. Estrema fiducia in me stessa [Extreme self-confidence]	1	2	3	4	5	6	Nessuna fiducia in me stessa [No self-confidence at all]
23. Completa fiducia [Extreme trust]	1	2	3	4	5	6	Nessuna fiducia [No trust at all]
24. Estremo dolore [Extreme pain]	1	2	3	4	5	6	Nessun dolore [No pain at all]
Cosa pensa succederà quando il travaglio raggiungerà la sua massima intensità? [What do you think will happen when labour is most intense?]							
25. Mi comporterò estremamente male [I will behave extremely badly]	1	2	3	4	5	6	Non mi comporterò affatto male [I will not behave badly at all]
26. Lascero che sia il mio corpo ad assumere il completo controllo [I will dare to totally surrender control to my body]	1	2	3	4	5	6	Non lascerò affatto che sia il mio corpo ad assumere il completo controllo [I will not dare to totally surrender control to my body at all]
27. Perderò completamente il controllo di me stessa [I will totally lose control of myself]	1	2	3	4	5	6	Non perderò affatto il controllo di me stessa [I will not totally lose control of myself at all]
Come immagina sarà l'esatto momento in cui partorirà il bambino? [How do you imagine it will feel the very moment you deliver the baby?]							
28. Assolutamente piacevole [Extremely funny]	1	2	3	4	5	6	Per nulla piacevole [Not at all funny]
29. Assolutamente naturale [Extremely natural]	1	2	3	4	5	6	Per nulla naturale [Not at all natural]
30. Assolutamente ovvio [Extremely self-evident]	1	2	3	4	5	6	Per nulla ovvio [Not at all self-evident]
31. Estremamente pericoloso [Extremely dangerous]	1	2	3	4	5	6	Per nulla pericoloso [Not at all dangerous]
Ha avuto, durante l'ultimo mese, fantasie sul travaglio e il parto, ad esempio... [Have you, during the last month, had fantasies about the labour and delivery, for exemple...]							
32. ...che suo figlio possa morire durante il travaglio o il parto? [...fantasies that your child will die during labour/delivery]							
Mai [Never]	1	2	3	4	5	6	Molto spesso [Very often]
33. ...che suo figlio possa subire danni durante il travaglio o il parto? [...fantasies that your child will be injured during labour/delivery?]							
Mai [Never]	1	2	3	4	5	6	Molto spesso [Very often]

APPENDIX B

Italian version of the Wijma Delivery Expectancy/Experience Questionnaire (WDEQ-B)

Come pensa siano stati, nel complesso, il suo travaglio e il suo parto [How did you experience your labour and delivery will turn out as a whole?]

1. Assolutamente fantastici [Extremely fantastic]	1	2	3	4	5	6	Per nulla fantastici [Not at all fantastic]
2. Assolutamente paurosi [Extremely frightful]	1	2	3	4	5	6	Per nulla paurosi [Not at all frightful]

Come si è sentita in generale durante il travaglio e il parto? [How did you feel in general during the labour and delivery?]

3. Completamente sola [Extremely lonely]	1	2	3	4	5	6	Per nulla sola [Not at all lonely]
4. Assolutamente forte [Extremely strong]	1	2	3	4	5	6	Per nulla forte [Not at all strong]
5. Assolutamente sicura [Extremely confident]	1	2	3	4	5	6	Per nulla sicura [Not at all confident]
6. Completamente spaventata [Extremely afraid]	1	2	3	4	5	6	Per nulla spaventata [Not at all afraid]
7. Completamente svuotata [Extremely deserted]	1	2	3	4	5	6	Per nulla svuotata [Not at all deserted]
8. Estremamente debole [Extremely weak]	1	2	3	4	5	6	Per nulla debole [Not at all weak]
9. Completamente al sicuro [Extremely safe]	1	2	3	4	5	6	Per nulla al sicuro [Not at all safe]
10. Completamente autonoma [Extremely independent]	1	2	3	4	5	6	Per nulla autonoma [Not at all independent]
11. Assolutamente triste [Extremely desolate]	1	2	3	4	5	6	Per nulla triste [Not at all desolate]
12. Assolutamente nervosa [Extremely tense]	1	2	3	4	5	6	Per nulla nervosa [Not at all tense]
13. Assolutamente contenta [Extremely glad]	1	2	3	4	5	6	Per nulla contenta [Not at all glad]
14. Assolutamente orgogliosa [Extremely proud]	1	2	3	4	5	6	Per nulla orgogliosa [Not at all proud]
15. Completamente abbandonata [Extremely abandoned]	1	2	3	4	5	6	Per nulla abbandonata [Not at all abandoned]
16. Completamente calma [Extremely composed]	1	2	3	4	5	6	Per nulla calma [Not at all composed]
17. Completamente rilassata [Extremely relaxed]	1	2	3	4	5	6	Per nulla rilassata [Not at all relaxed]
18. Assolutamente felice [Extremely happy]	1	2	3	4	5	6	Per nulla felice [Not at all happy]

Cosa ha provato durante il travaglio e il parto? [What did you feel during the labour and the delivery?]

19. Panico estremo [Extreme panic]	1	2	3	4	5	6	Nessun tipo di panico [No panic at all]
20. Completa perdita di speranza [Extreme hopelessness]	1	2	3	4	5	6	Nessuna perdita di speranza [No hopelessness at all]

(appendix B continues)

Appendix B (continued)

21. Estrema voglia del bambino [Extreme longing for the child]	1	2	3	4	5	6	Nessuna voglia del bambino [No longing for the child at all]
22. Estrema fiducia in me stessa [Extreme self-confidence]	1	2	3	4	5	6	Nessuna fiducia in me stessa [No self-confidence at all]
23. Completa fiducia [Extreme trust]	1	2	3	4	5	6	Nessuna fiducia [No trust at all]
24. Estremo dolore [Extreme pain]	1	2	3	4	5	6	Nessun dolore [No pain at all]
Cosa è successo quando il travaglio ha raggiunto la sua massima intensità? [What happened when labour was most intense?]							
25. Mi sono comportata estremamente male [I behaved extremely badly]	1	2	3	4	5	6	Non mi sono comportata affatto male [I did not behave badly at all]
26. Ho lasciato che fosse il mio corpo ad assumere il completo controllo [I dared to totally surrender control to my body]	1	2	3	4	5	6	Non ho lasciato affatto che fosse il mio corpo ad assumere il completo controllo [I did not dare surrender control to my body at all]
27. Ho perso completamente il controllo di me stessa [I lost total control of myself]	1	2	3	4	5	6	Non ho affatto perso il controllo di me stessa [I did not lose control of myself at all]
Come è stato l'esatto momento in cui ha partorito il bambino? [How was the very moment you delivered the baby?]							
28. Assolutamente piacevole [Extremely funny]	1	2	3	4	5	6	Per nulla piacevole [Not at all funny]
29. Assolutamente naturale [Extremely natural]	1	2	3	4	5	6	Per nulla naturale [Not at all natural]
30. Assolutamente ovvio [Extremely self-evident]	1	2	3	4	5	6	Per nulla ovvio [Not at all self-evident]
31. Estremamente pericoloso [Extremely dangerous]	1	2	3	4	5	6	Per nulla pericoloso [Not at all dangerous]
Ha avuto, durante il travaglio e il parto, fantasie... [Had you, during the labour and delivery, fantasies like, for exemple...]							
32. ...che suo figlio potesse morire durante il travaglio o il parto? [...fantasies that your child would die during labour/delivery]							
Mai [Never]	1	2	3	4	5	6	Molto spesso [Very often]
33. ...che suo figlio potesse subire danni durante il travaglio o il parto? [...fantasies that your child would be injured during labour/delivery?]							
Mai [Never]	1	2	3	4	5	6	Molto spesso [Very often]