

Effects of Relaxation Therapy on Reducing FOC and Breastfeeding Efficacy in Primigravida Women

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Abstract: Fear of childbirth (FOC) is identified as fear of nothing resulting from childbirth trauma, an inability to cope with pain, and fear of potential self-harm during labor. Fear is more prevalent in the third trimester globally and pregnant mothers report a significant fear that interferes with their everyday activities and capacity to manage Childbirth. One of the causes of the increasing rate of cesarian section (CS) is FOC. It increases the level of labor pain, prolongs the duration of labor, and blocks labor. Moreover, the fear faced during vaginal birth affects lactation, infant breastfeeding behavior, and initial breastfeeding outcomes. Relaxation therapy is one of the presented interventions to decrease the FOC. Breathing exercises can reduce FOC and improve psychological wellness and pregnancy outcomes in Primipara women. Meditation by the Qur'an is also one of the non-pharmacological pain relief interventions during pregnancy and labor. Our study will cover the gap left by the limited research in Saudi Arabia on the effects of relaxation therapy on reducing fear of childbirth and breastfeeding efficacy among Saudi primigravida women in the third trimester.

Keywords: fear of childbirth, labor fear, breathing exercises, breathing techniques, breastfeeding efficacy, primiparous, primigravida, primi, nulliparous, first time mothers, first-time mothers.

I. INTRODUCTION

This chapter will discuss the lack of evidence about the effect of relaxation therapy on reducing fear of childbirth and breastfeeding efficacy in primigravida women in Saudi Arabia (KSA). Our study aims to examine the effects of relaxation therapy on reducing fear of childbirth and breastfeeding efficacy among Saudi primigravida women in the third trimester. In this chapter, we will discuss each concept of the study and the relationship between the FOC, relaxation therapy, and breastfeeding efficacy.

II. BODY OF ARTICLE

Fear of childbirth

The definition of the fear of childbirth (FOC) is an unrealistic fear of childbirth (Abdollahi et al., 2020). FOC is known as a significant psychological, social, and physiological phenomenon and anxiety condition that affects women's daily lives and health (Nasr, Alshehri, Almutairi, & AbdElmenim, 2020). A pregnant woman with poor self-efficacy experiences fear and is unable to give birth normally (Abdollahi et al., 2020).

Relaxation therapy

Breathing exercises, often known as "deep breathing" or "diaphragmatic breathing," are an effective integrative body-mind technique for managing stress and psychosomatic illnesses (Ma et al., 2017). The use of relaxation therapy and FOC are

related. The fear of childbirth is quickly diminished by breathing awareness. It is considered a simple method for reducing birth fear (Irmak Vural & Aslan, 2019).

Meditation by Quran Islamic meditation involves a form of remembering Allah, and the purpose of this is to purify the heart of evil feelings. Meditation is at the core of Islamic spirituality, and it is the art of surrendering. It's about being completely still and submitting to the will of Allah in a conscious state of mind. The Quran mentions the practice of meditation in several verses, including Chapter 73, verses 1–8 and 20, which describe the Prophet Muhammad's practice of meditating during the night. The goal of meditation in Islam is to remember Allah, the Sustainer, Creator, and Caretaker of all existence. Meditation practices do not replace any compulsory acts of worship, but their purpose is to enhance our acts of worship, which in turn lead to a balanced spiritual life. (Isgandarova et al., 2019).

Breastfeeding efficacy

Breastfeeding self-efficacy measures a mother's perception of her ability to breastfeed her newborn rather than her actual capacity to perform it (Brockway, Benzies, Carr, & Aziz, 2018). Mothers who have strong self-efficacy are frequently able to get over obstacles like FOC that cause low self-efficacy.

Search Strategy

Four electronic databases were used, including CINAHL Complete, PubMed, MEDLINE via EBSCO, and Google Scholar. The search keywords were: fear of childbirth, labor fear, breathing exercises, breathing techniques, breastfeeding efficacy, primiparous, primigravida, primi, nulliparous, first time mothers, first-time mothers, which combined using the Boolean operators “AND” and “OR” to find out the related journal articles with the research questions. After search limitation, only 24 articles were more related to our research from 2017- 2023.

Fear of childbirth and breathing exercises

A cross-sectional survey by Lewis-Jones et al. (2023) was done on 724 women at two maternity hospitals in Sydney, Australia, to explore the value of antenatal education classes to teach techniques such as Breathing Exercises (BA) and measure the level of fear of childbirth in primigravida women with a single fetus at 28 weeks of gestation. The data were collected using antenatal and postnatal surveys and analyzed using Pearson's Chi-Square. This study revealed that 343 women participated in antenatal lessons to reduce their fear of giving birth, and 68% of them felt the breathing exercises taught in the classes to be helpful. Moreover, the study recommends eliminating the obstacles to antenatal education class participation, such as those related to cost, language, and timing. One of the study's strengths was that it surveyed a large number of women before and after childbirth at two maternity facilities spread out over a wide area of Sydney. The limitations were only primiparous women with single birth included, ladies in Australia who attended and did not attend antenatal education, and women who had high incomes and levels of education, and the survey was translated into two languages; however, responses were in English only.

According to the Irmak Vural & Aslan (2019) study to evaluate the effectiveness of Breathing Awareness (BA) in reducing childbirth fear, an experimental randomized controlled trial was done in the obstetric ward of a university hospital on 120 primigravida pregnant women who did not have maternal or fetal risk, were 18 to 45 years old, passed primary school, participated in the research, were in the latent, active, and transitional stages of labor, and were not using any painkillers or sedation during labor. The interventional group practiced abdominal breathing exercises, and the control group was exposed to standard care. Data were gathered using the descriptive characteristics questionnaire, the Subjective Units of Distress Scale (SUDS), and Version B of the Wijma Delivery Expectancy/Experience Questionnaire (version B) (W-DEQ-B). The data was analyzed using the Number Cruncher Statistical System (2007). Their study revealed that the use of BA techniques has been shown to be effective in lowering childbirth fear; they are easy to learn, simple to apply, and don't require any special tools. Before and during pregnancy, breathing awareness was not emphasized, and this is a study limitation. The study recommends more research to prove that BA lessens birth fear and to investigate the long-term consequences of these methods on postpartum mood and the connection between the mother and the baby.

Another quasi-experimental study done in Konya by Karaman & Ceylantekin (2021) on 120 primigravida pregnant women, 18 years and older, who had vaginal delivery, 37 to 41 weeks gestation, and were in the first stage of labor (3–7 cm dilatation) to determine how nursing support during labor (breathing-relaxation-pushing exercises) affected labor pain and

delivery outcomes. The interventional group practiced breathing and relaxation pushing exercises while the control group was exposed to standard care. The data was collected using three tools, including the Pregnancy Diagnosis Form, WIJMA Labor Expectancy/Experience Questionnaire Version B, and the Visual Analog Scale (VAS) (labor VAS1, post-natal VAS2), and was analyzed using SPSS (V. 22.0). The study's findings demonstrated that pregnant women in the intervention group who obtained nursing care had less pain, fear of childbirth, and better birth experiences overall than those who obtained standard care. The study had limitations because they allowed only pregnant women with 3 to 7 cm of dilatation to participate in the trial; pregnant women who had just entered the latent phase were not eligible. This study recommends that nurses provide breathing, relaxation, and pushing exercises to help pregnant women cope with labor fear and pain.

A systematic review was done by Leutenegger, Grylka-Baeschlin, Wieber, Daly, & Pehlke-Milde (2022) with a total of 10 articles to examine the effects of (breathing and relaxation techniques) provided in antenatal education classes on the satisfaction of women with their labor and delivery experiences. The target populations in all articles were healthy pregnant women, primiparous and multiparous, single with low-risk pregnancies, expecting a vaginal delivery, and obtaining regular antenatal care. Data was collected using PRISMA guidelines and analyzed using RoB 2 and ROBINS-I. The study presented an improvement in self-confidence, self-efficacy, and a sense of control of women who joined an antenatal education session that included breathing and relaxation techniques and reported experiencing less pain during labor and less fear of childbirth, with recommendations for future research to conduct more studies and employ breathing and relaxation exercises throughout prenatal education. This systematic review was carried out in accordance with the Cochrane Handbook's principles, and all studies that would fit the definition were included. Moreover, the absence of blinding in the included studies, the low risk of birth, and no fear among the pregnant women were limitations.

Biana et al. (2021) conducted an integrative review of 41 English, Spanish, and Portuguese articles from 2008 to discuss non-pharmaceutical therapies such as (breathing techniques) used during labor and pregnancy. The review demonstrated that the use of non-pharmacological treatments, such as breathing exercises, was effective in reducing labor pain and anxiety during childbirth.

Fear of childbirth and meditation by Quran

Doty et al., 2022, randomized control trial done in a multicenter on 56 pregnant women for >3 days of care in the antenatal unit, with an age of 18 years and older, 23 weeks of gestation, and more, to examine the maternal anxiety levels and stress when using application-based mindful meditation programs. The control group received standard care as well as educational brochures, while the international group received standard care and application-based mindful meditation programs twice a week. On day 4, data were collected from both groups using a validated State-Trait Anxiety Inventory and Perceived Stress Scale and analyzed using the Wilcoxon rank-sum test. The result of the study proved that women who were admitted to the antenatal unit with a twice-daily application-based mindful meditation program did not markedly reduce anxiety on day 4 in comparison to the control group; however, this intervention proved beneficial for both groups by >88%. The study has many strengths, as it was RCT using CONSORT guidelines, done in a multicenter, and meditation is considered a low-risk and non-pharmacological method during pregnancy. However, the limitations were that the sample was randomized, not blinded, and insufficient, and the phone app was accessible to everyone and wasn't specifically designed for usage during pregnancy.

Another randomized control trial done by Jabbari, Mirghafourvand, Sehhatie, & Mohammad-Alizadeh-Charandabi (2017) in Iran examined how the Holy Quran affects anxiety and stress during pregnancy with a total of 168 pregnant women aged 15–45 years, having first or second pregnancy, without a history of previous stillbirths or abortions, single pregnancy, 25–28 weeks gestation, Muslim, and having faith in the Quran, able to read and write. The sample was divided into three groups: group A, the Holy Quran sent as broadcast and translated; group B, the Holy Quran sent as broadcast without translation; and group C, the control group. The data was collected using a socio-demographic questionnaire, the Perceived Stress Scale (PSS), the Edinburgh Postnatal Depression Scale (EPDS), and the State-Trait Anxiety Inventory (STAI). To analyze the data, SPSS version 21 was used. The study revealed that, with or without translation, the Holy Quran is helpful for lowering tension and anxiety during pregnancy. This study mentioned two limitations: first, the short intervention period; and second, there's a chance they won't always play their CDs at home. In addition, they suggested conducting more research with a long intervention period.

A quasi-experimental study was done by Gouda Nasr, Omar, and Mohamed Hegazy (2021) at the maternity unit of two governorates in Egypt to assess the impact of holy Qur'anic recitation on a mother's and baby's health during labor. With 100 pregnant women in the active phase (4 cm dilatation), single fetus, 37 weeks of gestation and above, and medically free, the participants were divided into two groups: the interventional group listened to Qur'anic recitation using a CD player while the control group did not, and the data was collected using three tools: a visual analog scale for anxiety, a pain scale, and the Pain Coping Scale. The data was analyzed using SPSS (version 20.0). The results show that a non-pharmacological technique such as listening to the Quran during childbirth has beneficial impacts on decreasing anxiety levels and increasing pain coping scores, particularly among women who believe in the Qur'an. The authors recommend policymakers and medical professionals take the Quran into account as a non-pharmacological method of managing childbirth pain and anxiety. Moreover, additional research with a large sample size and involving other religious women is required.

Another quasi-experimental study in Indonesia by Yuni Fitri Hamidiyanti & Gumilang Pratiwi (2019) on 30 primigravida women, 28–34 weeks of gestation, Muslim, literacy, mild anxiety, and absence of hearing loss was conducted to examine how listening to the Quran being recited affects anxiety level. The participants were divided into two groups: the interventional group listened to a 15-minute recording of the Quran being recited while wearing headphones, while the control group relaxed during this time without the Quran being recited. The data was analyzed using SPSS (Version 11.5). The result indicates that pregnant women's anxiety will be positively impacted by the integration of the Holy Quran recitation into the care process for primipara pregnant women.

An additional experimental study design was done by Desmawati, Kongsuwan, & Chatchawet (2019) in an antenatal clinic and labor room to find out whether an Islamic prayer program as a childbirth nursing intervention can shorten the duration of the active phase of labor for 83 primiparous women, 32 weeks of pregnancy, and more. The conceptual framework used in this study is supported by labor support, holistic nursing theory, and Islamic philosophy. From 32 weeks of pregnancy, the interventional group received usual care plus a training program at home every day until labor by using a guide to delivery preparation, including instructions on how to breathe and perform Islamic prayer (ruqyah, or active prayer). During the delivery, they breathed through contractions and recited the Quran. The control group received standard care. Data was collected using the APGAR scale (Appearance, Pulse, Grimace, Activity, and Respiration) and analyzed using SPSS (V. 21). The result presented was that providing knowledge on active prayer and breathing exercises caused the women to have no fear, no anxiety, and lower labor pain. Due to the fact that multiparous women childbirth more quickly than primiparous mothers and the program used was only run during the labor's active phase, this was a study limitation. It is recommended that this program be consistently administered to primiparous women throughout their whole pregnancy in all maternity settings. Moreover, investigations of more diversified Muslim women—and even non-Muslim women—in other nations are strongly advised.

Ghiasi & Keramat (2018) a systemic review of articles that were published from January 1990 to September 2017 in Iran to review the research on how reciting the Quran reduces anxiety during pregnancy and the first stage of childbirth. The results of 28 studies presented that, in the early stages of labor and during pregnancy, listening to the Holy Quran being recited is a helpful non-pharmacological anxiety-reduction method. The study has limitations were, the evidence evaluating the impact of Holy Quran recitation on anxiety in different Islamic nations is required. Also, the numerous studies included were highly heterogeneous and had poor methodological quality. They recommend healthcare providers (HCPs) establish education and training based on an ethical foundation when addressing religion or spirituality.

Fear of childbirth and breastfeeding efficacy

A survey was done on Pomerania to gather information about the quality of breastfeeding assistance while patients are in a hospital on maternal anxiety for overall breastfeeding duration. According to Kielbratowska, Michałek-Kwiecień, Kaźmierczak, & Bandurska (2018), the survey was done on 858 postpartum women (after 15 days of birth) who gave birth at full term and had a healthy neonate with at least 2.5 kg and more. The data was collected using the State-Trait Anxiety Inventory (STAI) to evaluate current and trait anxiety levels and analyzed using SPSS (V 21.0). The findings revealed a substantial correlation between the length of breastfeeding and the degree of postpartum anxiety in the mother; after giving birth, mothers reported much less state anxiety and a significant change in the length of breastfeeding. This survey recommends reducing the potential sources of anxiety, such as preparing women for childbirth and monitoring their

pregnancy's progress, and there is a need to educate mothers and midwives about the significance of anxiety for the duration of breastfeeding. Because the survey didn't include continuous anxiety measurement, this was a limitation.

A prospective study in Australia was done by Cooklin et al. (2017) to examine the potential effects of maternal physical health and/or breastfeeding issues on maternal mood, such as anxiety, in week 8 after childbirth. The study included 229 antenatal primigravida women who spoke English, were ≥ 18 years old, and ≥ 36 weeks of gestation with single pregnancy. Data was collected using a self-reporting questioner during pregnancy and from weeks 1-4 postpartum, then by telephone interview after birth in week 8 postpartum, and data analyzed using Stata (V 13.1). The result showed that breastfeeding difficulties and postpartum physical health concerns like anxiety are adjustable and treatable with proper and simple care. The limitation was that the sample was only representative of nulliparous women and could not be generalized to multiparous women, who may experience fewer breastfeeding difficulties.

An additional prospective study in Japan by Minamida et al. (2020) on 185 primigravida women who delivered at a hospital or childbirth clinic or with a midwife assistant to discover if breastfeeding self-efficacy during the first several weeks after giving birth might be used to predict postpartum depression and anxiety. Participants were asked to respond to a three-stage questionnaire five days after giving birth or after being released. The data was collected using the State-Trait Anxiety Inventory (STAI), Postnatal Bonding Questionnaire (PBQ), and Breastfeeding Self-Efficacy Scale Short Form (BFSES-SF). Data was analyzed by the Mann-Whitney U-test and t-test. As long as breastfeeding success was associated with an increase in BFSES-SF score at early postpartum, the findings showed that mothers at high risk of developing postpartum depression were those who did not demonstrate an increase in BFSES-SF score. The study included only primigravida with a small sample size, and all of this was limited. This study recommends the early identification of postpartum depression and anxiety in mothers who do not have an increase in their BFSES-SF.

The role of relaxation therapy on reducing FOB

The systematic review conducted by Azizi, Kamali, Elyasi, & Shirzad (2021) focuses on the fear of childbirth (FOC) and the prevalence of elective cesarean sections in Iran. The study aims to assess psychological intervention research related to FOC in Iran. A thorough search was conducted across various databases, resulting in the inclusion of 21 intervention studies. The included articles explored fear, fear of childbirth, pregnancy, and psychological interventions in Iran. The findings suggest that cognitive-behavioral therapy, relaxation techniques, psychological counseling, childbirth preparation classes (CPCs), mindfulness programs, and psychoeducation are effective in reducing FOC in pregnant women. The PRISMA standards were used to conduct a systematic evaluation of the published Iranian intervention studies on FOC, which was the study's main strength. Meta-analysis was not taken into consideration because the included studies varied and were heterogeneous in terms of their interventions, and this was the study limitation. However, further research is needed to understand the long-term effects of these interventions on maternal and child outcomes.

Another quasi-experimental feasibility study protocol by Mousavi et al. (2021) aims to compare the feasibility and effects of in-person and virtual childbirth preparation training courses on the pregnancy experience, fear of childbirth (FOC), birth preference, and type of delivery among primiparous pregnant women. A total of 165 participants will be selected through convenience sampling at Milad Hospital in Tehran. The participants will be divided into three groups: study A, study B, and control. Study groups A and B will receive virtual and in-person childbirth training, respectively, while the control group will receive routine prenatal care. At different stages of pregnancy questionnaires assessing fear of childbirth, and birth preference were completed. The study revealed that interventions that promote education can improve expectations for and experiences during childbirth, resulting in reducing childbirth fear. Future research needs to focus on how offering educational programs to promote women's health and well-being can lower healthcare costs and enhance women's quality of life throughout pregnancy, childbirth, and child development.

The study by Gómez et al. (2021) explores the effectiveness of psychological interventions in facilitating breastfeeding for mothers facing difficulties around the time of delivery. The review includes 20 selected papers that report on breastfeeding outcomes and psychological programs. The findings suggest that emotional distress in mothers can inhibit the let-down reflex and affect breastfeeding self-efficacy. The review highlights the importance of relaxation interventions tailored to address perinatal emotional distress, as they may lead to important health benefits and improvements in breastfeeding outcomes. The evidence on breastfeeding support through psychotherapy is heterogeneous and limited. However, stress-releasing techniques were found to facilitate breastfeeding in the majority of studies. The review also indicates that

psychotherapy support during breastfeeding may have more impact than routine counseling. On the other hand, there was no association found between self-hypnosis and breastfeeding outcomes. The study concludes that these findings can be utilized in designing prevention programs and future research with appropriate theoretical underpinnings. One of the study strengths is a systematic review. The limitation was the majority of research assessed infant feeding techniques during the postpartum period; however, the variety of the assessments prevents them from being compared, do not differentiate between infants who are exclusively and partially breastfed, and the results may not have been as generalizable as they could have been due to possible confounding factors such as maternal age, education level, or family income.

Another related study by Karbandi et al. (2017) investigates the effect of using the progressive muscle relaxation (PMR) technique on breastfeeding self-efficacy in mothers with preterm infants. The study suggests that training programs, such as PMR, can improve breastfeeding self-efficacy in terms of both duration and amount. These studies highlight the importance of psychological interventions and relaxation techniques in supporting breastfeeding and improving maternal self-efficacy.

The role of relaxation therapy on breastfeeding efficacy

The study by Levene et al. (2022) aims to investigate the impact of a brief self-directed relaxation and visualization intervention on lactation and mental health outcomes in mothers of very premature infants. Premature birth is a significant cause of neonatal mortality and morbidity, and maximizing maternal breastmilk provision for these infants is crucial for improved outcomes. However, parents of infants in neonatal care often experience high levels of anxiety and distress. The trial will involve 132 participants who have experienced premature birth between 23 and 31 weeks and 6 days of gestation and plan to express milk for at least 14 days. The primary outcome measure will be the highest 24-hour expressed milk yield recorded on day 4, day 14, or day 21 after birth. Secondary outcomes include exclusive breastmilk feeding at 36 weeks post-menstrual age and at 4 months after the estimated date of delivery, as well as measurements of anxiety and post-traumatic stress. This study aims to address the research gap regarding interventions to support parents in achieving their lactation goals in the context of premature birth. The findings of this trial may have significant implications for global lactation practices, as the relaxation tool being tested is low-cost and easily scalable.

The systematic review conducted by Pezley et al. (2022) examined the effectiveness of behavioral interventions, including relaxation therapy, on maternal mental health and breastfeeding outcomes. The review included 30 interventions from 33 articles conducted in 15 countries. Overall, 12 studies reported statistically significant positive effects of the interventions on both maternal mental health and breastfeeding outcomes. These interventions were successful during the perinatal period and involved support from professionals and peers. The review limitations were the various legislation and social circumstances that can influence mother's mental health and breastfeeding outcomes. The treatments were carried out in 15 different countries, making it challenging to draw direct comparisons. Moreover, because most American samples exclusively comprised white, non-Hispanic participants, it was challenging to take into account the intersectional issues of race, mental health, and breastfeeding. The review suggests that interventions offering support across pregnancy and postpartum in various settings are most effective in improving both maternal mental health and breastfeeding outcomes.

In comparing the findings of the studies conducted by Mohd Shukri et al. (2019) and Yu et al. (2019), both studies investigated the effects of relaxation interventions on physiological and psychological outcomes in breastfeeding mothers. While Mohd Shukri et al. (2019) focused on the effects of a relaxation intervention on maternal stress, breast milk intake, cortisol levels, and infant behavior and growth, Yu et al. (2019) explored the effects of various relaxation techniques on physiological outcomes and perceived relaxation. In terms of maternal outcomes, both studies found positive effects of relaxation interventions. Mohd Shukri et al. (2019) reported that mothers who received the relaxation intervention had lower stress scores post-intervention compared to the control group. Similarly, Yu et al. (2019) found that all relaxation techniques led to significant changes in physiological outcomes and perceived relaxation. Regarding infant outcomes, Mohd Shukri et al. (2019) found that infants in the relaxation intervention group had longer sleep duration and higher gains in weight and body mass index compared to the control group. However, Yu et al. (2019) did not specifically measure infant outcomes in their study. Both studies suggest that relaxation interventions can have beneficial effects on breastfeeding mothers. Mohd Shukri et al. (2019) highlighted the potential signaling mechanisms involved in mother-infant interaction during breastfeeding, while Yu et al. (2019) emphasized the efficacy of relaxation techniques in reducing stress markers. It is worth noting that the studies differed in their sample size and the specific relaxation interventions used. Mohd Shukri et al. (2019)

included a larger sample size and used a relaxation therapy intervention, while Yu et al. (2019) had a smaller sample size and explored various relaxation techniques. Overall, the findings from both studies support the idea that incorporating relaxation interventions into breastfeeding support can have positive effects on maternal well-being. Further research is needed to explore the long-term effects of these interventions and to compare different relaxation techniques in larger samples.

In the KSA, the well-being of postpartum mothers has gained increasing attention, with a focus on addressing anxiety levels and providing evidence-based nursing care. This study conducted at KSA aimed to explore the effectiveness of non-pharmacological therapy, specifically deep breathing relaxation techniques, in reducing anxiety levels among postpartum mothers (Amalia & Hidayah, 2022). Despite the valuable contributions of the aforementioned study, there are several research gaps that should be addressed to enhance our understanding and optimize evidence-based nursing care for postpartum mothers in KSA. These gaps are as follows: limited focus on first-time mothers; lack of assessment of fear of childbirth; inadequate exploration of breastfeeding efficacy; and need for longitudinal studies.

III. CONCLUSION

Based on the reviewed literature, relaxation therapy has demonstrated the potential to reduce FOB and improve breastfeeding efficacy among primigravida women. Further research in the Kingdom of Saudi Arabia (KSA) is needed to understand the effects of relaxation therapy on FOB and breastfeeding efficacy in this specific cultural context. By conducting a study in KSA focusing on primigravida women, this research aims to fill the existing gap in the literature and provide insights into the effects of relaxation therapy on the level of fear of childbirth and breastfeeding efficacy. The findings of this study can contribute to informing healthcare professionals and policymakers in KSA about the potential benefits of relaxation therapy in improving maternal well-being and promoting successful breastfeeding practices. In conclusion, the available literature suggests that relaxation therapy has a positive impact on reducing FOB and enhancing breastfeeding efficacy. However, further research is needed, particularly in the context of KSA, to validate these findings and provide specific insights into the effects of relaxation therapy on primigravida women.

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