Effectiveness of Stress Inoculation Training on Emotional Regulation, Childbirth Self-Efficacy and Natural Childbirth Anxiety

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1. Round 1

1.1. Reviewer 1

Reviewer:

The introduction states that stress inoculation training is an effective intervention, but there is no theoretical discussion about why it is expected to work in the context of childbirth anxiety. Expanding on Meichenbaum's stress inoculation theory would improve the conceptual foundation.

The stress inoculation program follows a structured eight-session format. However, there is no mention of whether adherence or participant engagement was monitored. Were attendance rates or dropout rates recorded?

The description of the training mentions techniques like progressive muscle relaxation and cognitive restructuring. However, many cognitive-behavioral interventions use similar techniques. How does stress inoculation training differ from traditional cognitive-behavioral therapy for anxiety?

The descriptive statistics suggest no significant differences in demographic characteristics, but a formal statistical test (e.g., chi-square for categorical variables or independent t-test for continuous variables) should be reported to confirm this.

The discussion states that stress inoculation training improves emotional regulation and self-efficacy, but there is no mention of long-term outcomes. Was there any follow-up to assess whether these effects persisted?

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

While the introduction briefly discusses previous studies, it lacks a clear gap statement. What specific aspect of childbirth anxiety interventions remains unexplored?

The inclusion criteria specify that participants should be "free from pre-existing medical conditions that could compromise maternal or fetal health." Given that anxiety is often comorbid with conditions like hypertension or gestational diabetes, explain how this exclusion impacts external validity.

The Persian version of the W-DEQ is stated to have been validated, but the validation process is not detailed. Include a brief mention of the sample and method used for validation.

The post-hoc tests use Bonferroni correction, but the manuscript does not mention whether familywise error was adjusted. Clarify the exact alpha level used after correction.

The study attributes the reduction in childbirth fear solely to stress inoculation training. However, other factors, such as social support from the training setting, could contribute. Acknowledge and discuss alternative explanations.

Response: Revised and uploaded the manuscript.

2. Revised

Editor's decision after revisions: Accepted.
Editor in Chief's decision: Accepted.