

CONSIDERATIONS ABOUT OUR APPROACH TO OBSTETRIC PSYCHOPROPHYLAXIS

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SUMMARY

Usually the term "obstetric psychoprophylaxis" refers to a specific method or technique.

We prefer to consider it as a procedure that involves on one side the woman, the child and its family, and on the other the services entitled to give pre- and post-natal assistance.

In order to realize this, a reformation of our methodological parameters and a critical analysis of the results obtained are required.

In the courses of obstetric psychoprophylaxis that are held in the Department of Obstetrics and Gynaecology of the University of Padua we take into consideration the following themes:

- Methodological approach
- Professional training of the staff
- Significance of psychosocial culture in the management of the pregnancy by the health services.

It is already thirty years since the beginning of that movement of ideas that has later been labelled as obstetrical psychoprophylaxis (OPP) and which has had, at least at the beginning, the great merit of having introduced psychosomatic in obstetrics and of having started the process of humanization of childbirth.

Nowadays we cannot accept anymore, regarding OPP, that problems that have much wider and linked aspects be spoken about in limited and sectorial manner.

Drawing from our experience we have realized how it can be extremely restrictive and incorrect to refer to a particular technique (Read, Lamaze, RAT, etc.) or to particular cultural movements or in extreme cases to methods exclusively oriented towards physical exercise or which derive from oriental philosophies (see yoga) ^(1, 2, 3).

The modern point of view and our experiences oblige us to make use of a set of interventions focused on one side on the woman, the child and the parental couple and on the other side on the social and medical institutions dedicated to pre and post-natal care.

This point of view which can't be anymore centered exclusively on delivery must be correctly taken into consideration above all in its dynamic aspect since multiple factors depending from several medical, socio-cultural, economic and psychological problems must modify techniques, the soundness of their assumption, the aim and the type of requests and, above all, the ability to give an adequate and satisfying answer.

Referring to our long experience in the courses for the preparation of the pregnant woman, based on more than 25 years of active work, it seems to us important to make some considerations with reference to:

1) The operative modalities of the courses.

2) The problem of the training of the medical and paramedical staff which

at different moments find themselves in contact at first with the pregnant woman and then with the woman in childbirth and the puerpera.

3) The necessity of being continually pliable and of keeping abreast of useful techniques and methods.

4) The necessity for the structures to be suitable and adaptable to the women's needs.

There are also other kinds of factors that noticeably affect this socio-cultural view: the institutional recognition, at least in regard to our structure, of the courses of preparation to childbirth. Ours in fact seems to be the only structure in Italy rendered official at medical level.

It has 3 equipes consisting each of a gynaecologist and a psychologist temporarily and constantly present in every course given for the preparation of pregnant women. These equipes depend from a coordinator who constantly controls and modifies the work and its evolution.

The coordinator is responsible for the organization and planning of scientific research without which it would not be possible to have the correct and indispensable renovation necessary as well as an adequate answer to the dynamic demands of today's society.

The spontaneous "increase" of the remarkable attendance to our courses is due nearly exclusively to the "word by mouth" system on personal experiences from the part of the women. So much so as to become an integrating and not all negligible part at last in what concerns our geographical area (north-east Italy).

It is important to point out how those who should be the natural stimulators of this type of experience, which nowadays is almost indispensable to pregnant women, are not able to furnish informations which should correspond to their cultural and personal knowledge and furthermore to their moral and scientific obligation of keeping up to date.

Another factor is the massive attention, but almost never exact, of the mass-media and the subsequent adversiting of the courses.

It must be furthermore noted how much too often pregnant women who follow our courses have often received informations not corresponding to the effective possibilities of complying by our actual organizations.

These informations induce expectations that if not correctly addressed and motivated can become sources of anxiety and disappointment. Great effect has had for instance the sweetness of the Leboyer method which however does not find possibilities of realization and an effective usefulness if not fitted in a context preceded and followed by a solid social and individual work.

Going back to the first point, that is to the operative modalities of the courses, we wish to repeat that these are held by an equipe consisting of a gynaecologist and a psychologist. Throughout the years these modalities have revealed themselves as the only really worth-while way of going at it. In fact this co-presence guarantees a medical and psychological approach able to satisfy the request and the needs which in their pressing dynamics are at the base of all the pregnant woman's problems. The difference in the two types of training, one strictly medical and the other humanistic, guarantees both the keeping of the individual roles and a constructive sharing of the learning acquired as well as the informative and operative exchanges between the two operators.

For this it is best to limit the number of the women to 8-10 units for each course.

Only under these conditions the dynamics of the group has its own intrinsic significance and the operators are able to become non-interfering observers though actively present, always allowing that the time for the course (not less than 3

months) enables to establish these conditions.

Regarding the problem of the training of medical and paramedical staff it is particularly important to underline how it is extremely difficult (and unluckily rarely obtainable) to have structures able to furnish the double type of training necessary for a correct psychoprophylaxis.

Even in the rare cases in which it happens, the not keeping abreast and the lack of personal involvement show how among those who operate in this field some can turn out to be or particularly negative or obtain the opposite effect in relation to the aim of their work.

In conclusion our main interest at the moment is turned towards the correct training of all those who, at any level, will be in dialectic relationship with the pregnant women who today approach our structures trustfully and always more numerous.

We have felt the urgent need to write in a single volume all that up to now has been only told, this according to the training we have been giving to our regional staff.

It is to hope that, according to our experience and as the history of PPO has well proved, there will be no more situations in which good intentions result in dissatisfaction or are, even worse, source of induced anxiety or in any case do not correspond to the needs of the pregnant woman.

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