

Experience from Comprehensive Program of Adjustment for Delivery and Childbirth

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Abstract: The goal of this pilot comparative study is the evaluation of the influence of a complex prenatal care on the course of pregnancy, delivery, the early mother-child interaction, breastfeeding and on the early postnatal stage of development. The cohort of 42 women who completed the complex prenatal care was compared with a control group on the basis of subjective evaluation and by objective measurement. The results of this study confirm the positive influence of the complex care not only on the course of pregnancy but primarily on the process of delivery and on the early postnatal period. The results are in accordance with the results of similar studies in foreign literature. This study contributes to the research in prenatal care on the national level.

Introduction

With regard to civilization factors which influence the quality of life and also the role of motherhood and parenthood, there are more reasons why global prenatal adjustment and care has drawn attention. The initiative to prenatal care was taken by mothers dissatisfied with the current state of such care. The objective of the project of global, comprehensive prenatal care should evoke optimal conditions for pregnant women in terms of physical, emotional and psychosocial state. That can be accomplished on the premises of a positive acceptance of motherhood. Intensified self-confidence in natural abilities and instincts influence pregnancy and delivery. We wanted to verify this fact by the following clinical pilot study.

Examined Set and Method of Evaluation

The project of global prenatal care was conducted under the direction of a chief woman obstetrician in a private hospital, "Happy Family Centre" in Brno between

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October 1995 and March 1996. A total of 42 women from 16 to 36 weeks of their pregnancy took part in the course in five cycles. A total of ten three-hour lessons with one lesson devoted to adjustment in couples was supplemented by a common meeting after delivery with exchange of experience. One group included an average of eight women whose ages are shown in Table 1:

Table 1.

age	number
15 - 19	2
20 - 24	8
25 - 29	23
30 - 34	6
35 - 39	2
40 - 44	0
45 - 50	1

There were about 40 primiparas, 2 multiparas, 37 married and 5 single women. Education completed is shown in Table 2:

Table 2.

level of education	number
elementary	3
secondary	35
university	4

To get a comparative set, we chose an analogical sample of women with respect to parity, age and the level of completed education who had not gone through prenatal adjustment and gathered information from literature available or other sources. Women with serious pregnancy pathology and more numerous pregnancies were not included in this set.

We obtained the bases for results evaluation from medical documentation, by a questionnaire and, in some cases, by direct presence at the maternity ward. Neither the questionnaire for the verification of the extent of anxiety nor the personality questionnaire were used.

Methodology

The length of the course and number and structure of individual lessons were chosen on the basis of verified experience, data from literature and considering

individual needs and wishes. Mutual overlap of the thematic units and a certain flexibility are characteristic of team-work in the complex view of the motherhood and parenthood themes.

A great deal of attention is paid to the significance of prenatal bondings between the mother and her child with respect to the child's future development.

Relaxation and meditation exercises influence positively the level of receiving and processing the information of each thematic unit. They relate to :

- the course of pregnancy, possible complications
- the course of the delivery itself
- the method of the ending – i.e. operational, induced
- the application of analgetics and anaesthetics
- the application of complementary methods – i.e. relaxation, massage, gymnastics, yoga, hydrotherapy, music therapy, aromatherapy and more
- the selection of the maternity ward
- the father's role at delivery
- the early new-born baby stage
- the significance and technology of breast-feeding
- the adaptation of the family to the qualitative change

Physical exercises such as gymnastics, yoga, breathing exercises and massage facilitate good physical condition and the overall adaptation of pregnant women.

A great deal of attention is paid to the significance of proper nourishment as well as the exchange of information and individual counselling.

The quality of each lesson is also conditioned by the selection of suitable music, visual demonstration, necessary aids, video clips and literature service.

Authentic statements by mothers who have their own experience contribute to the total character of the entire course.

Results

Summed up in the following tables.

Discussion

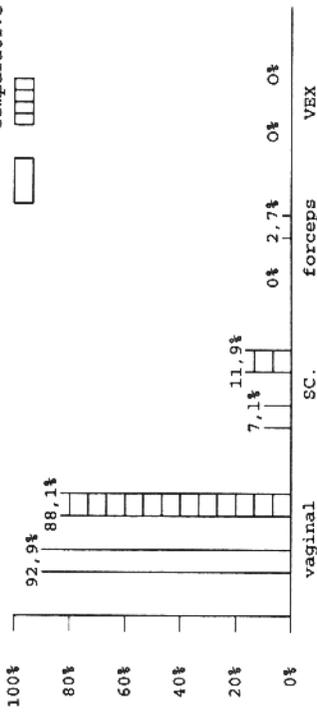
On the basis of the above results, it is possible to say that the care quality and a global prenatal delivery adjustment can dramatically reduce concerns and anxiety about delivery itself and thus also indirectly reduce the feeling of physical discomfort.

With respect to primary prevention, it is possible to regard the reinforcement of mutual bonding between mother and child and also the feeling of a realistic attitude towards the role of motherhood and parenthood as having most beneficial results.

The subjective and objective evaluation of the pregnancy process pointed out some interesting facts.

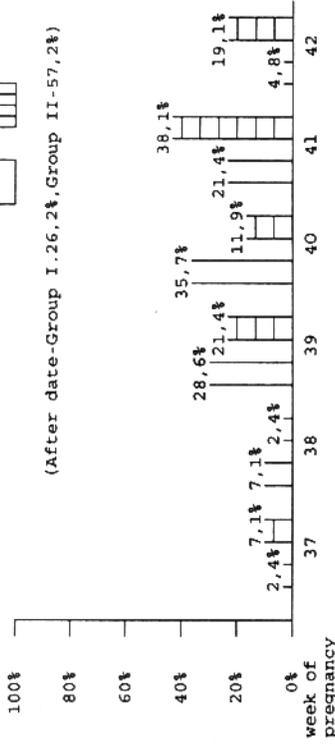
Lack of biological and psychological readiness accounts for a large number of artificially induced deliveries. The consumption of analgetics, especially Dolsin, shows a direct relationship. Their undesirable effect influences the entire behaviour of

tab.No.3 Ending method of the pregnancy : Group I. Group II. comparative

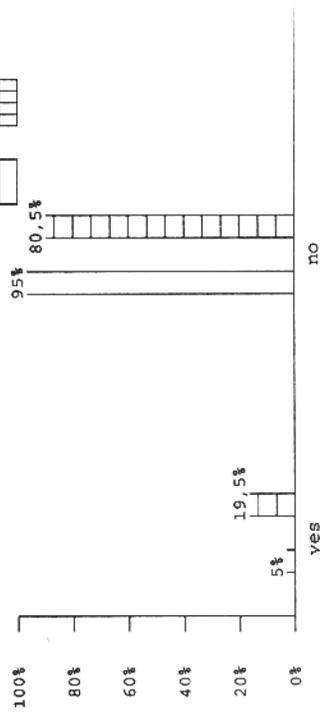


tab.No.5 Date of delivery

Group I. Group II. comparative

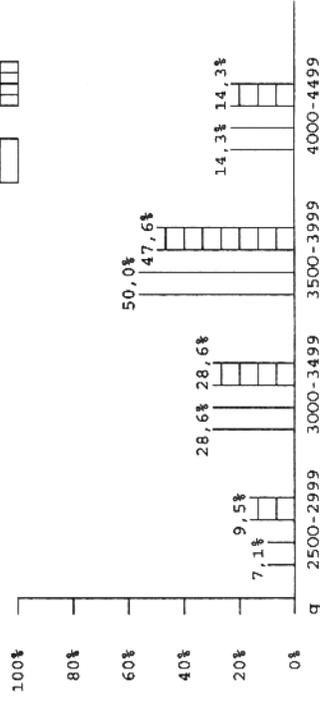


tab.No.4 Number of artificially induced deliveries : Group I. Group II. comparative

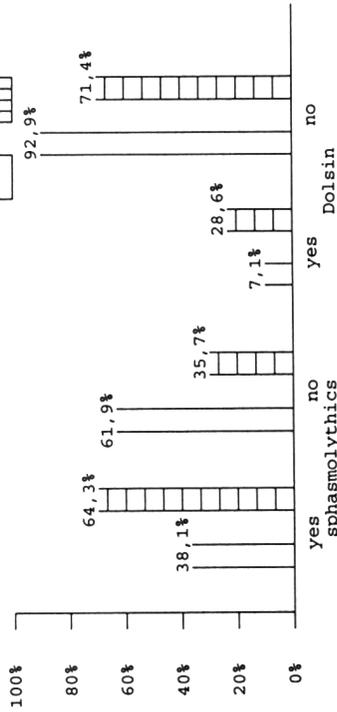


tab.No.6. Children weight categories :

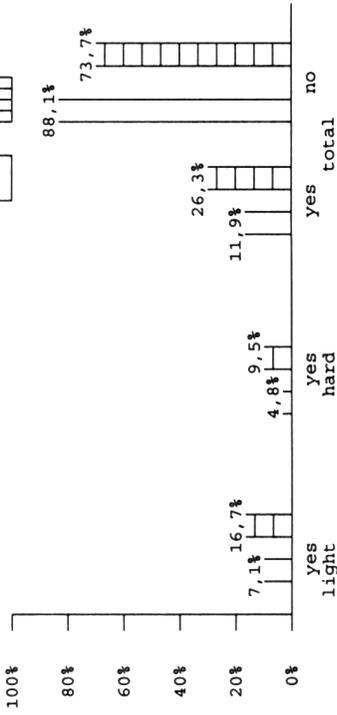
Group I. Group II. comparative



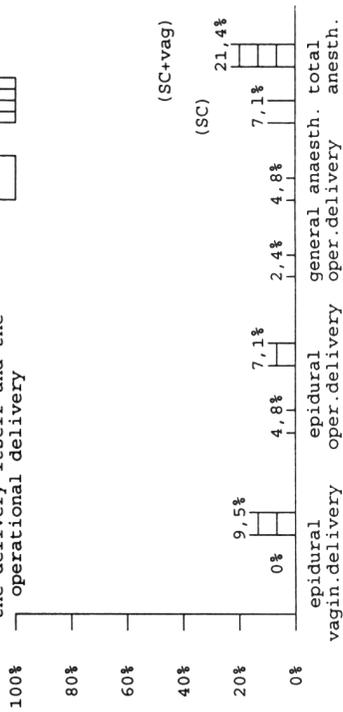
tab.No.7 Applications of spasmolythics : Group I. Group II. comparative and of Dolisin



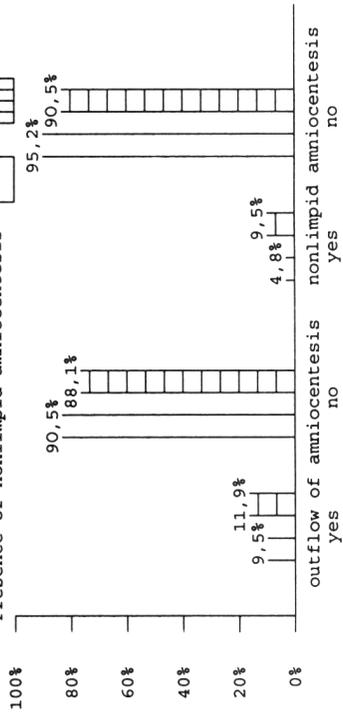
tab.No.9 Alterations in fetus murmurs : Group I. Group II. comparative

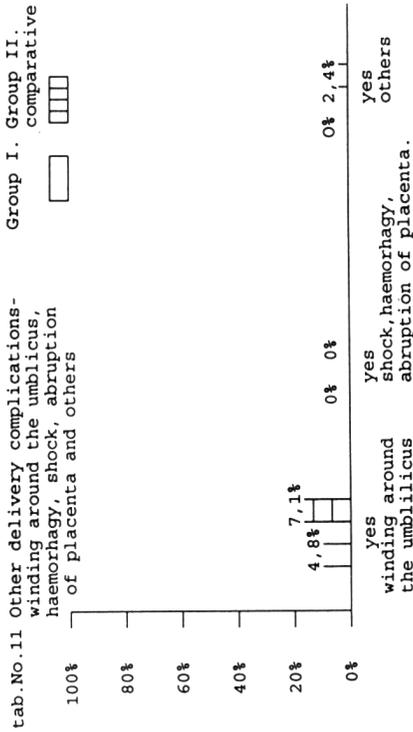


tab.No.8 Applications of epidural and general anaesthetics during the delivery itself and the operational delivery



tab.No.10 Premature outflow of amniocentesis more than 24 hours before delivery. Presence of nonlimpid amniocentesis



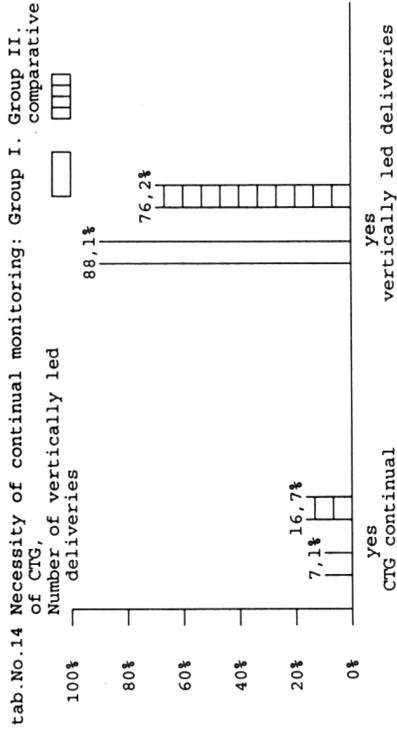
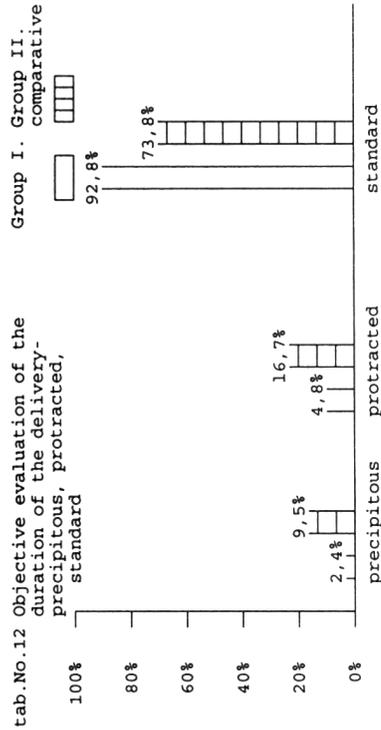


tab.No.13 Lenght of hospitalization from receipt for delivery : (at the maternity ward)

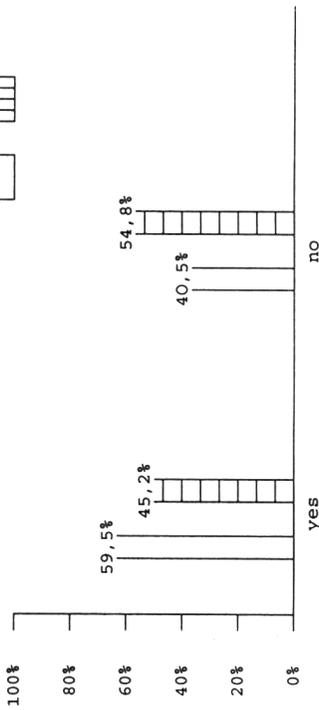
average time

Group I. 7,3 hours

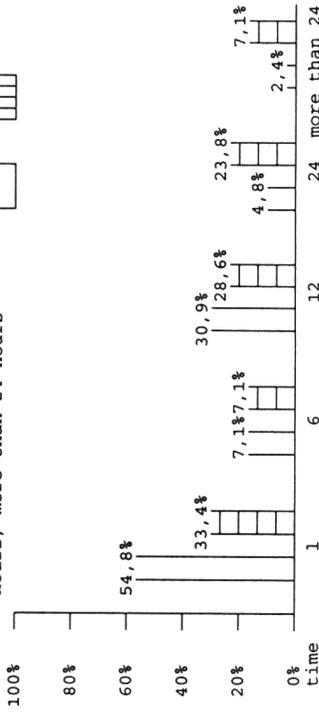
Group II.comparative 11,9 hours



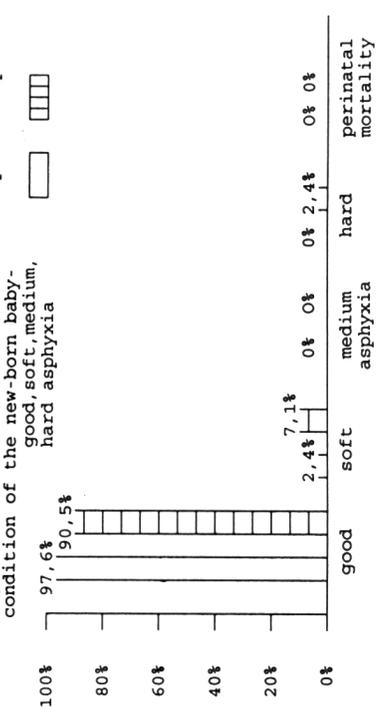
tab.No.15 Number of fathers at the delivery: Group I. Group II. comparative itself



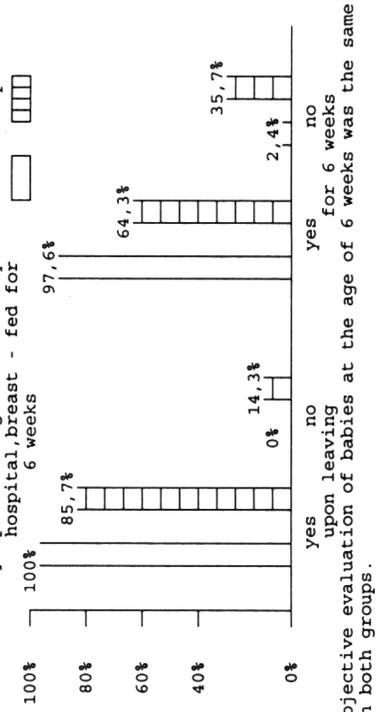
tab.No.17 Number of children attached after: Group I. Group II. comparative delivery within one hour, 6, 12, 24 hours, more than 24 hours



tab.No.16 Objective evaluation of the condition of the new-born baby- good, soft, medium, hard asphyxia



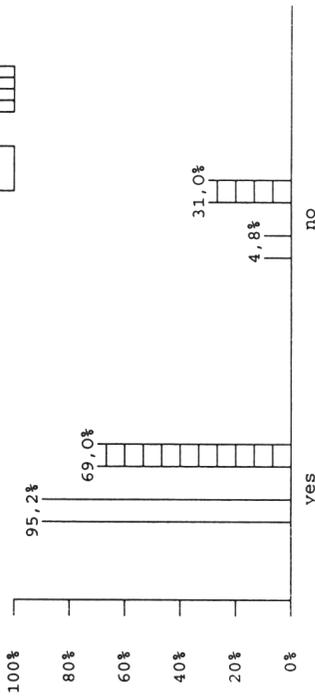
tab.No.18 Number of women who breast - fed fully upon leaving the maternity hospital, breast - fed for 6 weeks



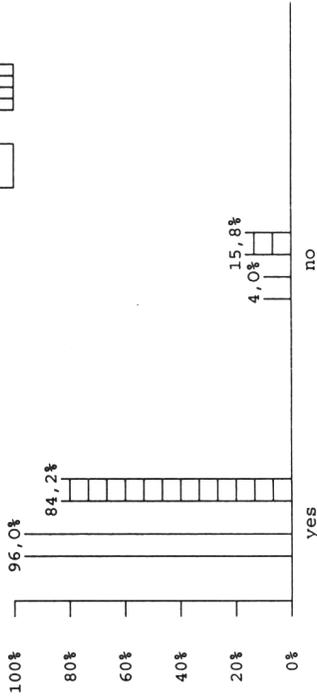
Objective evaluation of babies at the age of 6 weeks was the same in both groups.

Subjective evaluation of women in childbed :

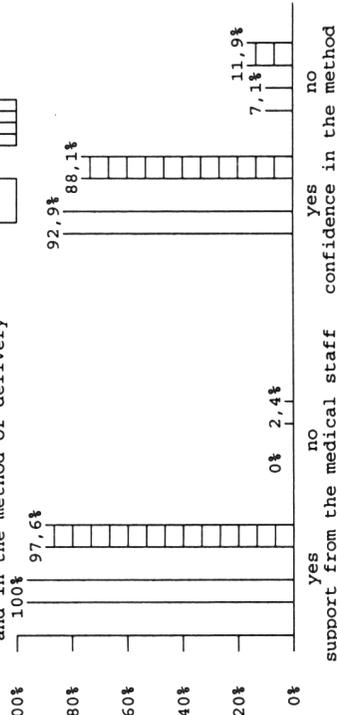
tab.No.19 Feeling of confidence in and : Group I. Group II. certainty about their own abilities comparative



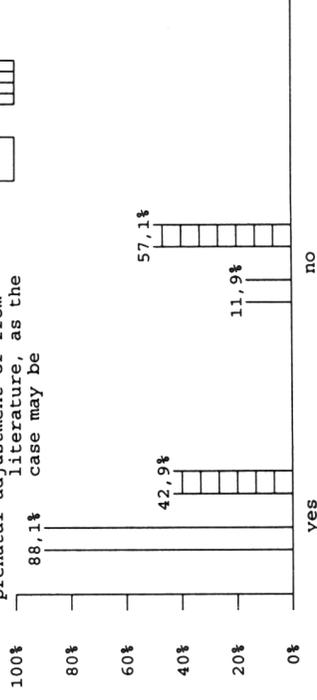
tab.No.21 Positive evaluation of husband's presence : Group I. Group II comparative



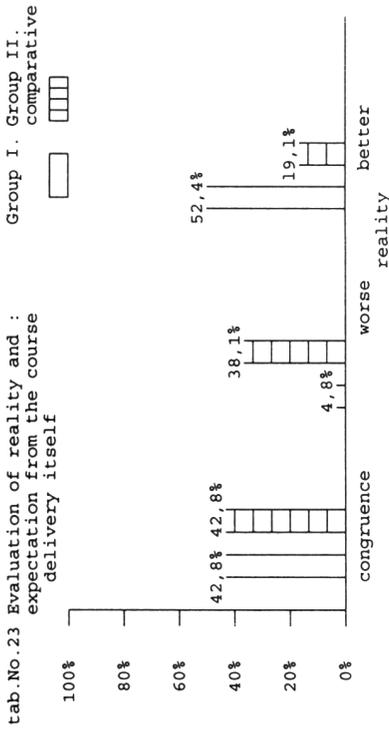
tab.No.20 Feeling of confidence in and support from the medical staff and in the method of delivery : Group I. Group II. comparative



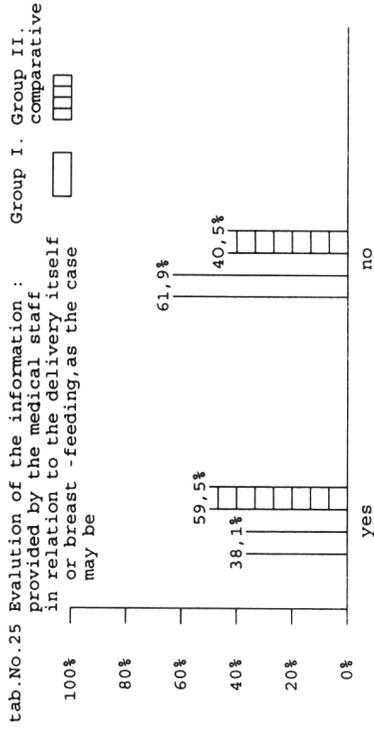
tab.No.22 Possibility of applying individual skills and information from prenatal adjustment or from literature, as the case may be : Group I. Group II. comparative



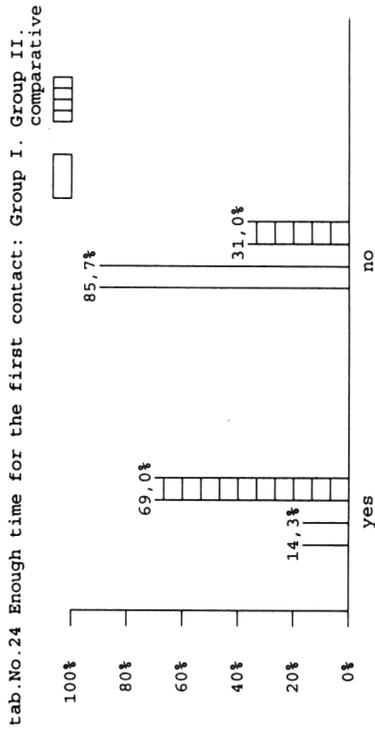
tab.No.23 Evaluation of reality and :
expectation from the course
delivery itself



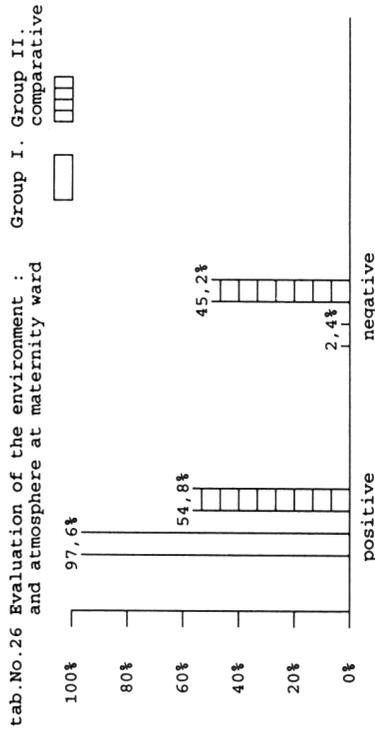
tab.No.25 Evaluation of the information :
provided by the medical staff
in relation to the delivery itself
or breast -feeding,as the case
may be



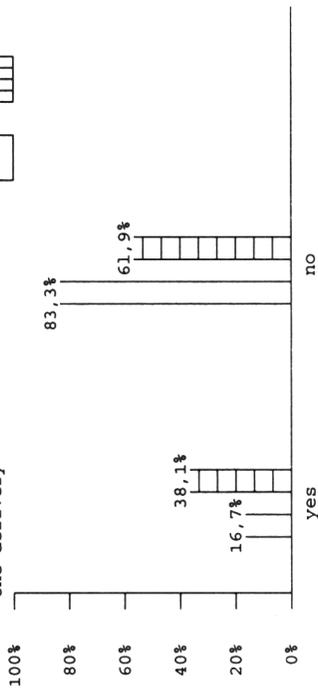
tab.No.24 Enough time for the first contact: Group I. Group II.
comparative



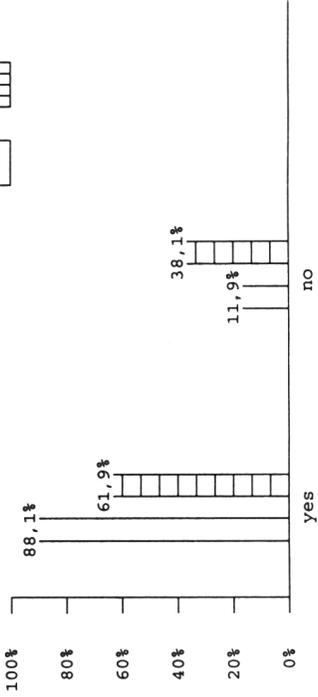
tab.No.26 Evaluation of the environment :
and atmosphere at maternity ward



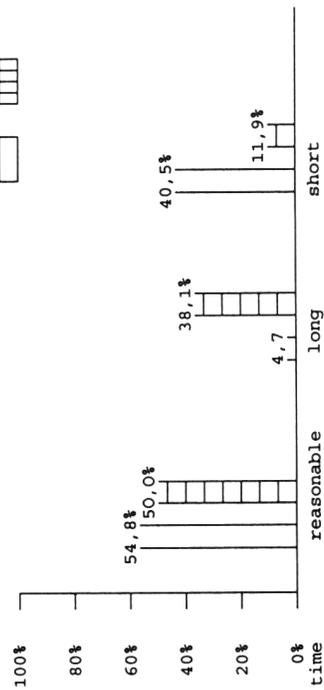
tab.No.27 Necessity of a bonding to : Group I. Group II. comparative
a specific person, who conducts the delivery



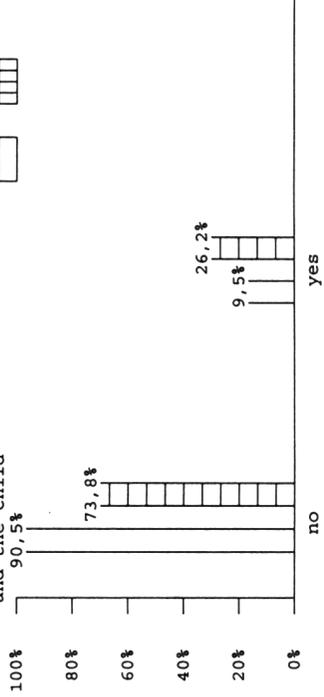
tab.No.29 Toleration for perceptions of : Group I. Group II. comparative
pain

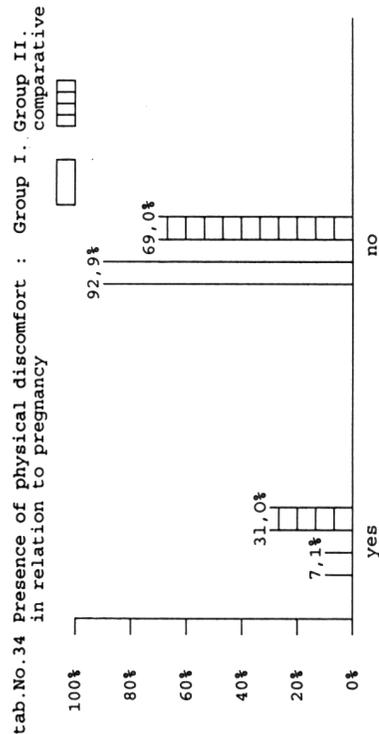
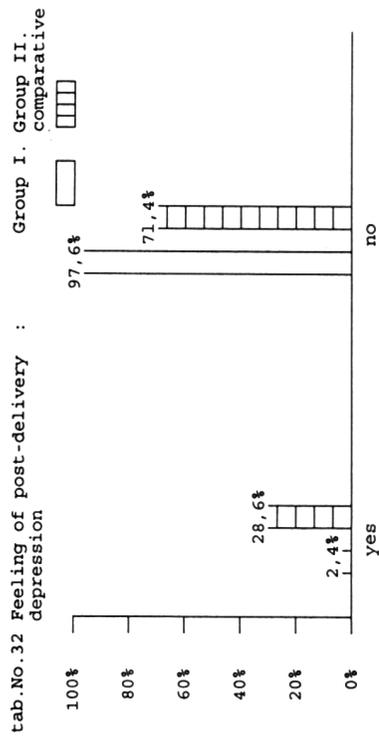
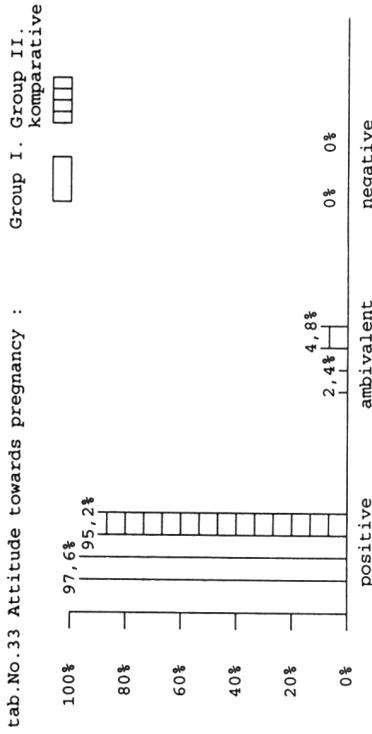
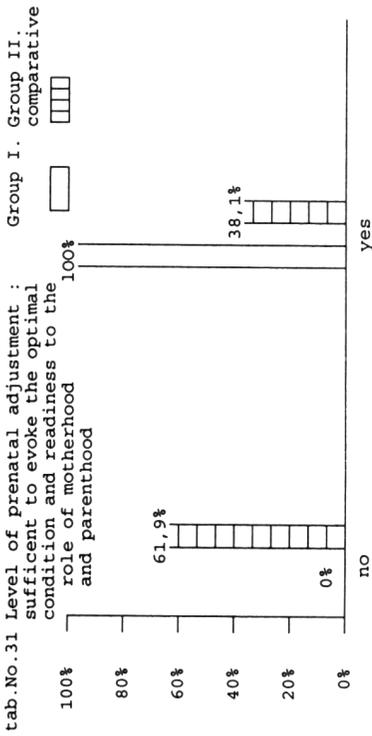


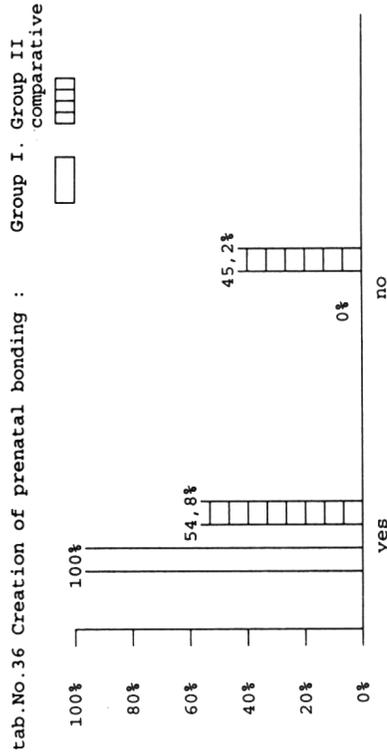
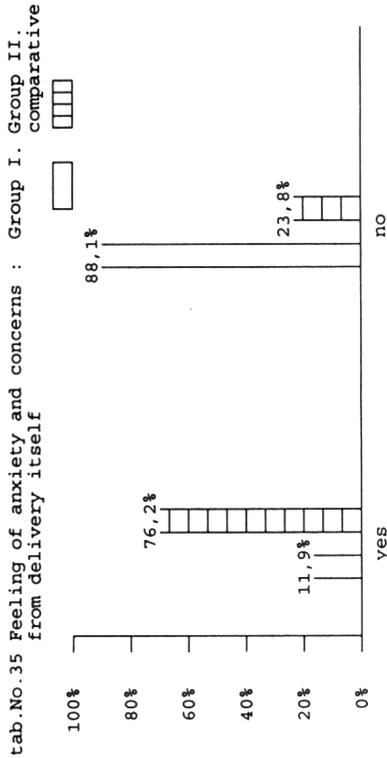
tab.No.28 Subjective evaluation of the : Group I. Group II. comparative
length of the delivery



tab.No.30 Exhaustion resulting in the lack : Group I. Group II. comparative
of interest in the environment and the child







the newborn child, its activity, first contact and also indirectly the process of breast-feeding.

With respect to the mental condition of the woman, the time factor is not negligible.

Adequate prenatal care also contributes to the feeling of self-confidence and is congruent with the realistic expectations. That can also be used to explain a certain independence of the bonding to a specific person who conducts the delivery. The character of organization of the work at our maternity hospitals contribute to the low percentage of pregnancy complications and to the good physical condition of newborn babies. This degree of dependence is an objective indicator of the high professional competence and the quality of equipment at our maternity hospitals. Rather alarming are differences between both groups in terms of degree of information and the quality of the first contact. The dissatisfaction of the control group may be explained by the absence of prenatal bonding and the degree of knowledge of pregnancy and delivery issues.

It is possible to object that there was a certain selection in the choice of prenatal care. The individual and group interviews revealed more important psychosocial and emotional concerns. The degree of anxiety and physical discomfort was higher at the beginning of the pregnancy. When the pregnant woman were asked if they would welcome the prenatal care, the woman in the control group gave 92.9% positive answers. The reason for their absence was lack of information about the existence of such care.

Conclusion

The complex and optimally long and well-planned prenatal care, which took into consideration the individual personality of the pregnant woman as well as knowledge and skills of the therapist, influenced positively the quality of the pregnancy, process of delivery, early interaction between mother and child and also breastfeeding. It also essentially influenced the adaptation of the parents to the newborn child and vice versa. By reducing the number of pregnancy and delivery complications, not only in the physical but also emotional and psychosocial areas, comprehensive prenatal care appears to be fundamental from the point of view of primary prevention. It thereby touches us all and we should strive to continue to support this development and help it to be understood correctly.

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