The Influence of Emotional Support During Childbirth: A Clinical Study

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Full Text: Headnote ABSTRACT: This study aims at exploring the psychological impact of emotional support during childbirth and thus to discuss it in the light of humanized principles of assistance. Methods: clinical study carried through intermittent observation of the labor and birth, when the emotional stages of the parturient and emotional support she received from the midwife were observed. Interviews about the women's experience of labor were performed before hospital discharge. The study demonstrated how emotional support has a direct impact in childbirth, and it gives elements to broaden the concept of humanized birth by enhancing emotional support as a key element to childbirth assistance. KEY WORDS: emotional support, childbirth, psychology, midwife. INTRODUCTION Childbirth assistance has become a matter of importance to the World Health Organization (WHO), as seen through its publication of a series of documents (1985, 1996) about labor and delivery care. These publications establish principles of care that together are known as 'humanized birth' in Latin America (Diniz, 2001). Among a number of measures and procedures recommended by WHO, there is the consideration of emotional support as an important aspect of the process of labor and birth. The concept of emotional support described in the documents is founded on the parturient and her companion having access to information, as well as physical and verbal emotional support, provided by the companion or the staff. This article on clinical psychology aims to contribute to an understanding of the various factors that are involved in the parturition phenomenon and, thereby, broaden the concept of emotional support given by the health staff. Thus, we focus on the psychological aspects of childbirth, describing some processes that are strongly integrated during the experience of pregnancy and highlighted during labor. Here we approach the assistance given in labor through the analysis of clinical cases. This study is based on the analysis of three women and their labor experience, focusing on the assistance they received from the midwife. Through this analysis our objective is to discuss how emotional childbirth assistance, based on the principles of humanized birth, affects the representation and process of birth. PSYCHOLOGICAL ASPECTS OF BIRTH Childbirth is, for the woman, a moment of strong physical transformations and of great emotional intensity. During labor different feelings and sensations such as fear, anxiety, happiness, sadness, and relief are experienced in different ways, from self-restraint to expression of physical and emotional feelings. The way women go through labor reflects the psychological history of the parturient, the history of childbirth in the family, how she experienced pregnancy, her relationship with her partner (or the lack of one), her general health state, the characteristics of her pregnancy and labor health care, and finally the cultural and social influence of society as well as the social representations of childbirth. Hence, parturition is a phenomenon in which the physiological, psychological, social, and cultural aspects are present throughout labor. During this process, the woman has to deal with these aspects consciously or unconsciously, which may lead to a positive experience that reflects in a sensation of power and strength, or an experience involving negative feelings that may reflect in different areas of life (Lef, 1995; Maldonado, 1997). Following the concepts of Winnicott (1988), Revault d'Allones (2004), and Bydlowski (1997, 2000) emphasizes that pregnant women have a particular characteristic that she named psychic transparency, which is a state of susceptibility, where fragments from the unconscious come to the conscious. Mouras (2003) points out the main characteristics: firstly, a permanent or latent state of demanding help, that is a particular stage open to the process of transfer. It is a state of constant availability to accept being helped when faced with a necessity or when the occasion demands. secondly, an important lowering of the usual defenses and resistances. For Bydlowski (1997), the conscious state seems modified and the obstacles to the

permeability to the unconscious, as well as to the pre-conscious, are lowered. Thus, reminiscences and regressive fantasies flow up to the conscious without finding a barrier to stop them. In this way, reactivations of childhood conflicts, especially oedipal conflicts, are experienced during pregnancy. There is a dissolution and reconstitution of early identifications, particularly with the mother, that activates previously organized defensive systems and establishes a new psychological state. The pregnant woman builds a representation of her role as a mother in order to become a mother. She is, at same time, rebuilding her representation of her own mother. On the other hand, Ammaniti (Ammaniti, Candelori, Pola, &Tambelli, 1999) emphasizes that "The narrow relation between the physical and mental dimension reactivates, on a conscious, pre-conscious, and unconscious level, past experiences that are mixed with present experiences, which are polarized around the adult self and the child self." There is a dual identification with the mother and with the fetus. Pregnancy requires an integration of the image of the self as a woman with that of the future child (Ammaniti, et al., 1999). For Soifer (1980) and Langer (1981), the identification with the fetus is also related to a situation of emotional regression that the woman experiences during pregnancy and especially during labor. This psychological state has a fundamental role in the mother-baby relationship. The mechanism of regression plays an adaptative function, characterized by an enhanced sensitivity of the mother, which enables her to be ready and attentive to the baby's needs, a state that Winnicott calls Primary Maternal Preoccupation (in Abram, 1996). Although all of these processes have already taken place during pregnancy, it is labor that magnifies the psychological journey that the woman undergoes. It is a moment when the feelings and emotions related to the representations of motherhood and the baby come to the surface. The parturient has to consciously or unconsciously deal with the emotional process along with the fear of the unknown (especially for first-time mothers), and other emotional, social, and cultural factors. Each woman responds differently to labor, which makes delivery a unique experience in each case in terms of the way the parturient emotionally deals with the psychic and physical transformation that she rapidly undergoes, and this determines her labor process. Our discussion relates to the care the parturient may need in the face of a demanding situation for her and for her partner as well. According to Winnicott (1988), Klaus and Kennel (1993), and Revault d'Allones (2004), the parturient should be accompanied and taken care of during labor. She must experience a feeling that she has somebody to count on, somebody who can help her. As Winnicott shows us in the article titled, "Contributions of psychoanalysis to the work of midwives and nursery," first published in 1957 (1978), even an emotionally mature woman has difficulties in controlling the situation, she looks for someone that may help her, as a child needs help when experiencing a new situation. We have to remember that the parturient is reliving the story of her own birth and she is experiencing the anxieties related to it, along with the contents of her present situation (Langer, 1981). Thus, restating Bydlowsky (1997, 2000), most of the parturients experience a latent need to be taken care of, along with a strong regression state. Considering the psychological fragility of this moment, we are going to evoke the concepts: the holding enviroment from Winnicott (Abram, 1996); and the concept of containment function (Mellier, 2000), as a way to understanding the need for an offer of support to the parturient, which may enable her to integrate her fears, feelings and representations of birth. As it is well known, the concept of a holding environment is related to the treatment of borderline patients. However, considering the characteristics of the moment of labor, we are going to borrow this concept and adapt it to the parturition situation. In Winnicott's studies, he develops a number of material and psychic elements to be taken into consideration, some of them very close to the ideal work to be developed by the midwife. These include providing a private and warm room with very little light, along with the fact that the patient should be able to count on the availability of the care giver, in this case the midwife. The concept of the containment function presented by Mellier (2000) is based on the alpha function (relation container-contained), a theory developed by Bion (1962 in Mellier, 2000). The development of this concept is based on binomial relation of mother-infant. When the mother is able to tolerate the baby's anxieties and frustrations, that enables the baby's development through the internalization of intersubjective experiences. Mellier (2000), points out that the containment function is about an active and

intersubjective psychological process that allows bonding and contemplates the a ability for containing projections, frustrations and other psychological processes that are present in a relationship. Thus the transposition of these theories to the situation of parturition is based on the capacity of the midwife to listen to (contain) the psychological expressions of the parturient. That is, the parturient must be able to count on someone to understand and perceive her needs, someone she can project her feelings to. It is only through the understanding of these needs that we can offer meaningful support to the parturient and her companion as well. THE PRINCIPLES OF HUMANIZED BIRTH In the mid 1980s, two documents published the by WHO introduced the concept of humanized birth. The first one is called "Appropriate technology for childbirth" (WHO, 1985), and it proposes an understanding of pregnancy and childbirth as a bio-psycho-social event, and it enhances the importance of offering health care that encompasses these aspects. In 1996, the second document called "Safety maternity: normal childbirth assistance" was published. Both documents were written following research studies on pregnancy and labor, and they establish health care measures based on the best medical evidence available. The aim of this document is thus to improve labor care through measures that contribute to a reduction in perinatal mother mortality and cesarean rates along with measures that promote normal childbirth and the use of technology according to the needs of the parturient. One of the recommendations regarding medical measures in this document considers labor support as an important part of health care. According to WHO (1996), it is the professional's responsibility, along with technical tasks, to evaluate the parturient's well being and to offer emotional support to her and her partner during labor, delivery, and post labor moments. It is also recommended that a bond of trust and respect between the professional and the parturient is established, with the intention of contributing to the development of labor. In this document an important aspect of emotional support is access to information for the parturient and her partner. However, the concept of emotional support to the parturient and her companion goes way beyond access to information. The studies of Klaus and Kennel (1992, 1993, 1995), pioneers in the research area of emotional support during labor, also consider physical and verbal support, in addition to information. In this respect, the development of the ability to understand a woman's needs, and offer the support she needs at this time, is discussed. The development of this ability requires a great effort in order to effect change. The implementation of the measures recommended by WHO encounters structural and cultural barriers (Diniz, 2001, Davis Floyd, 1992) that make the process of change slow and difficult. Beyond the cultural and institutional factors, a lack of understanding and consideration of the psychological aspects of the parturient should be highlighted. That is, there is a need to develop knowledge and tools that will enable the health staff to work with the patient as a whole, taking into account her psychological, physical and social conditions. METHOD The three cases here reported came from a previous study (Motta, 2005) where we used an observational method and an interview that were analyzed within the Grounded Theory (Strauss &Corbin, 1990) analytical procedures. It provided in-depth and rich material, that allowed this elaboration of a clinical study of the aspects involved in labor. The research was carried out in a public maternity hospital that attends lower and middle income parturients. Its principles of health care are based on the recommendations of WHO (1985, 1996), and the main priority of the hospital is to respect the binomial mother-baby relationship, as well as the inclusion of the family in the childbirth process. The use of medical procedures was generally considered according to the parturient needs and possibilities. The staff developed extra activities such as motivating the parturient to walk, take showers and receive massages. In the first stage, a total of 24 women participated in the study. We invited them to take part in the research after being admitted to the obstetrical center. Out of this group, 10 parturients were selected who fitted the following criteria: a normal and healthy pregnancy, having a family companion, having 37 to 42 weeks of pregnancy, and being between 17 and 35 years old. Suitable participants were either approached by the researcher at the center or by members of staff, who contacted the researcher. The parturient was then invited to participate in the research, and the first part of the study, characterized by an observation method, was subsequently carried out. The second part of the research was performed by interviews in the maternity wards.

We chose the participant field observation technique (Romanelli &Biasoli Alves, 1998), which enabled us to observe how the parturient coped with labor and delivery, her emotional condition and how she related to her companion and the staff. This technique allowed us to establish initial contact with the participant and her companion. The observations schema was characterized by intermittent observations for a period of one minute or more with an interval of 30 minutes between each one. During the interval, we remained in the obstetrical center sitting area waiting for the next observation period. During this period, we could follow the atmosphere of the staff involved in the parturient's case, when they went in to examine her, when the companion came out to talk to the staff or even when the parturient went out to the bathroom. The second part of the research was carried out by a semi-structured interview, performed in the maternity ward, approximately 44 hours after delivery. The questions of the interview were about the experience of labor, if she had prepared herself for it, the reasons why she chose that maternity hospital, if she wanted a normal (vaginal) childbirth, if she wanted some kind of analgesia, and how she perceived the staff care and her companion's care. But, most essentially, the questions addressed how she perceived the labor and delivery and what this experience meant to her. Through this set of questions we were able to perceive the representations and the feelings the parturients had about their own labor, their choices and their difficulties. The interviews were recorded and entirely transcribed. The combination of observation and interviews enriched the understanding of the various aspects of the parturition phenomenon, since it involved our analysis of the facts along with the conceptions and representations of the parturients. Hence, the analyses of the observations and data from the interviews were performed together. This research has fulfilled all the ethical requirements, established by the Brazilian law Res. CNS 196/96, required to perform research with human beings. According to this law, all the names that appear in the text are fictitious. We have chosen to name all the midwives as Anna. CASE ANALYSIS Cecilia We accompanied Cecilia's case for 20 hours in the obstetric center. When we arrived at the obstetrical center at nine o'clock on a Sunday evening we met Cecilia, who had been admitted four hours earlier. Her husband, who was with her since the beginning of labor, was very caring and attentive. The most impressing feature about Cecilia was her very tense facial expression, as well as tension in her body. She had very humid eyes and her face was red. She groaned constantly and eventually screamed during contractions. We had the impression that there was no rest between contractions, and the pain seemed excruciating for a four-centimeter labor. By that time, she had been in labor for 21 hours, and according to her, her contractions were painful from the very beginning, and they were both already tired. When I talked to the nurses in the sitting area, they made comments about Cecilia's behavior and labor development. They found her anxious and thought she was having difficulties in coping with the very first phase of labor. They said that they had already explained to her what was happening to her body and how she should behave, but according to them, she had not understood. It is interesting to point out that the staff seemed to believe that information alone should be sufficient for the mother to deal with the labour. But, in fact, information is only a part of the process of care. It is important to mention that Cecilia and her husband spent the night receiving the information required by them and routine and periodic exams, and yet there was no kind of rapport established between the couple and the staff. In the morning, Anna, a day shift midwife, established a very close bond with the couple. She pointed out to Cecilia how tense she was, and explained Read's Cycle of fear and tension. She used as an example the sore muscles from over exercising, a very appropriate example since Cecilia was a graduate in physical education, and she could thus relate to what was happening in a cognitive and an emotional way. She also taught her a new breathing technique, and gave some massage to relax her shoulders and arms and legs. It is important to point out that Anna often came in to check out how they were doing and talk to them, despite it being a very busy morning at the obstetrical center. What we find most outstanding in Cecilia's labor is how she needed a woman with whom she could identify and who could guide her through this process. Cecilia felt she had been taken care of by Anna, and thus she could endure her labour and its difficulties, as she said, "My God! She was wonderful, I think I overcame [labor/pain], I think I could resist, I mean, in a better way because ... I mean, she

helped me, she really helped me, she gave me support." It is interesting to point out that Cecilia relied on Anna's ability to help her to deal with the labour. It was clear to Cecilia that Anna knew something that she did not. Cecilia needed Anna's attention and care to go through the transition that her body was going through. She needed a woman who could take care of her, not only emotionally, but physically as well. When Anna touched Cecilia, she felt more relieved and relaxed. She needed to be touched in the same way as her baby would need to be touched and taken care of. Her need to have a woman's reassurance of her feelings and state was perceivable during the interview. "You know, in reality, you want somebody that tells you what to do, like Anna did with me. She said 'you have to do like this or like that'... in order to overcome ..., in order to have strength. You know? If the night staff had oriented me as she did, I think it would have been different." One might wonder what role the father played during labor. The most significant thing is that Cecilia found his presence very important and helpful, "... he helped me a lot. He said all the time, 'be strong for our daughter, we dreamed of (her), we love her so much.' We talked with her a lot, and we prayed. He was great, he said, 'we love each other, we will be able to do it, you will do it for her, for us.' He was wonderful." We could observe that he was indeed attentive and caring with her, nevertheless, we had the impression that he was not able to give her emotional containment and he had difficulties in dealing with the situation. It was clear that his role at this moment was very much that of sharing this experience with her rather than taking care of her. His attitude changed when Anna mediated a new form of interaction between the couple and involved him in activities and techniques, that enabled him to be more active. Our main hypothesis about Cecilia's difficult labour, lies in her representation that labour was some kind of menace, something that would hurt her deeply, especially physically. She feared for the integrity of her body and the process of opening up, letting the baby pass was somehow threatening. "I don't know, I don't know, I was really tense, wasn't I? I was afraid, a little bit afraid, you know? Yes, I was afraid of the unknown? But, I mean, why was it like that? I exercised, I tried to prepare myself, you know? And I thought I was going to have a ..., I mean, a fast and even quite calm labor. I have always exercised, I mean, physically I think I was prepared. But, obviously, I wasn't emotionally [prepared], was I?" When we asked her what the experience of labor meant, she said, "I think that from now on, minor things will not frighten me. Because, I have always been afraid about health. I have always been afraid. So from today on, I think I am going to see things in another way. This part of improving the way I think, being more positive, optimistic. It has given me strength." The idea of strength is related to the idea of achievement, of physical achievement. Her body could endure this process and enabled her to feel strong. We could say that this is a positive heritage of her labor, that she is now, probably, more able to bear the changes that her body and her mind will go through in life. Cecilia's needs, projected through her body, should have been listened to during the night shift. The kind of care that she received was crucial to the development of her labor and to her representation of this experience. Jane Jane, 22 years old, was accompanied by her sister. She had around 4 to 5 centimeters of dilation of the cervix when we arrived, and we were able to accompany her labor and delivery for a period of 4 hours. Contractions seemed painful to her and she said they hurt constantly and that she was tired because she had been in labor for more than 12 hours. We had the impression that she was very agitated as if she was fighting against the process. Each contraction was followed by a contraction of the whole body and face; she moved her legs as if she was pushing something from her. During the interview she confirmed this impression when said that she had refused to come right away to hospital. "It [the labor] began at 11 o'clock Monday night. I was afraid, I was scared, but then I asked my sister to call my mom and I said, 'It is not time to go to the hospital, there is no point....' During pregnancy I had always been scared of this moment, and of not being prepared and all." Her refusal to come to hospital was the first way she found to deal with the denial of the process. Coming to hospital required a great effort and she seemed to have seen it as something she could not control anymore, "I had to concentrate ..... and come to the hospital, you know? I couldn't escape. I think I didn't have him during the night because I was kind of scared." Although she was feeling pain during labor, she refused the analgesic that was offered to her before we arrived at the hospital. In the interview,

she said that it would not change a lot for her. This led us to believe that the fear of childbirth and pain was not so much a matter of the physiological process, but was inscribed in a symbolic process of change. Therefore, an analgesic would not make a difference in this process which she was fighting against. Differently from Cecilia, whose difficulties were related to a fear of labor itself, Jane fears the symbolic passage that labor represents, and she would like to be able to control this moment to fit her needs and readiness. "I wanted him [the baby] to stay one, two, three months more, you know? (Laughter). I mean it, I didn't want the moment to come, and I really didn't want the moment to come." Although she fears childbirth, she tries to find ways to deal with it. She chooses Clara, her sister, to accompany her to the hospital, because she is the one that Jane feels safe to go through labor with. "She calmed me down, I mean, she talked to me, what she did to me, calmed me a lot. She made me feel safe ...," Once again, the companion's behavior we observed was very different from the parturient's representation of the care provided by them. Clara was younger than her sister, and she did not have children. She was very caring and attentive, but quite anxious as well. She tried to hold Jane's hand during a contraction, but at the same time she had difficulties in staying with her for very long time. We could say that Clara is much more playing the role of a person upon whom Jane can project her fears and anxieties rather than providing emotional containment that could, in fact, enable Jane to go through labor easier. For Jane, her sister is the person she can turn to more than her mother or the father of the baby. She is the person that can help her endure her fear of childbirth. "She [her sister] made me feel safer, she made me feel much safer than my mom, than anyone else. If I had been with the baby's father it would have been terrible, I would be screaming and making scandals for 3 or 4 days, instead of one night and half of a day. Because he spoils me, so it would had been much more complicated. Any pain would had been the end of world." There is an interesting aspect to note about her relationship with the father of the baby. Although she said she was separated from the baby's father, there was a sense of ambiguity about their relationship that led us to conclude that she, somehow, wanted to discard his presence in this moment, and probably in the life of the family. The fact that she felt safer with the sister more than the mother also implies that there is a degree of difficulty related to her mother, especially during a moment where she needed to be mothered. During the next observation period, Anna, the midwife from the day shift, tried to create an atmosphere that could help Jane during this process. She talked to her in a very warm and positive way, saying that Jane is going to do fine and everything is going to go well. The midwife turned off the lights and tried to make the room as dark as possible, she put some music on and used some scented oils to massage her. However, Jane gave us the impression that she was trying to resist to Anna's care. For example, when the midwife was massaging her back, she asked her to stop because she was having a contraction and she did not want to be touched. In fact, Jane did not receive well the care Anna provided at first, as if she did not want to establish any kind of contact or did not want to be taken care of. "Then she did some massage on me, she talked to me, she calmed me down, she put some music on. In the beginning I was like: "Oh my God! How annoying, I can't stand all this." However, Anna insists on taking care of Jane, and talking to her and caring for her. In the subsequent observations we could see Anna close to Jane, massaging her, and telling her everything is going to be fine. After some time, Jane felt more comfortable and comforted by Anna's care. "She made me calmer, more confident. I thought that when I was about to have him, I wouldn't be able to walk from here to there. I thought that, I mean, I was in so much pain, I was so, I was so afraid. ... . she made the room so ..... she made me confident, she made me much calmer." One important thing about the Anna's approach is the fact that she allowed Jane to express her aggressive impulses. From time to time Jane apologized for her behavior, because she believed she was impolite, aggressive and she could hurt someone. Anna was constantly reassuring Jane, and saying that she did not need to apologize and saying that everything was OK! Anna's position was not only to calm her down, but to let her express what she was feeling. We had the feeling that she gave up resisting the process, and her labor was not so much a moment for a battle any longer. She let herself be taken care of, and she was able to count on Anna and the rest of the staff to have her baby. During the delivery, she called Anna "my friend," and felt

comforted that Anna was there for her during the delivery, and it seemed that there was a bond of trust between them. In the delivery room, after the baby was born, Jane said: "he is my baby, only mine, after everything I went through, he is mine." And, a bit later, she said, "I suffered a lot for this baby." These two sentences translate the most important characteristic of her psychological path through labor, that is, her resistance toward the moment of labor together with a representation of suffering as an obligatory path to motherhood. A path she had to complete, so that she could have the baby on her own and just for her. The need for suffering could be associated with the refusal of the epidural, the refusal of the baby's father's presence, and the resistance to Anna's care. However, through the events that we could observe we could say that Anna was sensitive and intuitive towards Jane's needs. She was able to break through this barrier that Jane tried to build around herself and developed a relationship where she played a role of emotional containment that enabled Jane to feel confident and calm, that is, being taken care of. Jane still felt that she suffered and we believe this representation is part of the development of her role as a mother and that it is linked to her representation of femininity and also related to her pregnancy history. Considering this context, we recognize that there are important aspects of her personal history that deserved further investigation, especially her relationship with her mother, with whom she signals having some kind of difficulties. However, the most important aspect that we would like to point out is that the care that Jane received was beyond technical or alternative care measures. Jane could be mothered by Anna, and could have a different experience of motherhood, which helped her to build a new image of her role as a mother. Valéria We are going to briefly present Valeria's case with the objective of counterbalancing the other cases. When we arrived at the obstetrics center, Valeria, 22 years old, had a 4 cm dilation and had been in labor for approximately six hours. She was calm, although she was feeling some pain during contractions. She was accompanied by her husband, and they were both very open to taking part in the research. The observations were made with an interval of 30 minutes, approximately, and the total observation time was four hours until the baby was born. The most interesting aspect about Valeria's case is how she coped with the environment around her during labor. In the bed near her, there was a 32-year-old woman in labor with her third child. She was suffering greatly, since she screamed constantly asking for help. Therefore, all the attention was drawn to this parturient and Valeria and her husband only received routine exam care. Valeria's bed was separated from the other woman's by a wooden divisor and she could hear all the commotion and demands for help, and Valeria was aware that this environment was having an impact on her. "Because, we get scared ..... because there was a lady beside me more scared than me, screaming and saying I am going to die and that ... ... that made me desperate, you know." She was made more scared and afraid by the situation. However, she looked calm and concentrated all the way through. Each time we went in the room, Valeria had her eyes closed and she was breathing slowly and deeply, even though the parturient next to her was screaming desperately. One of the reasons why she kept calm during this situation was due to her husband's support. Throughout the observation, we could see that he was very near her, with his body leaning to her side. He was constantly speaking to her, caressing her face or massaging her back. He was very close to her and he seemed calm, and he was able to calm her down, even when she was disturbed by the other parturient's behavior. "That made me desperate, you know? I told him, Tor God's sake don't let them do that to me.' And he said, 'calm down, it is not like that. She might be feeling the same pain as you are, but she is doing that and it is not....' So sometimes, when I wanted to scream, I mean ..... he .... he said, 'calm, stay calm, think that the baby is almost here, that in a moment you will have her, everything will be over and you will not even remember it.' Then he calmed me down, he said many things that calmed me down." In this case, we could observe that emotional containment has a function. The father was able to remain calm, attentive and caring. He actively helped her through massages and walks. Thus, she felt supported by him and able to endure the distressing environment along with the process of labor. We have elements in the interview that showed that she had a very positive representation of birth. "I wanted it because, I mean .... We hear from our mothers, don't we? The mothers say.... First it is the recovery that is very very fast, the next day you are already up, shower

taken, taking care of your son. Because of the recovery, because of the pain, we know that during the labor you feel the pain, but it takes 10 minutes maximum." This was her answer to a question about whether she preferred normal delivery or a cesarean. It was also remarkable how open and communicative she was during the interview. Her perception of labor and delivery is very clear, and she talks about it naturally. Our main hypotheses in this case is that Valeria's positive representation of birth, along with the presence of a caring husband who was able to provide emotional containment, formed a unity that was allowed them to go through the process of labor and delivery on their own. CONCLUSION The analysis of the three cases allowed us to further understand the emotional and psychological aspects of the parturient in relation to childbirth assistance, especially in the case of the midwives. Therefore, we have tried to show how this assistance may have an impact on childbirth for the parturient. It is important to remember that we are also analyzing these cases with regard to principles of humanized care, preconized by WHO, in order to promote a deeper discussion of humanized attention. In the three cases, we may observe quite diverse situations. First, we will discuss Cecilia's and Jane's cases, who had difficult labors for different reasons. The attention given by the midwife in these two cases helped the parturients to deal with labor. We could observe that the relationship developed by the midwife with the parturient and her companion, in fact, enabled the parturient to be calmer and they both coped with labor in a better way. The midwife's attention has also become a key element in the woman's representation of labor. For Cecilia and Jane, the midwife was somebody who enabled them to feel confident and helped them to endure the labor process. What we would like to highlight is that in each situation the midwife was able to perceive the parturient's needs and establish a connection with them. The relationship between the midwife and parturient went beyond informational aspects, and the use of alternative procedures, such as massage or music, provided facilitator elements in this construction of their relationship. We should note that in both cases, the midwives were very positive and tender. They assumed the role of containment, by being available and defining limits for the parturient from time to time. In Cecilia's case, the midwife Anna, established a point of identification which Cecilia could relate to. She assumed the role of a guide and orientator that, for Cecilia, we believe, should be occupied by a woman. Anna, also enabled the father to be more active, which helped him to assume a different role during his wife's labor. In Jane's case, the midwife establishes a more intense relationship with the parturient. She is physically close to Jane and prepares the room for a quieter environment. She assumes the role of emotional containment that Jane's sister, according to our observation, was having difficulties in developing. At the same time, she allows Jane to express her aggressive impulses, which, we believe was an important element in overcoming Jane's resistance to the idea of someone caring for her. These two cases present important elements regarding childbirth assistance that deserve to be discussed. The 1996 WHO document establishes the evaluation of the well being of the parturient, and this evaluation, as we have shown in these cases, needs to go way beyond technical measures or any kind of established routine care, such as providing information. The health staff in charge of the parturient, especially the midwife who will establish a connection with her, should be able to develop a relationship that takes into consideration her needs. In order to do so, the staff must develop a sense of listening to the parturient situation. We are not proposing that midwives and nurses should necessarily develop psychotherapeutic skills, but considering the complexity of elements imbricated in the parturition phenomenon, childbirth care should encompass the psychological aspects related to it. A second aspect is to deal with different forms of expressions of childbirth. Anxiety, screams, and aggressive impulses may be as much part of the process, as an ideal calm childbirth, where the parturient breathes in and out and calmly experiences her labor. Emotional containment contemplates different expressions of feelings in a way that the parturient may feel allowed to express what she is feeling without fearing inadequacy. A partner of the parturient's choice is one important aspect of the 1996 WHO document and the one most important aspects of the humanization of childbirth care in Brazil. However, the participation of a parturient's companion is not a guarantee of emotional containment by itself. The midwife in charge of the parturient should analyze the companion's participation in relation to the parturient's needs. In

Cecilia's case, her husband became more actively participative after the midwife helped him. Jane somehow pushed away important people in her life and chose her sister to be with her. However, the midwife could perceive that the sister could not give emotional support to the parturient, so she assumed the function of providing emotional containment. Thus, for many parturients the companion is only a part of emotional support and midwivess should be evaluating how the parturient-companion couple works in this process. In discussing the participation of the father, there are different aspects that must be taken into consideration, such as his ability and emotional capacity to give support to the mother, as well as the expectation that the mother has about his performance. These aspects among others are part of this relatively new process of the father participating in maternity in Brazil. What we want to point out here is that the couple, not only the parturient, benefits from care that considers the couple's needs. With the presentation of Valeria's case, we intended to establish differences between the case analyses, and once again enhance the particularities involved in each case. Valeria and her husband formed a unity and they were able to undergo this experience by themselves. The presentation of this case brings out an important discussion point; that emotional containment should not be part of an established routine. The staff should be attentive to the woman's needs and this may mean, sometimes, offering very little support. As Winnicott (1957) says, a midwife should respect the independence of a mother during labor, as well as accept the state of dependence on those taking care of them. Our intention in this study is to exploit important nuances of childbirth and childbirth assistance with the goal of widening the concept of emotional support (WHO, 1996) with elements of dynamic psychology. That is, to comprehend the development that clinical psychology has elaborated regarding the concept of holding in the assistance of childbirth, where the relationship built between the parturient and midwife has a privileged place in our current understanding of the childbirth process. References REFERENCES Abram, J. (1996). The language of Winnicott: A dictionnary of Winnicott's use of words. London: Karnac Books. Ammaniti, M., Candelori, C., Pola, M., &Tambelli, R. (1999). Maternité et grossesse. Paris: PUF. Bydlowski, M. (1997). La dette, de vie: itinéraire psychanalytique de la grossesse. Paris: PUF. Bydlowski, M. (2000). Je rêve un enfant; l'expérience intérieure de la maternité. Paris: Odile Jacob. Davis-Floyd, R. (1992). Birth as an American rite of passage. Berkley and Los Angeles: University of California Press. Diniz, C.S.G. (2001). Entre a técnica e os direitos humanos: possibilidades e limites da humanizaçào da assistência ao parto. Doctorate thesis. Universidade de Sâo Paulo. Sâo Paulo. Federal Senate. PLS 195/2003. Available in: <http://www2.senado.gov.br/sf/>. Klaus, M.H., &Kennell, J.H. (1992). Parent-infant bonding. (D. Batista, Translation). Porto Alegre: Artes Médicas (in Portuguese). Klaus, M.H., Kennell, J.H., &Klaus, P.H. (1993). Mothering the mother: How a doula can help you have a shorter, easier, and healthier birth. Massachusetts: Perseus. Klaus, M.H., Kennell, J.H., &Klaus, P.H. (1995). Bonding: building foundations of secure attachment and independence. Massachusetts: Perseus. Langer, M. (1981). Maternidade e sexo. (M. N. Folberg, Translation.). Porto Alegre: Artes Médicas. (originally published in 1978). Lef, J.R. (1995). Pregnancy: The inside story. London: Sheldon Press. Maldonado, Maria Tereza (1997). Psicologia da gravidez: parto e puerpe'rio. 14. ed. São Paulo: Saraiva. Mellier, D. (2000). L'inconscient àla crèche: dynamique des equips e accueil des belle's. Issy-les-Moulineaux: ESF Éditeur. Mouras, M.J. (2003). La périnatalité. Se repérer, approfondir. Saint-Etienne: Bréal. Motta, C.C.L., &Crepaldi, M.A. (2005). Father's participation during labor and emotional support: parturient's perspective. Paide'ia: cadernos de psicologia e educaçào. 15(30), 105-118 (in Portuguese). Revault d'Allones, C. (2004). Être, faire, avoir un enfant. Paris: Petit Bibliothèque Payot (originally published in 1991). Romanelli, G., &Biasoli Alves, Z.M.M. (1998). Didlogos Metodologicos. Ribeirâo Preto: Legis Summas. Soifer, R. (1980). Psicologia da gravidez, parto e puerpe'rio. (LV. Carvalho, Translation). Porto Alegre: Editora Artes Médicas. (originally published in 1977). Strauss, A., &Corbin, J. (1990). Basics of qualitative research: Grounded theory procedures and techniques. London: SAGE Publications. WHO. (1985). Appropriate technology for birth. Lancet, 24, 436^37. WHO. (1996). Care in normal birth. Geneva: World Health Organization, Maternal and Newborn Health/Safe Motherhood Unit, Family and Reproductive Health. Geneva: (WHO/FRH/MSM/96-24). Winnicott,

D.W. (1988). Babies and their mothers. Massachussets: Addison-Wesley Publishing. Winnicott, D. (1978). Through pediatrics to psychoanalysis: collected papers. Rio de Janeiro: Francisco Alves. (in Portuguese).

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