

Influence of a Bath During Labor on the Experience of Maternity

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Abstract: None available.

Full Text: Headnote ABSTRACT: The data collected in this study tends to show that the bath has improved the experience of pregnancy and delivery, particularly for women of the pathological group, and among those mostly for primiparas. Their experience often comes fairly close to that of the normal group. We can suggest that the bath has a relaxing, a reassuring and an analgesic effect which provides favourable conditions for a satisfactory delivery even in pathological cases, where women could otherwise have been overwhelmed with anxiety. The bath may enable women to master the pain and also to relax and to find comfort in reassuring figures such as their partners and their mothers, and become more responsive to their baby. This corresponds to Michel Odent's explanation of the effect of the bath as a change in the "level of consciousness." This research is part of a project conducted by the maternity ward of the Braine-l'Alleud Hospital (S. Wesel)¹ and the Department of Developmental Psychology of the Free University of Brussels (Pr. F. Gillot-de Vries).² The starting point of this research was the following: the maternity ward introduced an alternative method to traditional analgesic techniques during labor, such as epidural anaesthesia. This method consists of a warm bath that women take during labor. A previous study conducted by the maternity ward has shown that this bath seems to produce an analgesic and relaxing effect, and to reduce duration of labor. It also seems to provide a good treatment of dyskinesia. Certainly, it is important to know from a medical point of view if this bath makes labor easier. However, it is also important to take into account women's opinions and to know whether this bath answers their needs and improves their experience of childbirth. Thus, we were interested in analysing the impact of this method on the conscious experience of women and on their satisfaction during this most important period.

Sample and Method Our research was conducted from 1 October 1984 to 15 March 1985. We randomly selected 200 female subjects (118 primiparas and 82 multiparas) and presented them with the "Perinatal Questionnaire bath." Sixty-six primiparas and 23 multiparas took a warm bath during labour. We did not wish to exclude multiparas, though we were aware that their previous experience might interfere. Of these 200 women, 12 had a pathological pregnancy, 51 had a pathological delivery and 15 had both a pathological pregnancy and a pathological delivery. All subjects except 21 were upper- and middle-class (as inferred from level of studies), the remaining 21 subjects completed a maximum of six years of schooling. All the women in our sample filled in the questionnaires between the third and the sixth day postpartum. Thus the data concerning the way they experienced the bath is retrospective. The "Perinatal Questionnaire-Bath" is part of a series of questionnaires specially designed to investigate perinatal issues. It is made up of bipolar and rank-ordering items. It investigates several themes in a randomised way: course of pregnancy and childbirth, experience of the bath, of pain, and relationships with relatives. Answers were computer-analysed using the LILAS program (Patesson, 1971). Data was analysed using Student's test of comparison of means with probability levels of at least .05. (Tables illustrating exact levels of significance available from author upon request.) The total sample was divided into 2 groups: a group of "normal" subjects (n = 122) and a group of "pathological" subjects (n = 78) (history of stillbirth, hospitalization during pregnancy of more than three days, twin gestation, prematurity under 37 weeks of gestation, foetal distress, uncontrolled dyskinesia, cesarian section, Apgar's score below seven at five minutes of life). Each of these two groups was divided into four subgroups: primiparas with bath, primiparas without bath, multiparas with bath and multiparas without bath.

Results A. Pregnancy The global experience of pregnancy. Pregnancy seems to have been a fulfilling experience for women who took a bath during labor. The bath seems to have contributed to agreement on this

point, even in the pathological group (mostly for primiparas), which is close to the normal group with and without bath. On the other hand, primiparas and multiparas of the pathological group who did not take a bath seemed to have a less positive image of pregnancy. It can be suggested that the bath allowed women to experience pregnancy as positive and fulfilling retrospectively, even though four of them had had a pathological pregnancy. The remaining women (n = 22) who had a pathological delivery may have attempted to make up for this difficult experience of childbirth by remembering a fulfilling pregnancy. The reassuring role of the family. Women in the pathological group who took a bath (both primiparas and multiparas) have the feeling that they and their partners got emotionally closer. They also consider that their mothers have made reassuring comments concerning pregnancy and delivery. However, in general, multiparas did not feel as close to their partners as did primiparas. For the former, pregnancy was not a new experience. These results from the pathological group are close to those obtained by the normal group (with and without bath). It can be suggested that the bath has enabled "pathological" subjects to retrospectively express closeness with their partners who appear to adopt a reassuring and paternal role. The bath also brought them closer to their mothers, whom they find reassuring. This search for security in mothers and partners can be interpreted as an attempt to find relief from anxiety. Anxiety during the period surrounding childbirth can be constructive, because it enables the mother to regress and identify with her baby, and to be responsive to him (this is Winnicott's "primary maternal preoccupation"). As far as pregnancy is concerned (fulfilling period, increased closeness to partner), the bath seems to have enabled "pathological" women (mostly primiparas) to react in a similar manner to "normal" subjects with and without bath.

B. Delivery Global assessment of the experience of delivery. Women in the pathological group (mostly) and normal women who took a bath consider that their deliveries were difficult compared to those of women who did not take a bath. However, this appears to be quite a realistic impression, since the main indication for the bath is slow labor and difficult delivery (30% of "normal" women did not even have time to take this bath because their delivery was so quick). Primiparas tend to describe their deliveries as "difficult" or "very difficult." Similarly, women in the "pathological" group have the impression that delivery was not very easy. In this group, 51 women out of 78 did, in effect, have a "pathological" delivery. Thus, women's perceptions seem to correspond to medical facts. Experience of pain and of length of labor. For all women, uterine contractions seem to be particularly painful. However, the pain is acceptable to primiparas of the normal group and of the pathological group with bath. These women tend to accept pain both in usual circumstances and during labor. Apparently, the bath affects the experience of pain and enables women to bear it with calm, serenity and self-control, and to consider it normal (perhaps the price to pay for motherhood). These results contrast with those of the "normal" and "pathological" groups without bath: in these groups, women wish for the pain of delivery to be completely abolished. Women in the "pathological" group with bath seem to be less anxious regarding pain than women in the "pathological" group without bath. Women who took a bath consider that the bath actually reduced the pain. The reassuring role of relatives and staff. Generally speaking, the most important person to a woman during delivery is her husband or partner. He helps her through his presence and also his active participation. The only women who mention that the gynecologist is the most important person during delivery belong to the pathological group without bath (primiparas and multiparas). This result is in accordance with facts, the gynecologist being indeed important, since these were difficult deliveries often requiring special obstetrical interventions (in 65% of "pathological" cases without bath, an obstetrical technique other than the bath had to be used). Mothers of the "pathological" group with bath mention having been particularly helped by the active role of their partners, and more so than women of the "pathological" group without bath. In fact, the partner often helps the woman physically in the water and massages her and holds her head or her hips. In pathological cases more than in others, the couple is anxious. Thus the bath might well help both partners to attain a kind of fusion, with the husband identifying with his wife and at the same time supporting her. As already mentioned, this support is also offered by the mother, who is considered permissive and reassuring.

C. The Experience of the Bath Women who took a bath expressed satisfaction with the bath (mostly primiparas of

the normal group and multiparas of the "pathological" group). They also consider they were able to relax in the water. They consider that the bath reduced the pain and accelerated labor (mostly for "normal" primiparas). The bath had an appeasing effect, a reassuring effect and even an analgesic effect. It seems to have enabled women to keep control of themselves and to consider pain in a more serene and less distressing way. All the women who took a bath (mostly primiparas of the pathological group and multiparas of the normal group) and even those who did not take a bath believe it was a positive idea. They also have confidence that the bath is harmless both for mother and baby. All women were able to relax in the bath (mostly "pathological" primiparas compared to "normal multiparas) and they all felt light in the water. This is the effect of the bath as a relaxing agent and a reducer of anxiety. All women wish to have the "bath method" for their next delivery, and this method is always among their first three choices. This result may be taken as a satisfaction index, whether it be satisfaction with the actual bath or with the idea of such a bath during labor. Generally speaking, multiparas appreciate the bath better than primiparas and are globally more satisfied with it. It is interesting that these are women who have already had a previous pregnancy, who could compare and who might have been more critical. Conclusion The data collected in this study tends to show that the bath has improved the experience of pregnancy and delivery, particularly for women of the pathological group, and among those mostly for primiparas. Their experience often comes fairly close to that of the normal group. We can suggest that the bath has a relaxing, a reassuring and an analgesic effect which provides favourable conditions for a satisfactory delivery even in pathological cases, where women could otherwise have been overwhelmed with anxiety. According to Melzack, one can reduce pain by controlling it. For parturients, the bath could counteract ancient conditioning and allow expression of emotions and a kind of "taming" of the body. Thus the parturient can "stop panicking about her body going wild during childbirth, let it speak and have confidence in it" (M. Odent). The bath during labor also seems to bring women to a better level of consciousness during delivery. This could be because the bath enables women to feel much more relaxed and much less anxious, thus more receptive to their babies during expulsion and happier to discover them. This empathy for the baby is part of the process which enables mothers to regress and to find security in reassuring people such as partners and mothers. We expect that the bath will enhance the establishment of early mother-child interactions, particularly in the case of primiparas with pathological deliveries who are at higher risk than others in successfully bonding with their babies. Footnote 1 Maternity ward of the Braine-l'Alleud-Waterloo Hospital Rue Wayez-1420 Braine-l'Alleud-Belgium. 2 Department of Developmental Psychology 50 Avenue F.D. Roosevelt-1050 Brussels-Belgium. References Homans, C, Busine, A. &Wesel, S. (1982). Analgesic and relaxing effect of warm bath during labor. Presented at 8e Congres Europeen de medecine perinatale. Bruxelles, 8-10 septembre 1982. Melzack, R. &Wall, P. (1982). Le Defi de la douleur. Maloine, Ed. Paris. Melzack R. et al. (1981). Labor is still painful after prepared childbirth training. Canad. Med. Assoc. 125, p. 357-363. Odent, M. (1976). Bien naitre. Le Seuil, Ed. Paris.

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