

REVIEW/DERLEME

Mindfulness in Pregnancy, Childbirth and Parenting

Gebelik, Doğum ve Ebeveynlikte Farkındalık

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Abstract

The aim of this review was to draw attention to mindfulness in the periods of pregnancy, birth, and parenthood, and the importance and efficacy of mindfulness-based interventions in these periods. It is clear that mindfulness and mindfulness-based interventions have improving effects on psychosocial health outcomes. In periods such as pregnancy, childbirth, and parenthood, the benefit of these interventions seems to provide an effective means of reducing depressive symptoms and the perceived stress and anxiety levels. Increasing the level of mindfulness in these periods is an intervention which provides the woman with a positive birth experience, reduces the possibility of postpartum depression, and facilitates the adaptation process to parenthood. Mindfulness and mindfulness-based interventions can be easily used in many areas in the provision of health services. The benefit of these interventions in the periods of pregnancy, childbirth, and parenthood will increase the psychological well-being of the woman and reduce potential mental health problems to a minimum. As parents with a high level of mindfulness will raise a healthy individual, this will contribute to the formation of a healthy society.

Keywords: Mindfulness, Pregnancy, Childbirth, Childbirth Education, Parenting

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Öz

Bu derlemede gebelik, doğum ve ebeveynlik süreçlerinde farkındalık ve farkındalık temelli müdahalelerin önemine ve bu süreçlerde olan etkinliğine dikkat çekilmesi amaçlanmaktadır. Farkındalık ve farkındalık temelli müdahalelerin psikososyal sağlık sonuçları üzerinde iyileştirici etkileri bulunduğu açıktır. Gebelik, doğum ve ebeveynlik gibi süreçlerde bu müdahalelerden yararlanılması algılanan stres ve anksiyete düzeyinin, depresif semptomların azaltılmasında etkili bir yol olarak görülmektedir. Ayrıca bu süreçlerde farkındalık düzeyinin artması kadının pozitif bir doğum deneyimlemesini sağlayan, postpartum depresyon görülme olasılığını azaltan ve ebeveynliğe uyum sürecini kolaylaştıran bir müdahaledir. Sağlık hizmetlerinin sunumunda birçok alanda farkındalık ve farkındalık temelli müdahalelerden kolaylıkla yararlanılabilir. Gebelik doğum ve ebeveynlik süreçlerinde bu müdahalelerden yararlanılması ise kadının psikolojik iyilik halinin artmasını ve olası ruhsal sorunların en aza indirilmesini sağlayacaktır. Farkındalık düzeyi yüksek ebeveynler sağlıklı bir bireyin yetişmesine dolayısı sağlıklı bir toplumun oluşmasına katkıda bulunacaktır.

Anahtar Kelimeler: Bilinçli Farkındalık, Gebelik, Doğum, Doğuma Hazırlık Eğitimi, Ebeveynlik

INTRODUCTION

Pregnancy, childbirth and parenthood are important life experiences for women, and are periods when significant biological and psychosocial changes are experienced and there is a risk of encountering many factors which can cause anxiety and stress in women. While many women adapt easily to the changes experienced in these periods, some may be more defenceless. When it is considered that the well-being status of the mother before the childbirth has a direct effect on maternal and fetal health, postnatal mental health, and the short and long-term health of the child, the determination of appropriate strategies in these periods and the implementation of necessary interventions can be seen to be extremely important. The benefits gained from mindfulness and mindfulness-based interventions in these periods when significant changes are experienced, are seen as interventions which can increase psychological resilience by reducing the reactions of the individual to difficult situations.

DEVELOPMENT***Mindfulness and Mindfulness-Based Interventions***

The roots of mindfulness come from ancient far-eastern Buddhist meditation traditions. It has come into Turkish literature as Cognitive Awareness. Mindfulness is a mental and physical practice, in which the attention of an individual is given deliberately, focussing on momentary experiences and observing their inner experiences (Purser and Milio, 2015; Schmidt, 2011; Atalay, 2018).

Mindfulness has been defined as the individual focussing their attention on the moment with a curious and accepting attitude that is not premeditated or judgemental (Kabat-Zinn, 2003). According to another definition, it is stated as the awareness of an individual of an experience related to the present moment, and accepting the moment in a non-judgemental way with grace and amity (Germer, 2005). As can be understood from both of these definitions, mindfulness is expressed as not only the perception of the present moment by the individual, but with non-judgemental acceptance of the present

moment with a conscious attitude (Hayes and Follette, 2004). The primary components that are attempted to be revealed in different definitions of the concept are “focussing on the present moment”, “observation”, “non-judgement”, and “acceptance”.

The aim of mindfulness-based interventions is to train the individual to give a reflective response rather than an automatic response, stated as “automatic pilot”, when faced with different situations (Baer, Smith, Allen, 2004). People who practice mindfulness meditation learn to be more aware of their thoughts, emotions, and physical feelings that occur at that moment (Duarte and Pinto-Gouveia, 2016). Mindfulness and mindfulness-based interventions are currently widely used in psychotherapeutic interventions and in the treatment process of various physical and psychological disorders (Schmidt, 2011).

The first studies related to mindfulness were conducted in 1979 by Prof. Dr Jon Kabat-Zinn at the Massachusetts Institute of Technology (MIT) (Kabat-Zinn and Hanh, 1990). In recent years there has been a rapid increase in studies of the research and implementation of mindfulness-based programs (Crane et al., 2017). There are several mindfulness-based structured programs, including Mindfulness Based Stress Reduction-MBSR, Mindfulness Based Cognitive Therapy-MBCT (Teasdale et al., 2000), Mindfulness-Based Yoga (Shi and MacBeth, 2017), Mindfulness-Based Childbirth and Parenting-MBCP (Duncan and Bardacke, 2010), Mindfulness Based Childbirth Education-MBCE (Byrne et al., 2014; Fisher et al., 2012), Mindful Self-Compassion-MSC (Neff and Germer, 2013), Mindfulness and Acceptance-Based Group Therapy (Kocovski, Fleming, Rector, 2009) and Acceptance and Commitment Therapy (Pankey and Hayes, 2003). Two programs which are often used are

Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT) (Khoury et al., 2013).

The MBSR was prepared by Kabat-Zinn (1979) initially to improve the pain felt due to chronic diseases and to change the way that these patients perceived the pain. Over time, it was aimed to teach individuals to take an approach with “calm” and “attention” to stressful situations rather than giving an automatic response. MBCT is a psychological intervention that was formed with the integration of cognitive theory and cognitive behavioural therapy (CBT) to the MBSR program. MBCT is a program that was developed with the aim of preventing recurrence in individuals with a diagnosis of depression and to help these individuals to learn the skills of remaining well in the long-term (Teper, Segal, Inzlicht, 2013).

MBSR and MBCT programs are usually managed in the form of group training of sessions lasting 2-2.5 hours per week for 8 weeks (Rush and Sharma, 2017). With verbal instructions given during the implementation of these interventions, the participants are expected to focus on the experiences of the present moment such as breathing, physical feelings, emotions, and thoughts, with a curious and non-judgemental attitude (Teasdale et al., 2000). Generally, in the sessions between the 6th and 7th week, a 6-hour “retreat-silent” session is held, in which all the meditation practices used throughout the program are repeated with the purpose of deepening the understanding of mindfulness (Carmody and Baer, 2009). Mindfulness-based meditation interventions include body scanning, and in addition to yoga and seated meditation, informal mindfulness practices that can be used in daily life (mindful walking, mindful eating, etc) (Atalay, 2018; Crane et al., 2017). Participants

in MBSR and MBCT are given home exercises with audio recordings, and are encouraged to continue the mindfulness practices (Atalay, 2018; Parsons et al., 2017).

Previous studies have reported that MBSR and MBCT programs reduce depressive symptoms and anxiety and stress levels, and provide the possibility for improvements in quality of life and physical functionality (Khoury et al., 2013, Goldberg et al., 2018).

One of the mindfulness-based programs that has attracted attention in recent years is the Mindful Self-Compassion (MSC) program. The MSC is a program that focusses on developing the capacity for self-compassion with mindfulness practices and aims to teach individuals to respond with patience and understanding to difficult situations and emotions (Neff and Germer, 2013). Unlike other mindfulness-based programs such as MBSR and MBCT, the MSC program is focussed on developing self-compassion with the use of gentle and compassionate practices in addition to the basic mindfulness practice (Finlay-Jones et al., 2018). It aims to teach individuals to accept who they are, and to be self-compassionate rather than trying to change themselves and their experiences. In the same way as the MBSR, the MSC program is formed of sessions lasting 2-2.5 hours per week for 8 weeks with one day of "retreat" (Neff and Germer, 2013). Self-compassion is seen as an important factor in increasing well-being and reducing psychological problems (Finlay-Jones et al., 2018).

Mindfulness and Pregnancy

Pregnancy is a period when many physiological and psychosocial changes are experienced (Alderdice et al., 2013; Moya et al., 2014). As

these changes render women more defenceless, stress, anxiety, and depression may be seen more in pregnancy (Felder et al., 2018). When a woman has no information about this process that she is experiencing, her mental health can be negatively affected for many reasons such as concerns about the fetal health and fear of the childbirth (Staneva et al., 2015). It is extremely important that women develop mechanisms to be able to cope with these stressful conditions in pregnancy.

It is known that stress experienced in pregnancy can cause several adverse obstetric outcomes which can affect maternal and fetal health such as abortus, pre-eclampsia, premature birth, or low birthweight (Bussieres et al., 2015; Grigoriadis et al., 2013). This stress that is experienced is not limited to affecting the maternal and fetal health in pregnancy, but can also have negative effects on mother-infant bonding in the postnatal period (Srivastava and Bhatnagar, 2020) and on the long-term physical and neurodevelopmental outcomes of the child (Manzari et al., 2019). When the current increase in mental health problems is taken into consideration, it can be clearly seen that it is important to decrease the stress experienced in pregnancy in respect of the physical and mental health of the mother and the future mental health of the child.

By increasing the mindfulness of an individual, mindfulness and mindfulness-based practices develop the mechanisms to be able to cope with problems (M. Yang et al., 2019). Through these practices, individuals learn to focus their attention on the present moment and on the emotions and thoughts which emerge at that moment, and accept that these emotions and thoughts are "without losing control" (Mantzios and Giannou, 2014). The benefits of mindfulness and mindfulness-based practices in pregnancy

are known to be beneficial in respect of mental health (Duncan and Bardacke, 2010; Sbrilli, Duncan, Laurent, 2020).

Previous studies of mindfulness-based practices in pregnancy have reported reductions in the level of perceived stress (Krusche et al., 2018; Muthukrishnan et al., 2016; Pan et al., 2019) anxiety level (M. Yang et al., 2019; Yazdanimehr et al., 2016; MacKinnon et al., 2021) and depression symptoms (M. Yang et al., 2019). It has also been reported that they have increased the positive emotional status of the pregnant women (Zhang et al., 2019), improved levels of mindfulness (C-C. Yang et al., 2019; Zhang et al., 2019), and optimised psychological and physical health (Matvienko-Sikar et al., 2016). Moreover, for women at risk of gaining too much weight in pregnancy, mindfulness practices have been reported to help them better manage over-eating and stress experienced (Vieten et al., 2018).

There are also studies in literature which have used mindfulness-based practices in pregnancy in selected sample groups such as those with an extreme fear of childbirth (Veringa-Skiba et al., 2022), those at risk of perinatal depression (Abatamarco et al., 2021), and those with a high level of stress (Lönnberg et al, 2020).

Mindfulness and Childbirth Education

Education in preparation for childbirth can be applied with different methods and techniques. One of these is childbirth education based on mindfulness. The inclusion of mindfulness-based practices in childbirth education and antenatal classes has recently attracted attention. These programs which have been integrated in childbirth preparation education are known as Mindfulness Childbirth and Parenting (MBCP) and Mindfulness Based Childbirth Education (MBCE) (Walker, Visger, Rossie, 2009).

MBCP is a childbirth preparation education program, which was developed by Nancy Bardacke, and has gained increasing popularity in recent years (Walker, Visger, Rossie, 2009). The MBCP program includes yoga and meditation practices related to mindfulness in addition to the childbirth education content (Walker, Visger, Rossie, 2009; Latendresse, 2013). Evidence has shown that by increasing the level of mindfulness, the MBCP program has facilitated the ability of pregnant women to overcome negative situations and improved markers of perinatal mental health (Lönnberg et al, 2020; Babbar, Oyarzabal, Oyarzabal, 2021).

The MBCE was developed by Fisher and their friends. (Fisher et al., 2012). Just as in the MBCP program, the MBCE focusses on reducing stress and anxiety related to pregnancy, childbirth, and parenthood, and increasing the well-being of mothers through mindfulness meditation practices in the perinatal period (Byrne et al., 2014; Fisher et al., 2012).

In systematic reviews and meta-analyses which have examined studies of mindfulness-based interventions in pregnancy or integration in childbirth preparation education, it has been reported that these interventions improve several psychosocial outcomes such as perceived stress, anxiety, depression, and fear of childbirth, increase levels of mindfulness and self-sufficiency, and support mother-infant bonding (Shi and MacBeth, 2017; Dhillon, Sparkes, Duarte, 2017).

Mindfulness and Childbirth

Giving childbirth is an important and subjective life experience for women. Although some women have a positive experience, for some it is a painful and difficult experience (Boorman et al., 2014). As it is a process that cannot be predicted

and cannot be controlled in the full sense, it may sometimes be accompanied by fear and anxiety (Uçar ve Golbasi, 2019). In addition, frequent vaginal examinations, stimulated-induced labour, instrumental childbirth, emergency and unplanned caesarean delivery, and insufficient support during the childbirth are some of the conditions increasing fear and anxiety, and negative childbirth experience (Hosseini Tabaghdeehi et al., 2020).

The subjective childbirth experience is affected by both the conditions experienced in the process of childbirth and by the personality traits of the woman (pain perception, previous experiences, etc) (Asselmann, Garthus-Niegel, Martini, 2021). Having a negative subjective childbirth experience constitutes a risk factor for postpartum depression and post-traumatic stress disorder (Ayers et al., 2016). Mindfulness related to pregnancy and the childbirth process seems to be a factor which could affect women having a positive childbirth experience (Hulsbosch et al., 2021).

By reducing cognitive and emotional reactions to negative situations such as pain, anxiety, and unexpected medical events (eg, cord prolapsus, fetal distress) during the childbirth, mindfulness facilitates the ability to effectively cope with these situations. It has also been reported that preparation with mindfulness from pregnancy to childbirth provides more control during the childbirth (Fisher et al., 2012) and increases levels of mindfulness (Pan et al., 2019) and self-sufficiency during the childbirth (Byrne et al., 2014; Pan et al., 2019). It can also be hypothesised that increasing the level of mindfulness reduces the fear of childbirth (Veringa-Skiba et al., 2022) as it could be seen to function as a protective buffer against a negative perception of childbirth (Hulsbosch et al., 2021).

Mindfulness and Parenting

Becoming a parent adds new roles and responsibilities to the life of an individual. While most people see parenthood as a meaningful part of life, some experience parenthood as a stressful and difficult period (Martincs, 2019). Mindfulness teaches individuals to regulate their emotions in the process of parenting, to accept the roles and responsibilities of parenting with a non-judgemental attitude and to use mechanisms to be able to cope with the stress of parenting (Corthorn and Milicic, 2016). It also includes the individual showing compassion to themselves and the child (Duncan, Coatsworth, Greenberg, 2009).

Pregnancy is seen as a period of psychological and emotional preparation for parenthood (Van Vreeswijk, Broersen, Schurink, 2014). The antenatal bonding which starts in this period affects the establishment of bonding and bonding styles of the parents in the postpartum period (Hicks et al., 2018). Maternal history of depression before the birth is one of the conditions that can have a negative effect on mother-infant bonding. The benefits of mindfulness and mindfulness-based interventions in pregnancy have been reported to decrease depression symptoms and the level of postpartum depression (Sbrilli, Duncan, Laurent, 2020; Gheibi et al., 2020) and to increase the level of bonding in the early postnatal period (Gheibi et al., 2020). Previous studies have shown that parents with a high level of mindfulness are more sensitive to the needs of their children (Parent et al., 2015), behave in a less reactionary way to problems experienced by their children (Duncan, Coatsworth, Greenberg, 2009) and have more appropriate parent-child communication (Gouveia et al., 2016).

CONCLUSION

In the periods of pregnancy, childbirth and parenthood, healthcare professionals such as midwives and nurses have important roles in providing support and information based on mindfulness to both the woman and her spouse. Although information-based education delivered in these periods to increase the well-being of potential parents seems to be a solution, it may remain insufficient. Therefore, it is extremely important that nurses and midwives are trained in mindfulness and mindfulness-based interventions for benefit to be gained from these interventions in the presentation of healthcare services. Mindfulness will help reduce the perceived stress, anxiety levels and fear of childbirth of pregnant women. It will also enable the woman to be able to cope with labour, to believe in her own capabilities, and increase self-sufficiency in childbirth. The integration of mindfulness in childbirth preparation education will provide a new and useful perspective and it can be considered that it will be effective in increasing normal vaginal births and decreasing the rates of unnecessary caesarean section deliveries.

In conclusion, it is thought that mindfulness and mindfulness-based interventions provided by nurses and midwives will benefit the woman and her spouse, not only during the periods of pregnancy, childbirth, and parenthood, but they could also benefit from increased mindfulness throughout life.

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