Psychological Challenges in Obstetrics and Gynecology
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The Clinical Management
This book goes a long way to remind us that the patient is both mind and body, and that the best medical practice recognises this and is learned in this context. It is therefore a great pleasure for me to have been asked to introduce and recommend this book, which represents a very considerable volume of work, enhanced by the contributions of so many distinguished practitioners and specialists. Whether for learning and knowledge, or used as a reference, this book will meet a need that is now both recognised and better understood. Many of the chapters are a real pleasure in themselves, and the book is packed with sound evidence, factual material and new information.

Don’t delay being acquainted with its contents. It has been my pleasure and privilege to have been asked to review the book and to write this foreword.

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I am delighted to write a foreword for this innovative and thought-provoking book, which gives an excellent overview of the field.

Psychological challenges in obstetrics vary from the expected adjustments that every new mother faces through to high-risk pregnancies in which infant or maternal death is a possibility. It is crucial to know that suicide is the leading cause of maternal death in the United Kingdom and to realise that prevention of suicide needs psychological and psychiatric problems to be recognized early in pregnancy by everyone involved in maternity care.

A woman’s mental state will also affect other aspects of her health and her ability to access both obstetric and gynecologic services. At the Royal College of Psychiatrists, we assert that there is no health without mental health. This book supports our assertion, and I hope readers have a better understanding of their own role in helping women to achieve health outcomes through recognising this.

PROFESSOR SHEILA HOLLINS
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Preface

We have set out to make this a practical book to help all those working in Obstetrics and Gynecology to incorporate psychological aspects of care into their everyday work. By listening to our patients and colleagues, it has become increasingly clear to us that integration of mind and body is essential to the future of our specialty. When highly trained doctors find that their technical expertise is of no benefit to their patients, or indeed on occasion harmful, they are left feeling lost and inadequate. Their patients are also lost when the emotional aspects of their symptoms are neither recognised nor acknowledged. The patients tend to wander from doctor to doctor, using up resources and losing faith in the health system.

There is accumulating scientific evidence that mind and body are connected. The discipline of science has been evolved to look at that which is measurable, relegating the feelings and emotions that make us human and disconnecting them from the organic processes of the body. This narrow scientific approach has its limitations; it is not a reason to dismiss what we refer to as psychosomatic medicine. The scientific community is beginning to recognise research which shows that emotions and physiology are indeed connected. We in medicine must move forward and embrace this integrated approach. Psychosomatic is a maligned and misunderstood word, but it is only incorporating the mind and the body, which is the ideal way to practise all medicine.

But where to start? We wanted to write this book to collect together our current knowledge of the role of the psyche in obstetrics and gynecology, and also to be practical in showing how this can be used in the clinical situation. There is much we can do and learn, recognising at the same time that there is much we do not know or understand. We need to learn to modify our approach, to use both the medical models, but be able to incorporate psychological thinking as well. This book provides an introduction to some of the more common issues in obstetrics and gynecology. The chapters are easily read, are short enough to read in an evening, and also have useful references and websites to help the reader find out more. This book is unique in that the experts have covered both an up to date theory base and also given useful tools for immediate application to the clinical situation. It can be read as a stand-alone handbook or used as a reader after an interesting clinic or case when you want to think and explore more about a single issue or feeling that has come up. It covers topics not covered in other textbooks.
Part One covers basic issues, from improving “listening” in the clinic – important for all training and medical practice – and covers some basic issues that are changing in this advanced technological age. Obstetrics and gynecology is the specialty of life, love, sex and death, all the big things that underpin our lives as human beings. Our experience of these has been changing as society changes. We have also included some basic ideas as to how psychosomatic medicine should be incorporated in training. Continental Europe is more advanced in this respect than the UK.

Part Two gathers together both techniques to help the normal obstetrician understand how the patient is coping and how that manifests itself physically, giving some structure to our thoughts. We then cover some of the commonly seen topics in obstetrics.

Part Three is conventionally gynecology. Fifty per cent of the patients in a gynecology clinic have significant distress as well as the physical problem they present with. The topics covered are again the more common topics that challenge us everyday.

After reading this we expect you to feel more in control and more understanding of the issues and their complexity. You will have the tools to actually recognise if the patient is not coping, rather than just having “a gut feeling”. We hope you will have a structure for your intuitive thoughts, as well as some practical ideas on easily helping the majority of women, at least by recognition and validating and getting the problems out in the open so that they can be thought about. This will also give you the confidence to make good and appropriate referrals to the limited-support psychological services that are so pitiful in today’s health system.

We particularly wanted to write this book for those who are training in obstetrics and gynecology. Too often the technical solutions seem inadequate. Despite trying your best, the consultation feels unsatisfactory. Complex patients are demanding and difficult, and there is no training for these situations. Too often trainers hide behind dismissive attitudes and blame the patient, or just delegate the difficult patients, or if it doesn’t respond to surgery discharge them to the GP.

This book can also provide information and help to GPs who already have some training in the social and psychological aspects of ill health, to work more closely with patients in the community setting. Sadly, being a hospital doctor these days seems to mean that you leave the community behind. We regret this and feel that it dilutes the quality of care.

Midwives, nurses, physiotherapists and all health workers in related fields will find plenty that is relevant to them, particularly as often the patient will speak to you, rather than the doctor. Whilst training in these areas may include more community aspects, we hope to provide a useful grounding in what is known in psychology and psychotherapeutic practice, that is useful to add to the repertoire.

We hope that medical students will read this book and gain inspiration. Many medical students are reported to feel that their humanity and caring are removed during their training. We believe this is because the feelings and
psychological aspects are removed both for the patient and for the doctor, leaving the new enthusiast feeling sterile and removed from the patients. This book is easy to understand, and we hope it will inspire you to stay with your enthusiasm for healing. Technology has a very important place, accept that, but be prepared to look out for the practitioners who are able to be with their patients in understanding the problems in the context of the patients’ lives, not just a set of algorithms.

We also have enjoyed reading all the contributions and have learned a lot, and clarified our thinking. Thus, we hope that many more senior clinicians will enjoy and learn from this book. Many of us have had to learn the hard way, seeking out information that was scrappy and not integrated. We also hope it will help all trainers by providing a basic text and starting point.

This book is not to make us psychologists – that has its own training – but should help make us more aware, help provide an integrated psychological, social and biological approach for our patients, thus helping many more than we do. Giving us confidence to work in this area, providing better service for our patients, and helping us feel more satisfied with our work and less scared of the complex problems for which we were previously ignorant and untrained.

JAYNE COCKBURN
MICHAEL E. PAWSON
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