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Mindfulness in maternity

The University of Oxford Mindfulness Centre (OMC) in conjunction with the Oxford University Hospitals NHS Trust (OUH) maternity service have an ongoing collaboration to develop the introduction and evaluation of Mindfulness Based Childbirth and Parenting (MBCP) throughout the UK. This innovative project involves the development of a MBCP-focused training programme and, for the first time, the delivery of MBCP to antenatal groups in the UK.

Mindfulness

'Mindfulness is the awareness that emerges through paying attention on purpose, in the present moment, with compassion, and open-hearted curiosity.'

'Through cultivating mindful awareness, we discover how to live in the present moment rather than brooding about the past or worrying about the future.'
[oxfordmindfulness.org]

Mindfulness-based approaches in health care began in the USA with Jon Kabat-Zinn's pioneering Mindfulness-Based Stress Reduction (MBSR) programme (1990; 2003). Cultivating mindfulness involves an integrative, mind-body based training that enables people to change

the way they think and feel about their experiences, especially those which are stressful. The evidence suggests that people gain longlasting physical and psychological stress reduction. Studies have found that people who learn mindfulness are less likely to get depressed and experience positive changes in wellbeing. Mindfulness-based interventions do not target symptom reduction as a goal, but rather their primary aim is to increase people's 'psychological flexibility' (Dunn et al, 2012). Psychological flexibility refers to an individual's capacity to make choices in accordance with their authentic values, despite the symptoms they may be experiencing. It also helps participants to be calm, resilient, compassionate and empathic (Baer, 2003; Salmon et al, 2004). Paradoxically, research continues to demonstrate that often as a result of improved psychological flexibility there is a reduction in symptoms (Williams et al, 2007).

Qualities of mindfulness

- Non-judgemental
- Beginner's mind
- Trust/self reliance
- Non-striving
- Acceptance
- Letting go

Brain imaging studies on adults are showing that mindfulness meditation reliably and profoundly alters the structure and function of the brain to improve the quality of both thought and feeling (Davidson, 2008). Although the most striking changes are observable in long-term meditators, brain changes are clearly observable in people who have only been meditating for 8 weeks for an average of 30 minutes a day.

As previously reported (Warriner et al, 2012) these are important findings; for although mental health is key at all stages of life, we know that women are particularly vulnerable during and immediately after pregnancy, with one in ten women being affected by postnatal depression (Department of Health (DH), 2007; Patients Association, 2011). Postnatal depression is similar to depression at other times, involving low mood and affecting a mother's ability to look after herself or

her baby. Infant sleep routines and a baby's cries for attention and care may become difficult to cope with, along with other symptoms such as loss of appetite, irritability, sleeplessness, lack of energy, self-blame and terminating breastfeeding early (Patients Association, 2011). It is well documented that this unrecognised and untreated distress can have long-term implications for bonding, attachment and outcomes for children (DH, 2010; DH, 2011):

Mindfulness and childbirth

The MBCP programme (Bardacke, 2012) is a 9-week class-based antenatal intervention adapted from MBSR. Classes incorporate antenatal education and discuss how to apply mindfulness skills to enhance coping with the fear, pain, physical symptoms and distress that may accompany pregnancy, childbirth and the early postnatal period, as well as exploring how mindfulness can be used to cultivate joy and wellbeing in pregnancy and parenting.

In MBCP, participants learn to pay attention to present moment experiences (sensations, thoughts and feelings) deliberately and non-judgementally by practising in classes and at home. Because mindfulness practices help participants to see more clearly the patterns of the mind, it helps to both halt the escalation of negative thinking that might compound pain or depressed mood, and deals with the tendency to be on autopilot. Mindfulness has the potential for parents preparing for childbirth to reduce the risk of postpartum depression and increase 'availability' of attention for the infant (Hughes et al, 2009).

Preliminary evidence for the efficacy of mindfulness-based interventions during pregnancy is emerging; Duncan and Bardacke's (2010) pilot study, conducted in the USA, showed that MBCP successfully decreased anxiety and depression in pregnant women. Recurring themes emerging from qualitative investigations into participants' experience of the change processes in mindfulness-based interventions include the value of a shared group experience, living in the moment and adopting an accepting attitude (Vieten and

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Astin, 2008; Dimidjian and Goodman, 2009; Duncan and Bardacke 2010; Dunn et al, 2012). In their pilot study based in Australia, Dunn et al (2012) concluded that women who learn mindfulness during pregnancy use those skills to manage stressful aspects of pregnancy, childbirth and parenting, resulting in reductions in psychological distress and improvements in psychological wellbeing. Teaching mindfulness in the perinatal period seems to have the effect of broadening women's personal repertoire of coping strategies, and this has potential to improve the developmental trajectory of parents and infants.

The Oxford Project

With the support of a *British Journal of Midwifery* Innovating for Life award the OMC in conjunction with OUH NHS Trust has an ongoing project to introduce and evaluate a MBCP programme.

Training

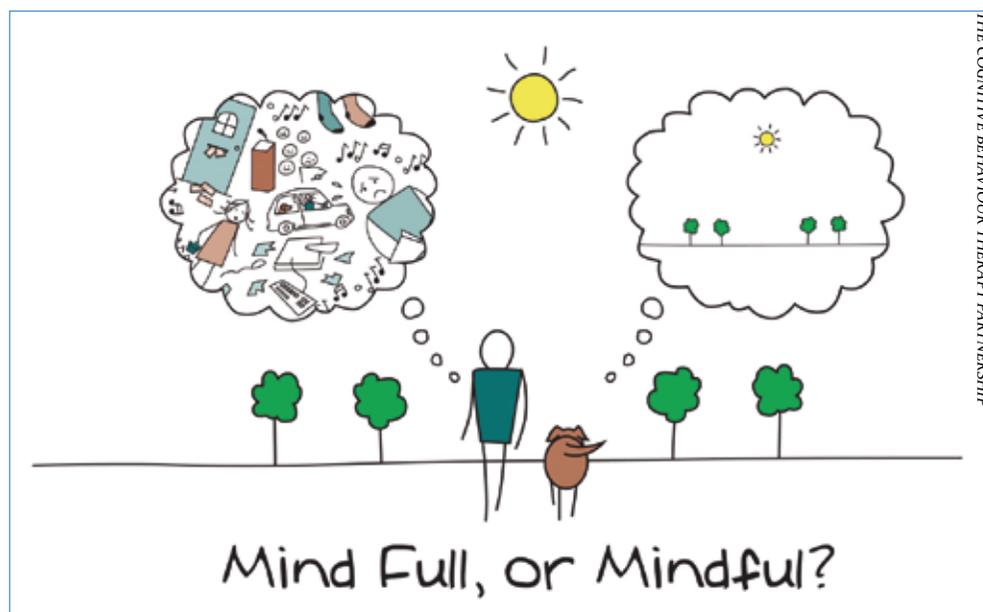
Alongside this, the OMC offers one-day masterclasses in MBCP, and has developed an experiential training programme for MBCP based on its MBCT foundation course (oxfordmindfulness.org/train/master-classes/#parent).

MBCP course

To date, two MBCP courses have been run in Oxford, the first to be completed in the UK, attended by 21 mothers and 16 partners. The two courses were open to all expectant parents in Oxfordshire and were advertised at the hospital, local children's centres and by community midwives. The MBCP course involved nine weekly antenatal classes, one antenatal all-day practice and one postnatal reunion class.

Essential elements of the MBCP course

- Normal physiology of labour: pain, fear and mindfulness
 - Formal meditation practices with CDs
 - Informal mindfulness practice
 - Mindful pain coping skills for labour
 - Breastfeeding, postpartum care
 - Social and emotional needs of infants (attunement)
 - Mindful parenting/couple communication
- Both of the Oxford MBCP courses have been evaluated with the hypothesis that there will be significant decreases in



Mindfulness-based interventions aim to increase people's 'psychological flexibility'

depression, anxiety and perceived stress, and an increase in mindfulness from pre- to post-course. Preliminary analyses indicate that there have been decreases in self-reported depression, perceived stress and trait anxiety; and increases in total mindfulness scores.

Participants report significant personal benefit from having undertaken the course for pregnancy and childbirth:

'Accepting that labour was harder than I'd anticipated but particularly accepting my own reactions to this ... not beating myself up for finding it hard when I was having the type of birth I wanted; I think the use of acceptance also helped me go into labour by letting go of the ideal that was in my head.'

'It helped in so many ways; coping with a last minute change of plan and induction of labour. Staying in the moment with each contraction meant I could use breathing to cope with pain and fear, I was much more aware of my thoughts and the "stories" I told myself than I would have been without the practice of mindfulness.'

'I was not prepared for the difficulties associated with breastfeeding and mindful breastfeeding helped us to keep going. I have had to make significant changes to my diet as a

result of milk protein intolerance and using the "acceptance" aspect of mindfulness has helped me in not resenting.'

With the benefits extending into their lives in general:

'The sense of liberation that accepting and being in the present moment brings to all areas of life.'

Policy implications

There is now a growing interest in the application of mindfulness in many areas of health and social care. Recently senior practitioners and researchers within the mindfulness field met with government policy advisors to explore the possible application of mindfulness in the fields of mental and physical health, education and other public services, for both recipients of these services (such as children and young people, and older adults) and the wellbeing of staff who look after them.

Conclusion

Research continues to evolve demonstrating that the practice of mindfulness can generate improvements in a wide range of psychological and physiological health conditions. As well as its impact on specific problems, mindfulness has been shown to have effects on underlying emotional and social skills; these include the ability to feel in control, to make meaningful relationships, to accept experience without

denying the facts, to manage difficult feelings, and to be more resilient and compassionate towards self and others. Although these skills are applicable to pregnancy, childbirth and parenting, perhaps more importantly they are transferable skills for life. **BJM**

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