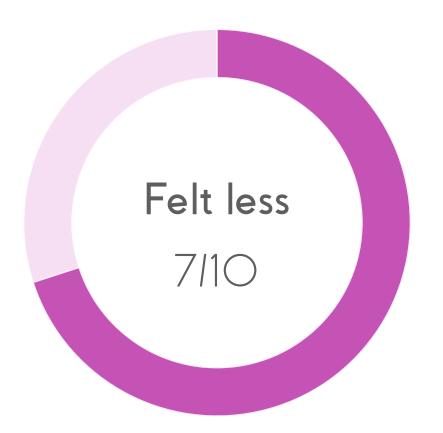
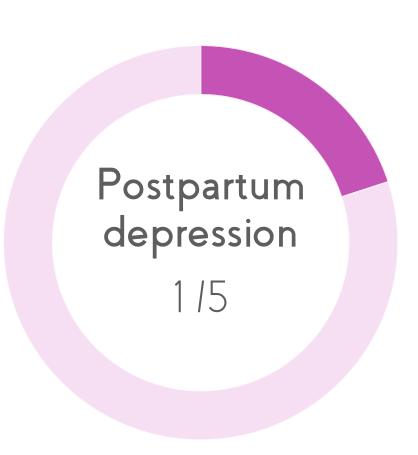
obstetric coevolution





We go from...











Childbirth is a physiological and natural act. It's part of our life as mammals.









Research question

Do obstetric practices during childbirth have an effect on postpartum mental health?

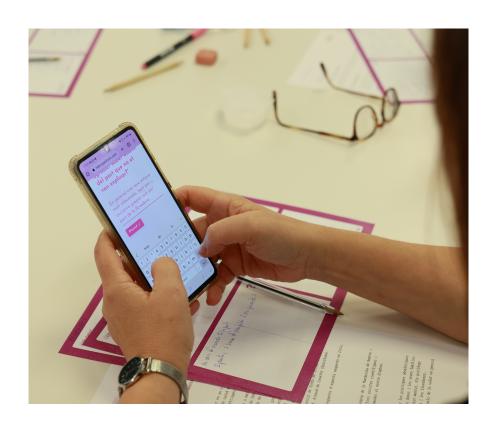






The project











Cocreation workshop



- Two empathization and documentation workshops with 20 mothers.
- One empathization and documentation workshop with 10 professionals.
- One ideation workshop with mothers and professionals.
- One validation and testing workshop with mothers and professionals.







Empathization workshop with mothers

Key words and concepts

- Pain management
- Information management
- Programmed induction (Recommended for 90% of the attendees)
- Epidural
- Episiotomy
- Recommendations vs. insistence

- Separation of baby at birth
- Environment
- Difficulty with breastfeeding
- Right to decide
- Listening

- Fear
- Fragility
- Guilt
- Deception
- Mistrust
- Anger
- Disappointment
- $^{\circ}$ Frustration







Empathization workshop with mothers

Medical interventions

- 3.5 interventions on average per woman.
- Women who start with induction accumulate more medicalisation and instrumentation (up to 7 or more impacts).
- Women who have to accept induction, without agreeing to it, are also forced to accept epidurals. Up to 50% will end up with a caesarean section.
- Women who can wait at home until active dilatation, and therefore live through labour and early dilatation as they choose, are happy and motivated.







Empathization workshop with professionals

Key concepts

- The protocol of the Department of Health has a classification of risk factors for pregnancy, but not for childbirth.
- Obstetricians often attend labours with some risk, so they see few of low risk, while midwives tend to attend the low risk ones.



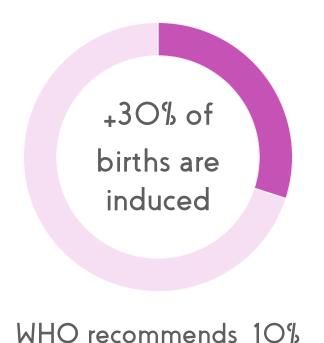




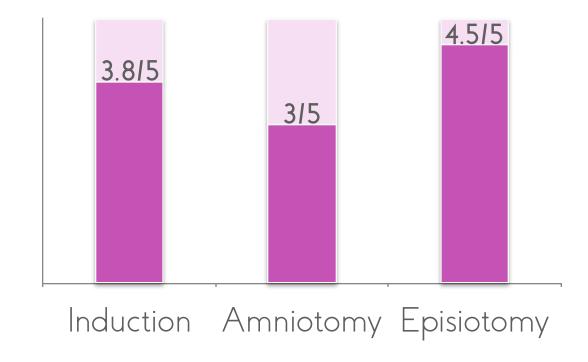


Empathization workshop with professionals

Key concepts



Level of invasion









Empathization workshop with professionals

Reflections

- · Not allowing labour to start spontaneously is a risk.
- All medicalisation and instrumentalisation, and the way women are treated, affect
 women's mental health. The mother needs to understand what has happened and
 why.
- · How many inductions do you have to do to avoid stillbirth? Many!







Identified challenges

- FEAR: How do we get mothers to go into labour without fear?
- **MEDICALIZATION**: How can we reduce the level of medicalisation in births following WHO recommendations?
- **POSTPARTUM**: How can we improve the experience of families and professionals during the postpartum period?
- **COMMUNICATION**: How can we improve communication (bi-directionality) between practitioners and mothers/families?
- **MENTAL HEALTH**: How can we reduce the mental health effects on women during the postpartum period?



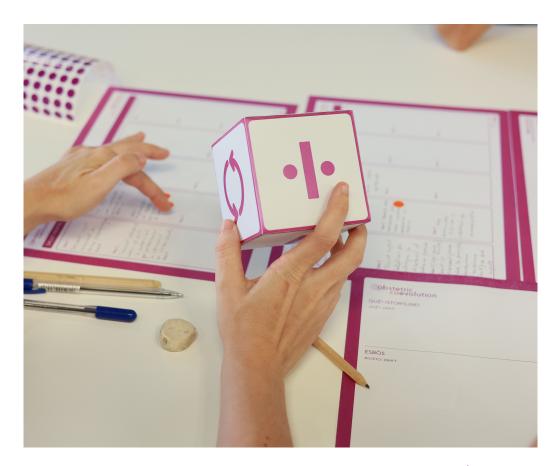




Ideation workshop with mothers and professionals

Proposed solutions

- 1. POSTPARTUM AND FEAR: Women's Circle (transversal). Spaces outside health centres where to give value to experience and colearning women and professionals.
- 2. COMMUNICATION: **Feedback sessions** with the professionals who attended your labour. (Including women's voices in their clinical report).









Ideation workshop with mothers and professionals

Proposed solutions

- 3. FEAR: Make information about pregnancy, birth and postpartum, part of the **educational process**. Make it not a taboo topic. Raise awareness among teachers and families.
- 4. MENTAL HEALTH: Improve mental health of mothers with reassuring activities outside medical centers. Normalizing needs during postpartum.









Validation and testing workshop with mothers and professionals

Key concepts

- Small-scale proposals are more realistic, but large-scale proposals are needed to make real change. It must be ensured that actions can become a reality.
- Making concrete actions will have a positive effect to start the change.
- Explain the physiological part to all audiences through educational centers or advertising actions.







Validation and testing workshop with mothers and professionals

Key concepts

- Establish the **postpartum visit to the hospital**. and give continuity of professionals between pregnancy, birth and postpartum.
- The lack of time for professionals to be involved in the proposals.
- Cultural diversities cannot be a barrier. Ensure inclusive and free of charge of the actions.







Co-created survey



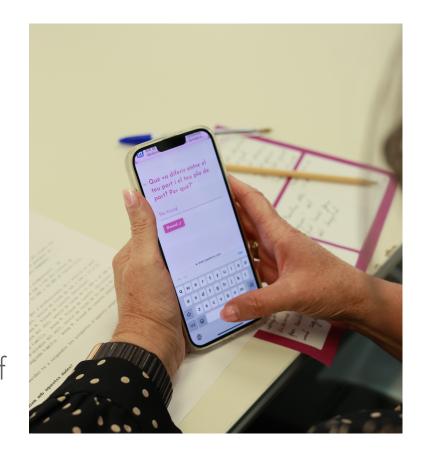






Co-created survey

- · Co-created survey during the ideation workshop.
- 85 questions.
- Survey validated during the validation and testing workshop with 12 mothers and professionals.
- In Catalan and Spanish.
- More than 400 responses.
- Quantitative data to answer the scientific question of the project.

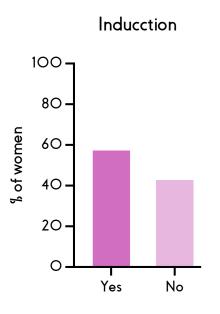


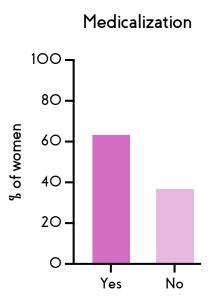


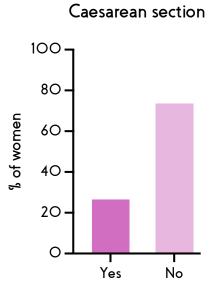




The medicalization of childbirth is higher than recommended by WHO





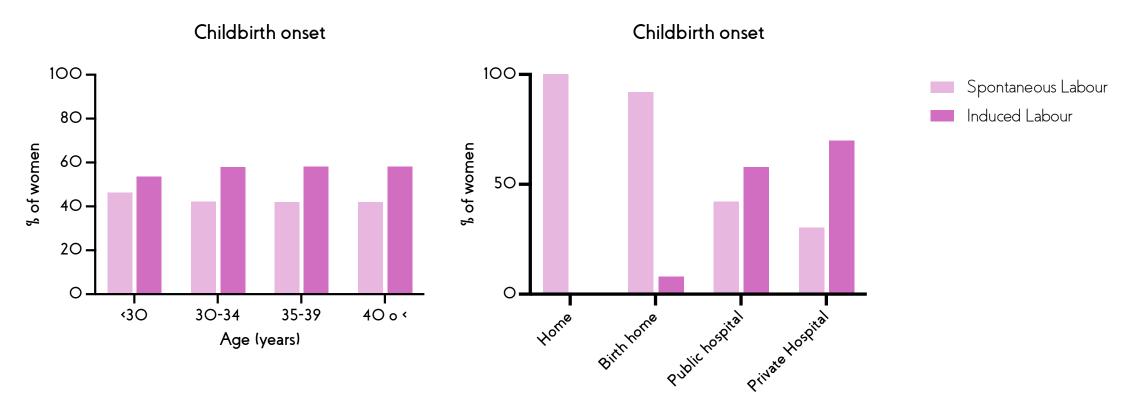








Age does not have as much influence as the place of birth at the time of induction

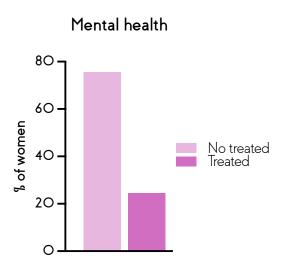


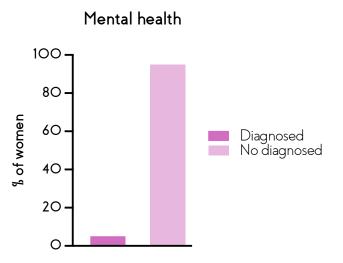


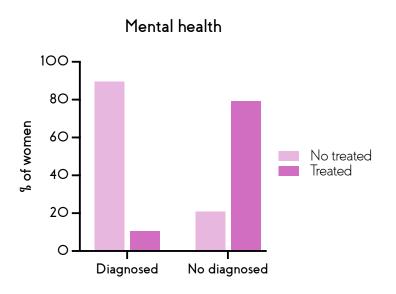




1 in 4 women have needed mental health treatment





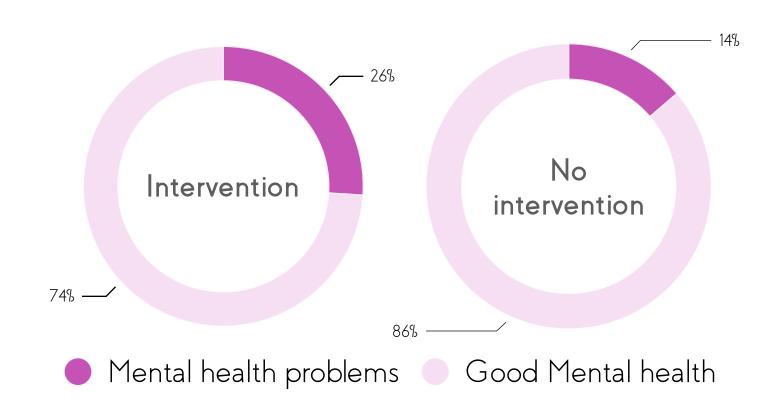








Mental health problems are more present after medicalized parts

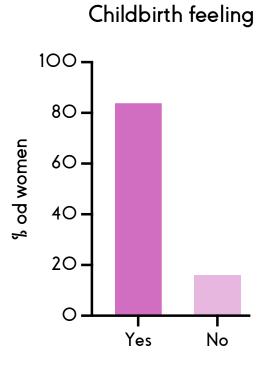


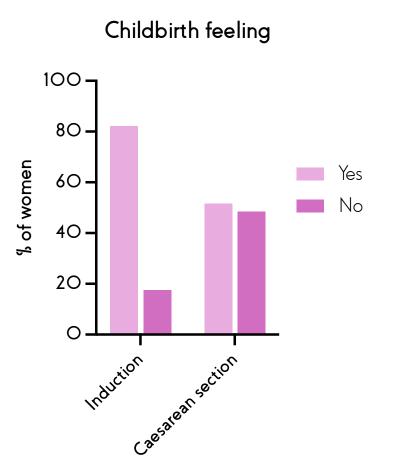






After a caesarean, half of the women do not have the feel of having given birth



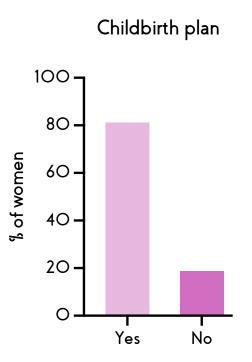


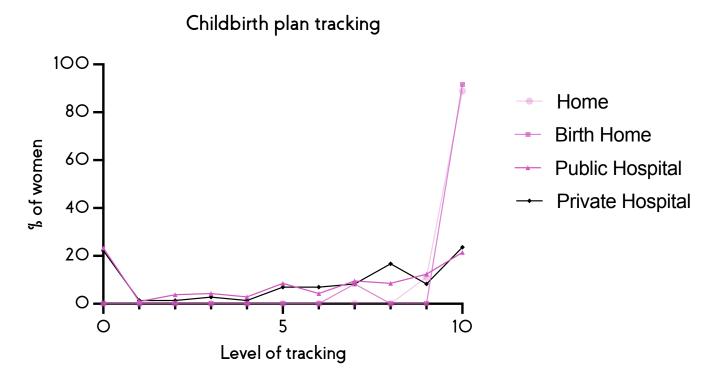






Childbirth-plan tracking is highly polarized



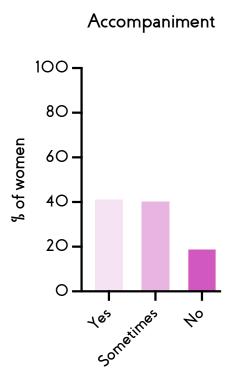


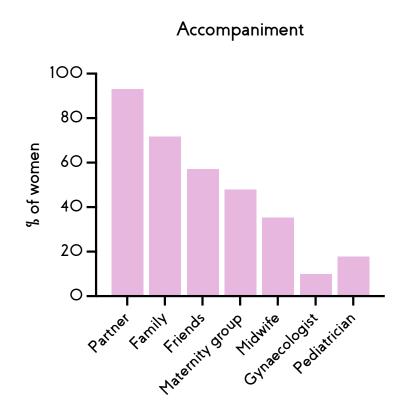






Women do not feel accompanied by the health system during postpartum



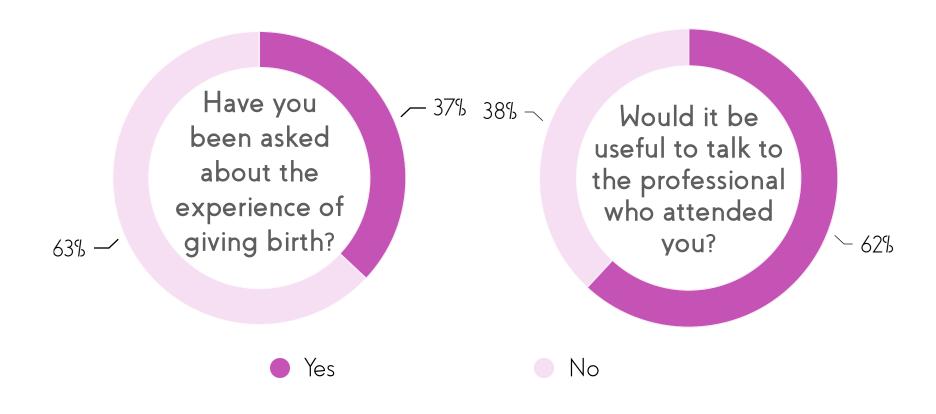








Talking to the professional who attended the birth could be useful for 3 out of 5 women

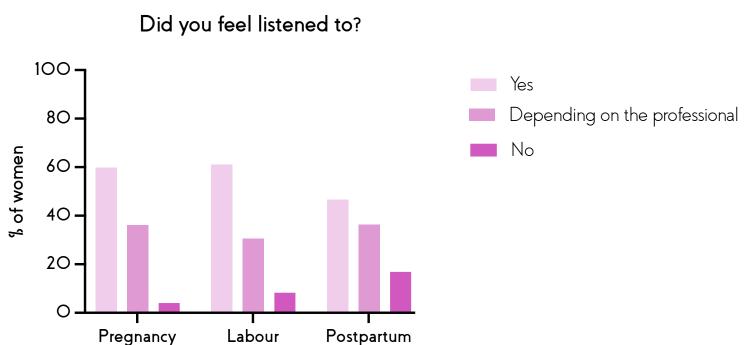




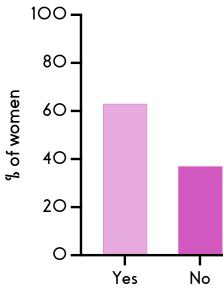




In postpartum women feel less listened



Have you been asked how you are during the postpartum period?









To ...



- Scientific impact
- Social impact
- Political impact







Thanks! I mandarina newton



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