

ISIDORE BONSTEIN, M.D.

PSYCHOPROPHYLACTIC PREPARATION
FOR
PAINLESS CHILDBIRTH

*Its theory and practical approach with
the complete course of lectures*



WILLIAM HEINEMANN • MEDICAL BOOKS • LTD.

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LONDON
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To Dr. Fernand Lamaze and his staff who revealed
to thousands of women a new exhilarating approach
to motherhood

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CONTENTS

CHAPTER	PAGE
Preface by Dr. Fernand Lamaze, Paris, France	5
Introduction	9
I. A new concept	15
II. Psycho-physiology of the brain	20
III. Pain	26
IV. Pain in childbirth	31
V. Psychoprophylactic preparation of the pregnant woman	35
VI. Painless childbirth as team-work	43
VII. Material requisites	45
VIII. Directions for labour and delivery	49
IX. And the husband ?	56
The course of lectures :	57
Lecture No. 1: Psychoprophylactic painless child-birth	
Lecture No. 2: Physiology of respiration	
Lecture No. 3: Neuro-muscular education	
Lecture No. 4: Mechanism of labour	
Lecture No. 5: First stage of labour: Dilatation. How to behave during its phases	
Lecture No. 6: Expulsion. How to behave during the second stage, according to its physiology	
Lecture No. 7: Function of the brain	
Lecture No. 8: Review of the exercises of muscular release, etc.	
X. Failures and their reasons	117
XI. Evaluation of painless childbirth	121
XII. Results	126
XIII. Four reports written by American mothers	127
References	137
Index	141

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PREFACE

PAINLESS childbirth by the psychoprophylactic method is the result of a physical and psychical education of the pregnant woman, during the last weeks of pregnancy.

This method, physiological and experimental, aspires very exactly to the abolition of the so-called inevitable pain, connected with the contraction of the uterus in labour. This method requires no drugs or medication. It has no contra-indication. It entails no risk for either mother or child.

It is a well-defined entity, absolutely different from all other methods practised with a view to making confinement painless.

The methods of painless childbirth using analgesics, anaesthetics or drug amnesia have nothing in common with the psychoprophylactic method. They have proved themselves; their results are well known. One should neither contest nor minimize their real value.

Indeed, it will be necessary to use them each time various difficulties prevent a confinement, prepared by psychoprophylaxy, from being continued until the end. But it is certain that the use of drugs to abolish the pain of childbirth, holds for the mother, and especially for the child, risks of toxicity that one should not under-estimate. Their importance has many times been stressed and pediatricians especially have often reacted against them.

The psychoprophylactic method is also totally different from the methods derived from hypnotism and suggestion, from psychic methods known as natural childbirth, childbirth without fear, childbirth without apprehension, etc.

The theory of the superior nervous activity, established by I. P. Pavlov during fifty years of experimental and clinical studies, is the basis of the psychoprophylactic preparation for painless childbirth. However, as complicated as the

laws of the superior nervous activity are, the technique for painless childbirth is simple. It can be put into practice with equal success, in urban maternity hospitals, in country practices or in the home.

Readers who wish to increase their knowledge of this new way of approaching obstetrics, will find in this book by Dr. Isidore Bonstein all the information they require. Well classified, clear, precise, it faces all problems. Well versed in his subject, he shows a constant objectivity and brings to a still-controversial question, all the necessary enlightenment. This book must be read in order to begin the study and practice of painless childbirth.

Beyond the field of obstetrics, perhaps he will inspire other doctors to extend this method to other aspects of medicine, such as neuro-surgery, gynaecology or odontology, etc. We are certain that many problems in medicine may be solved thanks to the enlightenment of Pavlov's physiological conceptions.

In this way, on physiological bases, will man be victorious in the millenarian fight against his old enemy—Pain !

F. LAMAZE.

CONTENTS

CHAPTER	PAGE
Preface by Dr. Fernand Lamaze, Paris, France	5
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Lecture No. 4: Mechanism of labour	
Lecture No. 5: First stage of labour: Dilatation. How to behave during its phases	
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Lecture No. 8: Review of the exercises of muscular release, etc.	
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INTRODUCTION

PAINLESS childbirth may and must be obtained by an activation of the cerebral cortex and not by cortical depression and inhibition, as is the case in analgesia with drugs or with hypnotism.

The method of painless childbirth by psychoprophylactic preparation certainly constitutes a great progress. The reasons for its success are multiple.

The professional satisfaction which the obstetrician and the nursing profession draw from this method is considerable.

For the parturients, childbirth becomes a happy experience. They face labour with a state of mind totally different from that which they had in the past.

The period of prolonged twilight sleep or of unconsciousness is obviated. No more nausea or vomiting due to drug reactions, or to the odour of anaesthetics. The headaches following spinal anaesthesia are unknown.

The uncontrolled and sometimes dangerous excitement of Scopolamine no longer has a place in our conception of modern obstetrics. The duration of the various phases of childbirth is noticeably reduced, as is also the frequency of episiotomy.

The patients are able to return rapidly to a normal life after delivery.

For the child also, we find interesting advantages in the great diminution of neonatal asphyxia.

Excellent maternal oxygenation and the total absence of medications that depress the nervous system make resuscitation a rare incidence.

The newly born babies cry spontaneously, vigorously and without delay.

They start life in better conditions. Their nervous system shows easier adaptation to extra-uterine life. These babies

are more alert, less nervous, and early complications are infrequent.

Certainly a serious preparation is necessary. It demands time and patience. A minimum of organization must also be established. A certain number of principles must be observed by all, because the conditioning which permits painless childbirth is unstable.

Its maintenance through the entire duration of labour and childbirth requires psychology on the part of all concerned. But the joy and happiness engendered by the numerous successes, largely compensate for the added attention that must be given.

We shall endeavour in the following pages to remain practical. However, a basic theory is indispensable to those who wish to apply the method intelligently. In order to obtain a good success, it is necessary to understand the principles of the story.

This work is an adaptation and sometimes a translation of the few French publications concerning psychoprophylactic painless childbirth.

The reader, with a desire for deeper understanding, will review with interest the works of the physiologist Pavlov. It is from his work that the fundamentals, upon which Dr. Lamaze and his collaborators have constructed their method, are derived.

There is nothing rigid about the actual form of the psychoprophylactic preparation. It seems to be in such a state of progress that everyone can contribute to its development.

The remarkable results already obtained may yet be improved by the acquisition of individual experience, in which the personality of the doctor or the nurse plays a basic rôle.

In the 10 or 20 per cent. of failures, one meets the most co-operative and understanding patients for any kind of classical obstetrical procedure. No feeling of frustration or guilt is noticed if suitable explanation is given.

Let us now insist upon the fact that psychoprophylactic

preparation, based on the establishment of special conditioned reflexes, has *nothing* in common with *hypnotism*.

People not acquainted with hypnotism and suggestion are often confused.

What is Hypnotism? The word "hypnotism" was created in 1843 by Braid of Manchester. Braid found that it was possible to produce in some people a psychic state similar to natural somnambulism, or, in other words, induced sleep. He created from the Greek word *ύπνιος*, sleep, the term "hypnotism" used later to designate as well hypnotic phenomena as methods for hypnotization.

Now, in its broad sense, the word hypnotism means an operative technique able to attenuate or suppress temporarily the acuteness of the conscious cerebral faculties of the subject, in order to submit his subconsciousness to the verbal influence of the operator.

The more or less marked experimental attenuation of the conscious faculties has been named "partial hypnosis." The complete abeyance of the activity of these faculties is called "total hypnosis."

Several stages of hypnosis are described. In the *lethargic state* we face complete muscular relaxation, exaggeration of the tendinous reflexes, neuro-muscular hyperexcitability and complete cutaneous and mucosal analgesia to pricking and pinching. In the *cataleptic state* tendinous reflexes are abolished. Neuro-muscular hyperexcitability is missing. Patients are able to hold odd limb positions and remain immobile for long periods. In *somnambulism*, no neuro-muscular hyperexcitability is present but we generally find cutaneous analgesia. It is easy, at this stage, to produce, by order, the performance of very complicated automatic activities.

Hypnotized patients are highly suggestible. This characteristic has been used by many authors in order to obtain relief from pain during childbirth. Successes have been reported in all countries but always isolated cases. Very few obstetricians were able to present large series of

satisfactory results with hypnosis. Moreover, psychically speaking, this method is not entirely harmless.

The best statistics show that no more than 10 to 30 per cent. of pregnant women can be hypnotized satisfactorily. Partial hypnosis may be obtained in about 40 per cent. of cases. Suggestion has a wider field.

Suggestion, based on affirmation, influences more or less the unconscious psyche. Its receptivity is proportional to the passivity of the conscious psyche. Through suggestion, the operator is able to impress the imagination and sensitivity of a subject, up to a point where he may obtain the automatic execution of suggested orders, modifications of moral dispositions and influences on organic functions.

Suggestion may be used on patients either awake or under hypnotic sleep. Awake, suggestive analgesia for obstetrics is uncertain and failures are very frequent. Hypnotic suggestion is effective as well as post-hypnotic suggestion, but here again we face the disadvantages previously mentioned.

In fact, the hypnotic or suggestive phenomena operate in dissociating the personality and in affecting the subconscious mind.

On the contrary, Lamaze's conception of painless childbirth requires, as a necessary condition, the complete attention of the parturient. She must actively concentrate and follow, even direct, the evolution of her labour.

What suggestion is unable to achieve can easily be obtained by psychoprophylactic preparation. This pedagogy is given wide awake, in full conscience and without humbug. It speaks to the woman's intelligence. It stimulates her understanding and her active mind, contrary to hypnotic methods where the mother is *passive*. This difference allows a much larger extension of use.

The course which we present constitutes an adaptation, as faithful as possible, to the Parisian teachings.

We have tried to be simple and clear in presenting this text.

Experience has shown us that the great majority of patients have understood the meaning of the method.

Education in the method is accessible to any woman able to read and write, as long as she has the will to repeat, at home, the conditioning exercises.

Being an essential key to success, this perseverance must be vividly stimulated during the course.

The outstanding thing about the Psychoprophylactic method is that it unites and synthesizes all the natural and harmless means known to render labour and delivery agreeable for the parturient.

It is through this ensemble of procedures that the unstable conditioning is constantly maintained and reinforced.

For instance, the administration of pure oxygen during the second half of labour and delivery has always been a part of the method.

Recently we have learned, with interest, that during an important meeting Dr. N. J. Eastman himself stressed the importance of giving pure oxygen towards the end of labour.

It cannot be denied that the technique of painless childbirth by psychoprophylactic preparation is actually the most harmless available.

It will certainly enjoy an increasing success, as much with the mothers to whom it affords enthusiasm, comfort and security, as with the physicians. The proof is in fact that all who have so far taken the trouble of studying the method have adopted it for their patients with the greatest satisfaction.

We wish to express our gratitude to Robert A. Hingson, M.D., Professor of Anaesthesia, to Allan C. Barnes, M.D., Professor of Obstetrics and Gynaecology at Western Reserve University Hospital, Cleveland, Ohio, and Marion Black, M.D. They made the realization of this work possible.

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