Mindfulness Based Childbirth and Parenting MBCP

Wat is het effect van mindfulness op angstregulatie bij zwangere vrouwen?

On fear of childbirth and mindfulness

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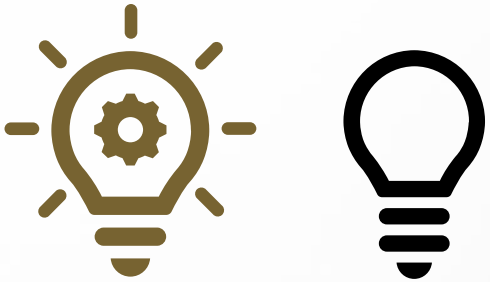
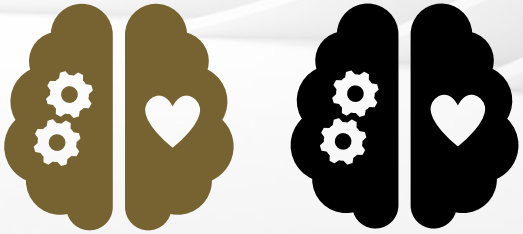
FALSIFICATIE





DECENTERING

MBSR
(Kabat-Zinn, 1979)

MBCT
(Segal, Williams, Teasdale, 2012)

Open aandacht = Mindful Awareness

Five Facets Mindfulness Questionnaire

(FFMQ; Baer et al., 2006)

- Observeren
- Beschrijven
- Bewust handelen
- Niet-oordelen
- Non-reactief zijn

CGT model voor angst voor de bevalling

VERMIJDING

ONGEBALANCEERDE EMOTIES

CATASTROFALE OVERTUIGINGEN

OP DREIGING GERICHTE AANDACHT

GEDRAG

EMOTIE

COGNITIE

★★★

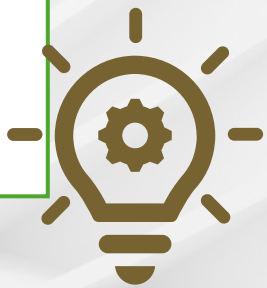
AANDACHT

PARTICIPATIE

GEBALANCEERDE EMOTIES

REALISTISCHE OVERTUIGINGEN

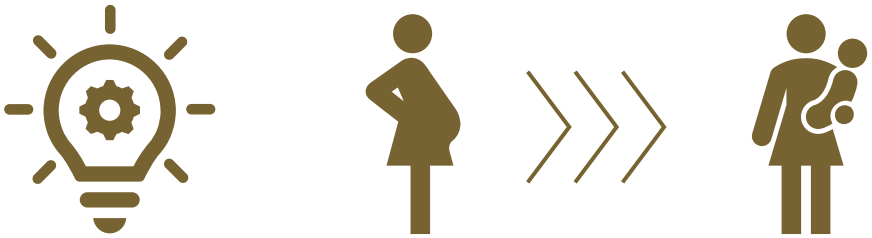
OPEN AANDACHT



Voor de interventie

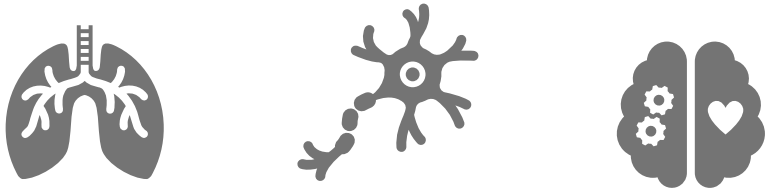
Na de interventie

Bevalling



Mindfulness Based Childbirth and Parenting (MBCP; Bardacke, 2012)

Mindfulness meditatie



Exposure + (co)regulatie

Zelfonderzoek via inquiry

Psycho-educatie

Onderzoekspopulatie

Mentale gezondheid bij intake	**MBCP** (n=75)	**ECAU** (n=66)	P-waarde
Angst voor de bevalling (W-DEQ, Wijma et al., 2013) gemiddelde score	94.72	92.33	NS
Psychologische/psychiatrische zorg i.a.	74.7%	75.8%	NS
Medicatie voor psychopathologie >1 jr.	30.7%	21.2%	NS
Verblijf in psychiatrisch ziekenhuis i.a.	5.3%	3.0%	NS

Note: W-DEQ ≥ 66 – hoge; ≥ 85 – intense; ≥ 100 – klinische angst voor de bevalling

MBCP versus ECAU

Verschil in de effect grootte MBCP versus controle groep na de interventie

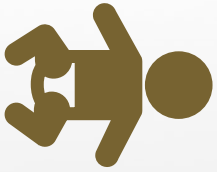
	Effect grootte	P-waarde	
EMOTIE			
WDEQ	**- 0.41**	**0.01**	Grotere afname in MBCP
COGNITIE			
CLP	**- 0.52**	**0.001**	Grotere afname in MBCP
WAIO	**- 0.48**	**0.001**	Grotere afname In MBCP
AANDACHT			
FFMQ	**0.77**	**< 0.001**	Grote toename alleen in MBCP

CLP = Catastrophizing Labour Pain; FFMQ = Five Facets Mindfulness Questionnaire, WAOI = Willingness to Accept Obstetrical Interventions; W-DEQ-A = Wijma-Delivery Expectation Questionnaire

Cohen (1992) reports the following intervals for *d*: 0.1-0.2: small effect; 0.2-0.5: medium effect; > 0.8: large effect.

Verschil in *modus partus* in MBCP tegenover ECAU

GEDRAG BEVALLING	Relatieve Risico [95% CI]	P-waard
Ondergaan van een zelf verzochte keizersnede (JA)	**0.64** [0.43 – 0.96] **36% minder risico**	**0.03**
Ondergaan van een ruggenprik, verzocht in zwangerschap (JA)	**0.49** [0.36 – 0.67] **51% minder risico**	**0.01**
Zonder medische interventies (JA)	**2.00** [1.23 – 3.20] **2 keer meer kans**	**0.002**



APGAR 1-minuut

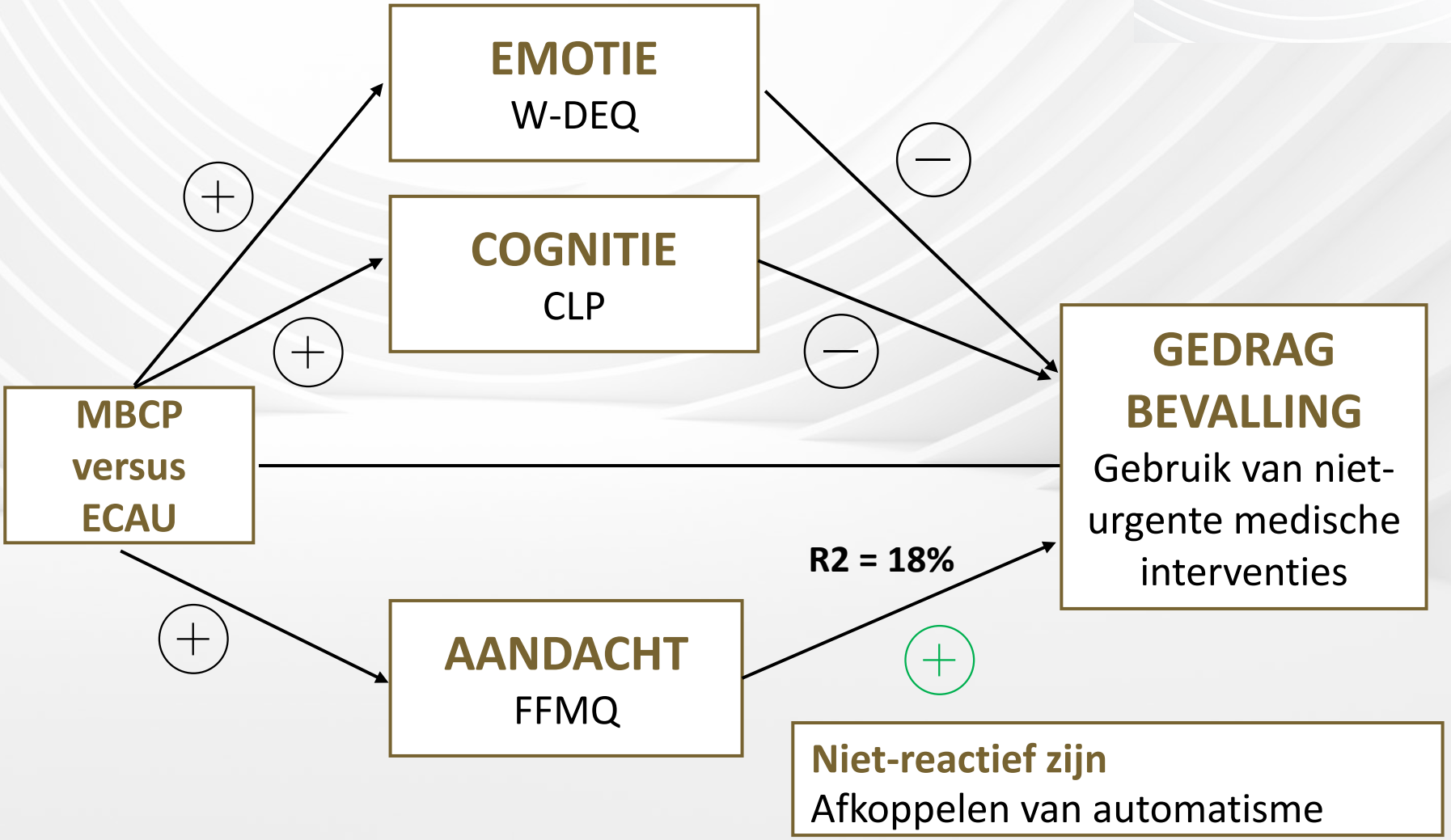
Vitaliteitsscore na de geboorte [0-10]

MBCP 9.03 (0.84) > ECAU 8.64 (1.21); 0.030

Geboortegewicht

0p maat, geen verschillen

Welke dimensie had een oorzakelijke verband op het gedrag tijdens de bevalling?



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Mindfulness Based Childbirth and Parenting Program – Supporting a good beginning

Gunilla Lönnberg

Karolinska Institutet

Stockholm 2020

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Effectiveness of mindfulness training on pregnancy stress and the hypothalamic-pituitary-adrenal axis in women in China: A multicenter randomized controlled trial

Shulei Wang [1 2], Chen Zhang [3 4], Mengyun Sun [1], Daming Zhang [5], Ying Luo [6], Kairu Liang [7], Tao Xu [1], XiaoPing Pan [1], Ruimin Zheng [1], Fangfang Shangguan [4], Jia Wang [8]

Affiliations + expand

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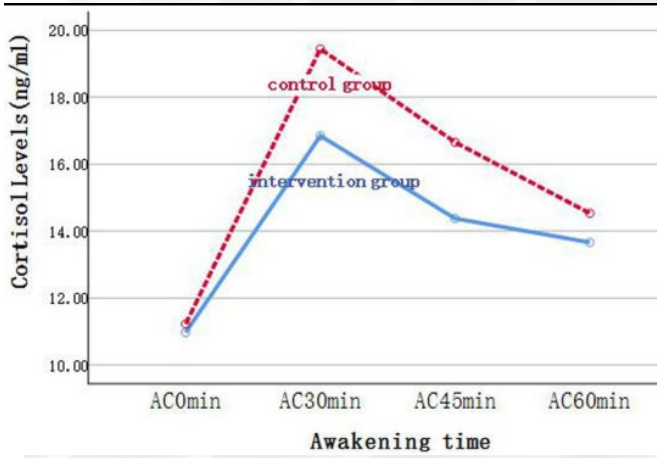
Abstract

Introduction: In the past two decades, mindfulness-based intervention programs have gradually become popular.Many studies have confirmed that these programs can effectively alleviate prenatal stress and negative emotion.The mindfulness-based stress-buffering hypothesis suggests that mindfulness training can induce changes in the levels of the cortisol secreted by the HPA axis, thereby reducing stress susceptibility. However, to date, only a few high-quality evidence-based medical studies have analyzed the effect of the mindfulness-based intervention in a maternal population.Thus, this study investigated the effects of a mindfulness-based psychosomatic intervention on pregnancy stress and the HYPERLINK "javascript;;" hypothalamic-pituitary-adrenal (HPA) axis of pregnant Chinese women.

Methods: Women experiencing first-time pregnancy (n = 117) were randomly allocated to the intervention group or parallel active control group, and data were collected at baseline and post-intervention periods. The participants completed questionnaires regarding mindfulness and pregnancy stress. Saliva samples was collected at the time of waking up, and 30, 45, and 60 min after waking up for analyzing the salivary cortisol levels. We analyzed differences between the two groups and changes within the same group before and after the intervention.

Results and discussion: A total of 95 participants completed the trial. Compared with the parallel active control group, the intervention group exhibited lower levels of stress after the intervention (P = 0.047). For HPA-axis-related indicators after the intervention, Delta value (P = 0.01) and AUCM value (P = 0.031) of the intervention group were significantly higher than that of the control group. Mindfulness-based interventions effectively reduced the level of pregnancy stress and adjusted the HPA axis function in pregnant women in China.



MBCP versus CAU
N=193

Depressie- en stressreductie
Betere hechting moeder-kind
Betere sociaal-emotionele ontwikkeling van baby's 6 mnd.

MBCP versus CAU
N=117

Maternale cortisol daling en regulatie

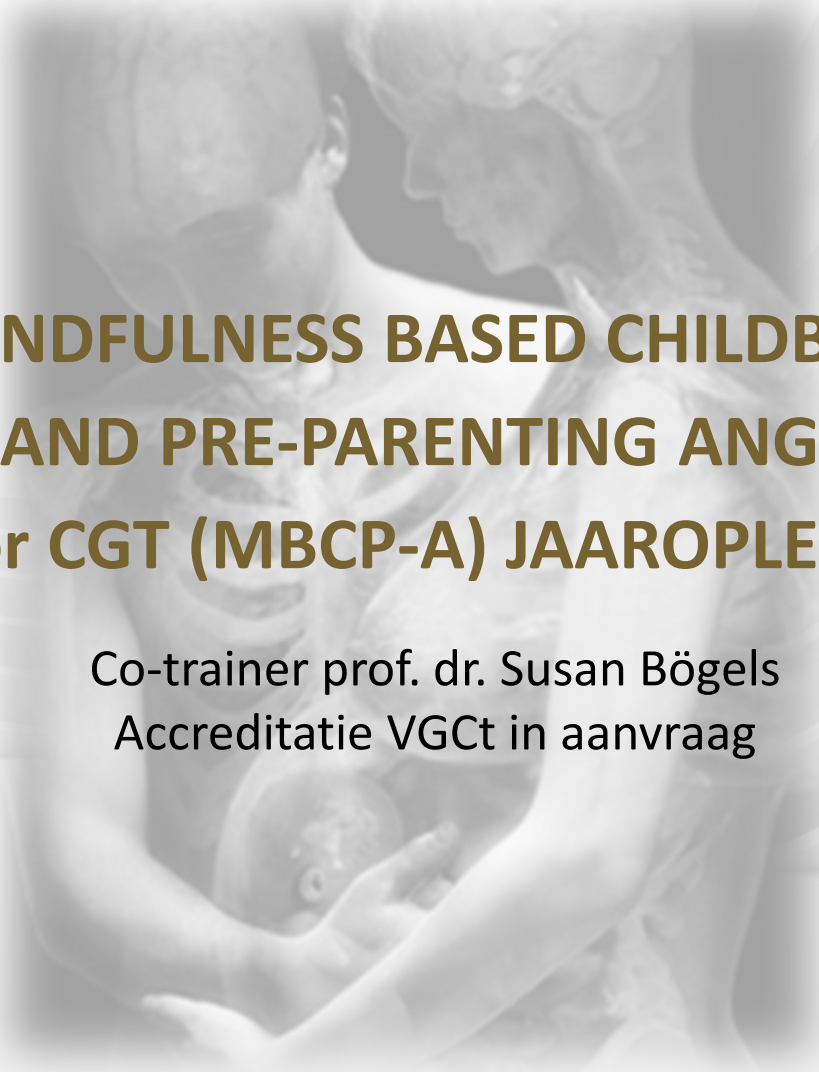
Open Access

Google Scholar | Mindfulness Based Childbirth Parenting RCT

Artikelen | Ongeveer 18.400 resultaten (0,17 sec)

CONCLUSIES
Waarde voor CGT en therapeut

Ilja heb je nog suggesties wat de deelnemers zouden willen horen?



MINDFULNESS BASED CHILDBIRTH AND PRE-PARENTING ANGST voor CGT (MBCP-A) JAAROPLEIDING

Co-trainer prof. dr. Susan Bögels
Accreditatie VGCt in aanvraag

Mind In Geboorte