

EMDR AND PERINATALITY: INTERVENTION PROTOCOLS IN A MATERNITY WARD

Cattaneo, M.C., Roveraro, S., Chiorino, V., Salerno, R., Macchi, E.A.

Psychological interventions in maternity wards primarily aim at supporting the emerging mother-infant bonding relationship and spot early risk factors for postnatal depression. Literature data (Missioner, 2005; Marinopoulos, 2006; Ammanniti, 2008; De Divitiis, 2008), as well as our clinical practice in the puerperium ward within the Department of Obstetrics and Gynaecology at Mangiagalli Clinic in Milan, have highlighted the need to identify more effective and timely interventions after childbirth, to prevent any potential crisis experience.

Peritraumatic experiences (either “T” or “t”) during the perinatal period, can interfere with the bonding process between mother and infant. Obstacles that can generate Negative Cognitions can depend on various symptoms experienced by the mother: feelings of herself and her baby being endangered, including a sense of lack of control over her body during delivery and/or during onset of lactation, a sense of powerlessness toward the baby’s crying and/or the presence or absence of lactation, postpartum physical recovery, feelings of inadequacy in giving birth and in managing labor pain, as well as about knowing how to care for the baby and breastfeeding. Also, mothers may experience guilt feelings toward risk factors linked to pregnancy and childbirth the baby might have experienced.

These Negative Cognitions cross-cut four focal issues which often come up during clinical interviews with puerperal women: lactation difficulties, birth trauma, abortion and perinatal mourning, MAP (Medically Assisted Procreation). Within this context, EMDR proves to be a highly effective approach for reprocessing and integrating the perinatal traumatic experiences, eliciting the mother’s personal and organized caring responses in tune with her baby’s needs.

This workshop will present an EMDR intervention specifically tailored for perinatal psychology, including two protocols, one for birth trauma and one for lactation difficulties. Clinical experiments have been conducted on these protocols, in order to establish their clinical effectiveness in treating trauma and/or perinatal difficulties, as well as a comparison of a EMDR intervention with treatment as usual.

The residual impact of trauma and/or the mother-infant bonding trend will be evaluated by self-report tests (MIBS;PBI; IES-R; PDEQ) and by a specifically tailored semi-structured interview during two follow-up phases.

The final objective of this presentation is to illustrate clinical activity and research that aims at promoting maternal and child mental health, through a preventive EMDR intervention plan at the early formation stages of their affective bond.