



Psychosocial stress during labor and delivery

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Abstract

Background: Obstetric labor and childbirth are mostly regarded as a physiological process, whereas social, cultural, psychological and transcultural aspects have received less attention. Planned cesarean sections for psychosocial or non-medical reasons have increased dramatically since the 1990s. Although labor support by a midwife is described as early as in the 13th century BCE in The Book of Exodus (*Shemot*, Names, *Heb.*), further understanding about the impact of labor support is still warranted in today's obstetric practice. The aim of our project was to investigate whether continuous support by a midwife promotes labor progress and vaginal delivery. **Methodology:** A randomized controlled study at a university hospital in Sweden in 2015–17. Primiparous women with spontaneous labor onset were randomised to continuous support (n = 30) or standard care (n = 29) during delivery. **Findings:** Continuous support was followed by shorter active labor 11.0 ± 5.7 hours vs 13.7 ± 3.9 hours with standard care (p = 0.001). Women with continuous support tended to have lower cortisol levels and low cortisol during the first (p = 0.02) and second (p = 0.04) stages of labor were correlated with shorter active labor. Continuous support was followed by spontaneous delivery in 73%, instrumental delivery in 24% and emergency cesarean in 3% whereas standard care was followed by spontaneous delivery in 62%, instrumental delivery in 24% and cesarean in 14% (p = 0.19). Women's satisfaction with delivery and neonatal morbidity were comparable. **Conclusion:** Continuous support was followed by a high rate of vaginal delivery and a low rate of emergency cesarean. Maternal cortisol in the continuous support group tended to be lower during all stages of active labor reflecting a lower stress level and low maternal cortisol was correlated to shorter active labor. Therefore, we recommend continuous support for all primiparous women during active labor.

Biography

Dr Ylva Vladic Stjernholm is an associate professor and senior consultant in Obstetrics at the Karolinska University Hospital and Karolinska Institutet. Stockholm, Sweden. She wrote her thesis in the field of Reproductive Endocrinology and has continued research on methods for the prevention of preterm birth, labor progress and labor support, cesarean delivery, placenta spectrum disorders and peripartum hysterectomy. In her clinical practice, research and education she strives to support medical ethics, universal health coverage, interprofessional collaboration and a professional perspective with an aim to restrict market management trends and to reprofessionalize healthcare.



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