

Patient Centered Imagery in Obstetrics

By Harise Stein, MD

WI - 32-year-old, third pregnancy with one living child, 21 weeks pregnant, prior history of preterm labor

This patient was an energetic, very athletic woman, who ran her own business out of her home, necessitating frequent sales trips out of state. She had been quite dismayed that her previous pregnancy had required bed rest at 29 weeks, and hospitalization and medication for a premature labor, ending in a 37 week delivery. Now at 21 weeks with her next pregnancy, her obstetrician had told her to anticipate more of the same, in addition to which she now had a toddler to care for. She was angry and frustrated at the thought of having to stay in bed, of the disruption to her business, and wanted to know why her uterus couldn't be "normal."

After being taught relaxation skills, she was asked to create an image of her uterus, with which she then was guided to have an interactions. She relayed that her uterus was a red balloon floating in the air. There were a few bumps on it, and it was open on the bottom. She told her uterus how angry she was. The uterus replied that it wanted to be a safe place for her baby to grow, and it was doing the best that it could. She was then guided to ask her uterus what it needed from her. It said it needed for her to be healthy, calm, and relaxed, and made several suggestions - that a neighbor's teen could help out with the toddler, that a cousin could help with the business, that a friend could do massages, etc. When asked to again examine the original image of her uterus, the patient noticed that the bumps had disappeared, and the bottom was now closed.

This patient was seen once at 21 weeks. She reported back after delivery, having gotten to 39 weeks without medication or hospitalization, and only modified bed rest. She had talked to her uterus often, feeling like they "were a team." When she would experience increased uterine activity, she would lie down thinking, "my uterus needs me to help it," rather than becoming tense and angry. She actually had an enjoyable pregnancy despite moderate limitations.

Talking to the Symptom or Body Part

This approach may seem very strange at first reading, but can be extremely effective and in some cases has even been described by my patients as "life-changing." Encouraging Imagery that comes from the patient gets to deep feelings very quickly. In case #2, the patient was able to have a dialog with her uterus, express her anger, and hear its side of the story - that it was "doing the best that it could." In hearing this, she was able to develop compassion for her uterus and a desire to want to help it do its work. In reality she was expressing compassion for herself. Her uterus also gave her suggestions for self-care, which was basically the

voice of her own Intuition talking to her about what was needed.

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