

Title: INFLUENCE OF EPIDURAL ANALGESIA FOR LABOR ON MATERNAL SELF-ESTEEM AND PERCEPTION OF THE NEWBORN

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Introduction. The impact of obstetric analgesia on the mother's psychological experience of labor and her perception of the newborn have been widely discussed in lay and medical literature. Some authors have suggested that epidural anesthesia, by blunting the sensation of uterine contractions and removing the pain of delivery, produces maternal deprivation and reduces maternal self-esteem, which in turn lead to general dissatisfaction with the birth experience. These authors also suggest that adverse effects on maternal-infant bonding occur. Using a variety of psychological tests, we attempted to substantiate or refute these suggestions.

Methods. We obtained approval from the committee on human research and informed consent. We studied 77 primagravidas selected at random who underwent uncomplicated pregnancies and deliveries with varying anesthetic techniques. Three groups of women could be identified according to the intrapartum anesthetic technique they received: 1) local anesthetic without narcotic premedication (n=21), 2) local anesthetic with narcotic premedication (n=23), or 3) epidural anesthesia (n=33).

Each group was further divided into those who had completed a Lamaze training course and those who had not. Three psychological tests were administered 24-48 hours after delivery.

Maternal self-esteem was assessed using the Rosenberg Self-esteem Scale. Women rated ten statements that reflect self-acceptance and self-approval. Satisfaction with the birth experience was assessed using a Satisfaction Assessment Scale. In this test, women rate 14 emo-

tions that relate to their feelings about the childbirth experience. The final test was the Broussard Neonatal Perception inventory, which evaluated the success of the mother-infant relationship by comparing, through questions, the mother's perception of the behavior of an average baby compared with her baby.

Results. Our results demonstrated no differences in the Rosenberg Self-esteem Scale or the Broussard test between the three anesthetic groups. Furthermore, within each group, there were no differences between women who had received Lamaze training and those who had not. An equally large percentage of women in each group demonstrated high self-esteem and a positive maternal perception of her infant. The Maternal Satisfaction Assessment Scale showed lower scores for patients receiving epidural anesthesia. However, this was not true for patients receiving epidural anesthesia without previous Lamaze training. The patients with Lamaze training that received epidural anesthesia did score significantly lower.

Conclusion. We conclude that epidural anesthesia *per se* does not affect development of a normal maternal-infant relationship, maternal self-esteem, or self-satisfaction with the birth experience. We suggest that Lamaze preparation should include a more realistic appraisal of the possibility of receiving anesthesia so that patients will not consider this aspect of the delivery a disappointment.

References.

1. Doering SG, et al: Am J Orthopsychiatry 45:825, 1974.