

# Biopsychosocial Factors in Obstetrics and Gynaecology

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# Biopsychosocial Factors in Obstetrics and Gynaecology

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*Edited by*

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LCE: To my daughter, Nicole

PMSO: To all the patients who have participated  
in my research studies over the past 40 years

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## Preface

It will be well known to anyone embarking on reading this book that the mind can influence the physiology of the body and changes in the body influence the mind – these are normal events. Internal factors can affect both the body and the mind as can external factors. If these changes occur to an excessive level, they can result in physical pathological abnormalities or psychological/psychiatric disorders. Internal factors include such things as central nervous system and bowel, hormones or blood biochemistry. External factors include weather, trauma, physical stresses, psychological or physical abuse; there are many more in both of these categories. The interplay of all of these factors impinges on all aspects of normal and abnormal life, physical and psychological health.

There has always been some confusion as to whether the term linked to these matters should be 'psychosomatic', 'psychosocial' or 'biopsychosocial', though the latter is probably the most encompassing term. Biopsychosocial factors are integral to all aspects of healthcare but perhaps more so in obstetrics, gynaecology and women's health. This is probably because so much of what occurs in the specialty involves dramatic life-changing events, from pregnancy and childbirth to malignancy and terminal cancer.

There is no suggestion that recognition of the biopsychosocial aspects of our specialty should lead to an independent specialty or subspecialty. The biopsychosocial approach should be a fundamental element in the management of the whole range of obstetric and gynaecological conditions. That said, the British Society of Biopsychosocial Obstetrics and Gynaecology (BSBOG) has become a recognized specialist society of the Royal College of Obstetricians and Gynaecologists, but its objective was not to be separate from the other subspecialties but more to engage with them in promoting the biopsychosocial elements of their function and informing their training programmes accordingly. The thought behind this textbook was initially independent of the society, but

it soon became apparent that the society's aims to improve the psychological element of women's healthcare could be achieved through such a textbook. Hence, the executive committee was soon adopted as the editorial advisory board.

You will have noticed that the terms 'psychosomatic' and 'biopsychosocial' are used *almost* interchangeably. If you were to consider the titles of the various professional societies around the world – all of whom are member societies of the International Society of Psychosomatic Obstetrics and Gynaecology (ISPOG) – it will be clear that both terms are used. This is because the term 'psychosomatic' is interpreted differently in different countries. Generally speaking, in mainland Europe, the term implies the complex interaction between 'mind' and 'body', whereas in the United Kingdom and the United States, psychosomatic implies to both the medical and lay population a condition which gives rise to physical conditions which are actually psychological in origin – it is so often used pejoratively, implying that a patient's physical symptoms are imaginary or at best 'only psychological'. It is for this reason that the British Society of Psychosomatic Obstetrics, Gynaecology and Andrology (BSPOGA) changed its name to British Society of Biopsychosocial Obstetrics and Gynaecology (BSBOG) even though its umbrella body ISPOG retains 'psychosomatic' in its title.

In the development of the book the broadest content was thought to be appropriate. International contributors considered expert in the particular field were approached and the overall process was considered and approved by an editorial board comprising the members of the BSPOGA executive committee. The two editors were the outgoing (2011–2014) chairman of BSPOGA, Professor P. M. Shaughn O'Brien, and the incoming chairman (2014–2017), Mr Leroy Edozien. Whilst both of these editors are primarily obstetricians and gynaecologists in UK medical schools, both have been extensively involved in biopsychosocial aspects of the specialty over many years.

## Preface

Professor O'Brien came from The Royal Free Hospital and University of London where he was a consultant and senior lecturer. He began as a professor in Keele University School of Medicine in 1989. His research and clinical care in gynaecology has centred on the menopause and the menstrual cycle, particularly on premenstrual syndrome; he is the founder and chairman of the International Society for Premenstrual Disorders (ISPMD); he devised and co-edited the textbook, *The Premenstrual Syndromes*. He initiated the textbook you are now reading and is immediate past editor in chief (joint) of the *Journal of Psychosomatic Obstetrics and Gynecology* (JPOG). In obstetrics his current research concerns pre-eclampsia and premature labour and much of his clinical practice focuses on the care of pregnant substance misuse patients.

Leroy Edozien's clinical practice and academic work focus broadly and extensively on aspects of biopsychosocial care and education in gynaecology and obstetrics. He is President-Elect of ISPOG and led the successful bid to host the 20<sup>th</sup> ISPOG International Congress in Manchester in 2022.

The principal purposes of this book are to inform clinical care and to inform both postgraduate and undergraduate education in obstetrics and gynaecology, particularly for the individual subspecialty areas. In every subspecialty area (some more than others) there is a psychological, social, biological and medical care element. All of these must be addressed if we are to provide the best care for our patients.

Biopsychosocial factors in benign gynaecology and gynaecological oncology are amply covered in

this book. Each chapter ends with a list of key points. Urogynaecology has been underrepresented in the literature previously, and this is now addressed. Reproductive medicine, subfertility, psychosexual care, menopause, disorders of menstruation and premenstrual syndrome are discussed in detail as are same sex and single sex pregnancy and other gynaecological issues.

Fetal medicine has experienced great technical advances over recent years and the biopsychosocial element of this is only now catching up. For instance fetal programming has causative and consequential elements to the overall picture. Mental health and suicide are now leading causes of maternal mortality and so the editors make no apology for dealing with the topic from different angles.

The chapter authors of this textbook are highly regarded and highly qualified in this complex area of the specialty and its interrelationship with its biopsychosocial elements.

Obstetricians, gynaecologists, midwives, psychiatrists, psychologists and those in many other areas of healthcare including politicians and healthcare managers need to read this book. A distillate of its content needs to be incorporated into general and subspecialty training curricula and this will enable us to maximize the care given to our patients, partners and offspring over the coming years.

On behalf of all contributors to this book and the publisher, we express our condolences to the family of Professor Suzanne Abraham (author of Chapter 5) who passed on while the book was in production. She was a warm and highly respected colleague.