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# Bio-Psycho-Social Obstetrics and Gynecology

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K. Marieke Paarlberg  
Harry B.M. van de Wiel  
Editors

# Bio-Psycho-Social Obstetrics and Gynecology

A Competency-Oriented Approach

 Springer

*Editors*

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*This book is dedicated to the members of the  
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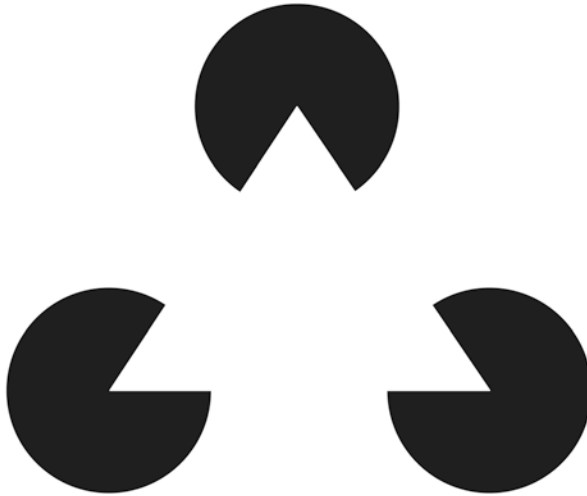
## Preface

Dear Reader,

This book is not a usual book about a usual medical topic. As you will immediately find out when looking at the table of contents, it is a practical guide written and edited by pairs: pairs of scientists and clinicians, physicians and social scientists, gynecologists and midwives, professionals from East and West and North and South, and men and women. This dual approach is no coincidence but reflects the multidimensional approach of the topic involved: psychosomatic obstetrics and gynecology.

Psychosomatic obstetrics and gynecology (POG) is a complex but also *unique* topic. Its uniqueness certainly lies in the ability to solve problems that are seen as *crux medicorum* in the biomedical routine. But, maybe even more, its uniqueness lies in its ability to combine different ways of looking at women's health (care). Of course, POG makes use of the great scientific and technological breakthroughs that the natural sciences have brought and are still bringing us today. It teaches us to lay a rational and empirical foundation under our daily medical practice. At the same time, POG shows us how to put these problems, including the underlying (pathological) mechanisms, in a broader psychosocial and societal context. This enables us to give meaning to the experiences of our patients and to understand them. POG thereby not only makes us observe better, but it also shows how and why we look the way we look. This empathetic mirror image is the bridge that connects health-care professionals with their patients and enables us to cure, care, and prevent, but also to help them to help themselves.

Building on Popper's three-world theory and, as illustrated in the image below, by combining the bio, the psycho, and the social perspectives, a unique new meta-perspective arises: unique, because it has new features that cannot be reduced to the three constituting domains, like the emerging equilateral triangle. In fact, these unique characteristics, like safety, synergy, and flow, but also their counterparts, are what enable us to practice what we call POG.



Form follows function, so in order to use the best of both worlds (sharp scientific observations and empathy-based signification), the structure of this book is also unusual. Where normally the focus is on different specialized subthemes, here the normal routine of everyday practice is followed. A woman enters our office with one or more healthcare-related problems, questions, or worries such as premenstrual syndrome, post-traumatic stress disorder, provoked vulvodynia, etc. In Part I of this book, 20 of these POG topics have been worked out in a clear and uniform structure. Every chapter or theme is illustrated by a case description that connects theory with practice and vice versa. Every chapter ends with a summary of tips and tricks or dos and don'ts, which should belong in the toolkit of every practitioner.

Because knowledge and skills can only be combined into useful competency with the background of clear roles, Part II addresses a more fundamental introduction to the concept of clinical roles in general and to the so-called meta-competences such as communication, collaboration, etc. Based on the input of all the chapter authors of Part I, a specific POG-competency profile was developed. This profile makes clear which elements form the heart of what we called the psychosomatic approach.

In Part III, the seven CanMEDS competences are discussed in different topics such as the bio-psycho-social model, communicative strategies, and the nature of traumatic experiences. This part, which combines in-depth information with practical suggestions, is written with the purpose of adding an extra layer above the chapters in Part I and to provide some background knowledge on the clinical roles that constitute the psychosomatic profile as described in Part II.

Last but not least, this book was also not a usual expedition for us as editors. Thanks to our chapter authors and the assistance of Springer, we were able to take one of the most interesting journeys in our professional lives.

Apeldoorn, The Netherlands  
Groningen, The Netherlands

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