

Hypnosis for Childbirth Research: A Brief Overview

Effect of hypnosis on length of labour

Hao et al (1997) in China measured the effect of nursing suggestions to labouring women and recommends that the conversation of the nurses be "controlled carefully for the purpose of advancing the birth process". This randomised control trial examined 60 first time mothers with a matched control group of 60 first time mothers and found a statistically significant reduction in the lengths of the first and second stages of labour.

Jenkins and Pritchard (1993) found a reduction of 3 hours for prim gravid women (from 9.3 hours to 6.4 hours) and 1 hour for multi gravid women (from 6.2 hours to 5.3 hours) for active labour (262 subjects and 600 controls). Pushing was statistically shorter for first time mothers (from 50 min to 37 min).

In a study that compared hypnosis and Lamaze training, 96 women chose between hypnosis (n=45) and Lamaze (n=51). The first stage of labour was shortened in the hypnosis group by 98 minutes for first time mothers and by 40 minutes for second time mothers. These women were more satisfied with labour and reported other benefits of hypnosis such as reduced anxiety and help with getting to sleep.

A British study found a statistically significant reduction in the length of labour of first and second time mothers: 70 hypnosis patients (6 h 21 min) compared to 70 relaxation patients (9 h 28 min) and 70 control group (9 h 45 min).

Mellegren (1966) noted a reduction of two to three hours of labour.

Abramson and Heron (1950) found a shorter first stage of labour for 100 women trained with hypnosis (by 3.23 hours) compared to a control group of 88 women. Forty-five Hypnosis for Childbirth clients (first time mothers) had an average of 4.5 hours for the active labour, a significant reduction compared to the usual 12 hours.

Medication use

In a British study, 55% of 45 patients (first and second time mothers) required no medication for pain relief. In the other non-hypnosis groups, only 22% of 90 women required no medication. Two research pieces reported on 1,000 consecutive births: 850 women used hypnotic analgesia resulting in 58 percent rate of no medication. Five other research pieces reported an incidence of 60 to 79 percent non-medicated births.

A retrospective survey notes an epidural rate of 18 percent in Southern Ontario, where the epidural rate in most hospitals is 40 to 95 percent (depending on the setting) for first time mothers.

Rates of Intervention

In a randomised control trial of 42 teenagers in Florida, none of the 22 patients in the hypnosis group experienced surgical intervention compared with 12 of the 20 patients in the control group ($p=.000$). Twelve patients in the hypnosis group experienced complications compared with 17 in the control group ($p=.047$).

Harmon, Hynan and Tyre (1990) reported more spontaneous deliveries, higher Apgar scores and reduced medication use in their study of 60 women. Of the 45 Hypnosis for Childbirth clients, 38 delivered without the use of caesarean, forceps or vacuum, a rate of spontaneous birth of 84%. This is a higher than average rate of normal birth for the general population of first time mothers.

Postpartum

In a randomised control trial of 42 teenagers in Florida, only 1 patient in the hypnosis group had a hospital stay of more than two days compared with 8 patients in the control group ($p=.008$).

Postpartum Depression

McCarthy (1998) provided five 30-minute sessions to 600 women and found a virtual absence of postpartum depression, compared to the typical rates of 10 to 15 percent. Women with a history of postpartum depression did not develop this condition, even though an estimated 50 percent eventually do. Harmon et al also reported lower depression scores in the hypnotically treated group.

It appears that a simple intervention, hypnotherapy, has far-reaching effects both medically and socially. Some, but not all, of the above studies are randomised, have large numbers, include control groups and demonstrate statistical significance. There remains, therefore, a clear need for more research, in the use of hypnosis for childbirth preparation.

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Research on the Internet

Medline: <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi>

Hypnosis Research: <http://www.hypnosis-research.org>

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Further Research on the use of Hypnosis in Pregnancy & Childbirth including Abstracts

Baram DA. **Hypnosis in reproductive health care: a review and case reports**. [Journal Article, Case Study, Review] *Birth*. 1995 Mar; 22(1): 37-42. (14 ref 6 bib)

Hypnosis has many applications in the field of reproductive health care. This paper describes its use in the treatment of sexual dysfunction, urinary incontinence, chronic pelvic pain, Hyperemesis Gravidarum, and pain relief in labour and delivery. Four case reports are used for illustration. Misconceptions about the risks and benefits of hypnosis are discussed. Information about training for clinicians in hypnosis is described.

Chez RA. **Management of nausea and vomiting in pregnancy: alternative therapies... second of two interviews**. [Journal Article, Interview] *Contemporary OB/GYN*. 2000 Apr; 45(4): 55-6, 59-60, 62 *passim*. (9 ref)

Studies in which complementary and alternative medicine (CAM) interventions were used in the care of obstetric patients were identified by searching The National Library of Medicine's electronic database. This paper is a selected review of both randomised and non randomised clinical trials. There are a number of CAM therapeutic practices that may have potential benefit for patients. Additional clinical research with appropriate scientific methodology is warranted to determine the merit and value of integrating some CAM modalities into conventional medical obstetric care.

Cyna AM. Andrew MI. McAuliffe GL. **Antenatal self-hypnosis for labour and childbirth: a pilot study**. [Clinical Trial. Journal Article] *Anaesthesia & Intensive Care*. 34(4):464-9, 2006 Aug.

Background: In our institution we have used antenatal training in self-hypnosis for over three years as a tool to provide relaxation, anxiolysis and analgesia for women in labour. To assess the effects of hypnotherapy, we prospectively collected data related to the use of hypnosis in preparation for childbirth, and compared the birth outcomes of women experiencing antenatal hypnosis with parity and gestational age matched controls. **Methods:** Prospective data about women taught self-hypnosis in preparation for childbirth were collected between August 2002 and August 2004. Birth

outcome data of women using hypnosis were compared with routinely collected retrospective data from parity and gestational age matched women delivering after 37 weeks gestation during 2003. **Results:** Seventy-seven antenatal women consecutively taught self-hypnosis in preparation for childbirth were compared with 3,249 parity and gestational age matched controls. Of the women taught antenatal self-hypnosis, nulliparous parturients used fewer epidurals: 36% (18/50) compared with 53% (765/1436) of controls (RR 0.68 [95%CI 0.47-0.98]); and required less augmentation: 18% (9/50) vs 36% (523/1436) (RR 0.48 [95%CI 0.27-0.90]). **Conclusions:** Our clinical findings are consistent with recent meta-analyses showing beneficial outcomes associated with the use of hypnosis in childbirth. Adequately powered, randomised trials are required to further elucidate the effects of hypnosis preparation for childbirth.

Cyna AM. Andrew MI. Robinson JS. Crowther CA. Baghurst P. Turnbull D. Wicks G. Whittle C. **Hypnosis Antenatal Training for Childbirth (HATCh): a randomised controlled trial [NCT00282204].** [Journal Article] *BMC Pregnancy & Childbirth.* 6:5, 2006

Background : Although medical interventions play an important role in preserving lives and maternal comfort they have become increasingly routine in normal childbirth. This may increase the risk of associated complications and a less satisfactory birth experience. Antenatal hypnosis is associated with a reduced need for pharmacological interventions during childbirth. This trial seeks to determine the efficacy or otherwise of antenatal group hypnosis preparation for childbirth in late pregnancy. **Methods/Design:** A single centre, randomised controlled trial using a 3 arm parallel group design in the largest tertiary maternity unit in South Australia. Group 1 participants receive antenatal hypnosis training in preparation for childbirth administered by a qualified hypnotherapist with the use of an audio compact disc on hypnosis for re-enforcement; Group 2 consists of antenatal hypnosis training in preparation for childbirth using an audio compact disc on hypnosis administered by a nurse with no training in hypnotherapy; Group 3 participants continue with their usual preparation for childbirth with no additional intervention. Women > 34 and < 39 weeks gestation, planning a vaginal birth, not in active labour, with a singleton, viable fetus of vertex presentation, are eligible to participate. Allocation concealment is achieved using telephone randomisation. Participants assigned to hypnosis groups commence hypnosis training as near as possible to 37 weeks gestation. Treatment allocations are concealed from treating obstetricians, anaesthetists, midwives and those personnel collecting and analysing data. Our sample size of 135 women/group gives the study 80% power to detect a clinically relevant fall of 20% in the number of women requiring pharmacological analgesia - the primary endpoint. We estimate that approximately 5-10% of women will deliver prior to receiving their allocated intervention. We plan to recruit 150 women/group and perform sequential interim analyses when 150 and 300 participants have been recruited. All participant data will be analysed, by a researcher blinded to

treatment allocation, according to the "Intention to treat" principle with comprehensive pre-planned cost-benefit and subgroup analyses.

Discussion: If effective, hypnosis would be a simple, inexpensive way to improve the childbirth experience, reduce complications associated with pharmacological interventions, yield cost savings in maternity care, and this trial will provide evidence to guide clinical practice.

Duddridge E. **Using complementary therapies during the childbearing process.** [Journal Article, Pictorial] *British Journal of Midwifery*. 2002 Nov; 10(11): 699-704. (37 ref)

Complementary therapies are increasing in popularity with almost a quarter of the British public having at some point consulted a practitioner of alternative therapy or medicine (British Medical Association, 1993). Women are seeking alternatives to relieve pain and morbidity during pregnancy, childbirth and the postnatal period. This article briefly looks at some therapies currently available to women and discusses some of the advantages and possible problems associated with the different methods. The article predominantly focuses on the use of massage during the childbearing process as this is non-invasive, has few contraindications, is cost-effective and can promote a holistic therapeutic relationship between the midwife, her clients and their family.

Ketterhagen D. VandeVusse L. Berner MA. **Self-hypnosis: alternative anesthesia for childbirth.** [Journal Article, CEU, Exam Questions] *MCN: The American Journal of Maternal/Child Nursing*. 2002 Nov-Dec; 27(6): 335-41. (28 ref)

The purpose of this article is to inform nurses about the use of self-hypnosis in childbirth. Hypnosis is a focused form of concentration. Self-hypnosis is one form of hypnosis in which a certified practitioner or therapist teaches an individual to induce his or her own state of altered consciousness. When used for childbirth pain, the primary aim of self-hypnosis is to help the woman maintain control by managing anxiety and discomfort through inducing a focused state of relaxation. Before the widespread use of pharmaceuticals for pain, hypnosis was one of the few pain relief methods available for labour. However, as new technologies for pain relief emerged, hypnosis received less attention. Most nurses have little experience with hypnosis, and there is limited information available in the literature. However, because nurses are at labouring women's bedsides, it is important that nurses learn about self-hypnosis to be able to inform pregnant women fully about all pain control options and to maximize the benefits for the woman choosing hypnosis.

Mantle F. **Can hypnosis reduce postnatal depression?** [Journal Article] *British Journal of Midwifery*. 2003 May; 11(5): 299-301. (17 ref)

Postnatal depression is a serious and debilitating condition. Due to the perceived stigma of mental illness, the incidence of it is under-reported and many mothers refuse psychiatric help either assuming postnatal depression to be normal or because of the potential consequences of having a psychiatric history. Community practitioners who are in contact with new mothers may welcome additional interventions which can enhance the supportive care they give to these women. This article discusses the evidence for a number of these interventions which mothers may find more acceptable than orthodox treatment.

Mottershead N. **Hypnosis: removing the labour from birth.** [Journal Article] *Practising Midwife*. 9(3):26-7, 29, 2006 Mar.

Hypnosis has been used in obstetrics for more than a century. However, with increasing numbers of women looking for alternative coping strategies for use during labour, the birth of a new discipline, HypnoBirthing®, is gaining in popularity. HypnoBirthing® is a hypnotherapy programme specifically designed for birth, employing the principles and techniques of hypnosis and self-relaxation. This article explains the philosophy and principles of HypnoBirthing®, the evidence base and its physiological impact on labouring women, brought to life by real accounts.

Oster MI. **Contemporary methods in hypnotic preparation for childbirth.** [Journal Article, Case Study] *CRNA: The Clinical Forum for Nurse Anesthetists*. 2000 Nov; 11(4): 160-6. (22 ref)

Hypnosis is a viable adjunct to any medical procedure and is not intended to replace conventional medical techniques. In recent years, many of us who practice hypnosis have seen a re-emergence of interest in mind-body approaches to health care. Hypnotic methods for preparation for childbirth are a logical contribution to that mind-body perspective.

Simon EP, Schwartz J. **Medical hypnosis for hyperemesis gravidarum.** [Journal Article, Case Study] *Birth*. 1999 Dec; 26(4): 248-54. (50 ref)

Hyperemesis gravidarum in pregnancy is a serious condition that is often resistant to conservative treatments. Medical hypnosis is a well-documented alternative treatment. This article reviews the empirical studies of medical hypnosis for treating hyperemesis gravidarum, explains basic concepts, and details the treatment mechanisms. The importance of a thorough differential diagnosis and appropriate referrals is stressed. The article presents three case studies to illustrate the efficacy of this treatment approach. It is suggested that medical hypnosis should be considered as an adjunctive treatment option for those women with hyperemesis gravidarum. It is also stressed that medical hypnosis can be used to treat common morning sickness that is experienced by up to 80 percent of pregnant women. Its use could allow a more comfortable pregnancy and healthier fetal development,

and could prevent cases that might otherwise proceed to full-blown hyperemesis gravidarum.

Smith CA. Collins CT. Cyna AM. Crowther CA. **Complementary and alternative therapies for pain management in labour.** [Journal Article, Research, Systematic Review] *The Cochrane Library*. 2006;(4)

Smith CA. Collins CT. Cyna AM. Crowther CA. **Complementary and alternative therapies for pain management in labour.** [Journal Article, Research, Systematic Review] *The Cochrane Library*. 2006;(4)

Background: Many women would like to avoid pharmacological or invasive methods of pain management in labour and this may contribute towards the popularity of complementary methods of pain management. This review examined currently available evidence supporting the use of alternative and complementary therapies for pain management in labour. Objectives: To examine the effects of complementary and alternative therapies for pain management in labour on maternal and perinatal morbidity. Search strategy: We searched the Cochrane Pregnancy and Childbirth Group's Trials Register (February 2006), the Cochrane Central Register of Controlled Trials (2006, Issue 1), MEDLINE (1966 to February 2006), EMBASE (1980 to February 2006) and CINAHL (1980 to February 2006). Selection criteria: The inclusion criteria included published and unpublished randomised controlled trials comparing complementary and alternative therapies (but not biofeedback) with placebo, no treatment or pharmacological forms of pain management in labour. All women whether primiparous or multiparous, and in spontaneous or induced labour, in the first and second stage of labour were included. Data collection and analysis: Meta – analysis was performed using relative risks for dichotomous outcomes and mean differences for continuous outcomes. The outcome measures were maternal satisfaction, use of pharmacological pain relief and maternal and neonatal adverse outcomes. Main results: Fourteen trials were included in the review with data reporting on 1537 women using different modalities of pain management; 1448 women were included in the meta – analysis. Three trials involved acupuncture (n = 496), one audio – analgesia (n = 24), two trials acupressure (n = 172), one aromatherapy (n = 22), five trials hypnosis (n = 729), one trial of massage (n = 60), and relaxation (n = 34). The trials of acupuncture showed a decreased need for pain relief (relative risk (RR) 0.70, 95% confidence interval (CI) 0.49 to 1.00, two trials 288 women). Women taught self – hypnosis had decreased requirements for pharmacological analgesia (RR 0.53, 95% CI 0.36 to 0.79, five trials 749 women) including epidural analgesia (RR 0.30, 95% CI 0.22 to 0.40) and were more satisfied with their pain management in labour compared with controls (RR 2.33, 95% CI 1.15 to 4.71, one trial). No differences were seen for women receiving aromatherapy, or audio analgesia. Authors' conclusions: Acupuncture and hypnosis may be beneficial for the management of pain during labour; however, the number of women studied

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has been small. Few other complementary therapies have been subjected to proper scientific study.

Other Research on HypnoBirthing® and Hypnosis in Pregnancy & Childbirth
(no Abstracts available)

Brill J. **Effective alternative treatments for breech presentation.** [Journal Article] *Midwifery Today*. 2003 Winter;(68): 38-9.

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