

HYPNOTHERAPY FOR MATERNITY CARE AND BIRTHING

Co-authored by Sherry M Hood

Published in Unlimited Human Magazine Summer 2015

Watching a baby being born is perhaps one of the most emotional and overwhelming experiences ever to imagine. Helping in this birthing process is one of the most honouring, wondrous privileges one can experience (both author's perspective).

Maternity care is a very exciting specialised area of hypnotherapy. There is considerable research and publication in the topic of hypnotherapy and maternity care. There also appear to be many well-known birthing hypnotherapy programs. Some of these are trademarked yet do not have research evidence supporting their use or methodologies. Health care providers involved in maternity care wish to make pregnancy and the birthing experience the best it can be. Through this article, we hope to provide a fresh perspective on what hypnotherapy might offer in more comprehensive care. Comprehensive care means a continuity of care with the patient that addresses concerns early in pregnancy, throughout the pregnancy, through labour and delivery and in the postpartum period. The relationship and trust that is built up over time contributes to better overall outcomes for both mother and baby. (This is an extrapolation of research data showing the benefits of continuity in health care) ¹ It is the continuity of care that produces the favourable outcome. For example, one randomized controlled trial investigating the use of clinical hypnotherapy in intrauterine growth retardation and oligohydramnios showed significant improvement with the use of 40 minute weekly sessions of clinical hypnosis throughout the prenatal period.² One impressive finding from this study, is that 55% of the group in regular maternity care underwent C-section whereas only 10% of the clinical hypnosis group required this intervention.² On the other hand, another randomized control trial has shown that simple self-hypnosis taught in a brief course makes no significant difference in any measurable birth outcomes including use of epidural anaesthesia, even though patients may perceive a better childbirth experience.³ ⁴⁵ It would seem that brief courses in self hypnosis do not provide a change in measurable outcomes and by corollary, simply providing pre-recorded sessions alone would be unlikely to impact clinical outcomes.

Committing to a comprehensive program can be time consuming and require a lot of energy. Being available for labour and delivery requires flexibility in one's own schedule. In Canada, family physicians have evolved to develop primary care obstetrics groups in order to share

the load. This could be a unique innovative idea for hypnotherapists to come together, providing a team approach for hypno-maternity services. In fact, such a collective could join forces with primary care obstetric groups to provide innovative integrated holistic care.

Although, hypnotherapists can accept clients any time in pregnancy, ideally, the initial appointment would occur within the first trimester. There are numerous ways to help a maternity client early on. We address these in more detail below. Often, a client will hear about hypnotherapy for birthing close to the due date. A hypnotherapist can still facilitate a very positive birthing experience.

Antenatal Period: Physician's referral:

Some physician's may refer clients; many do not. Clients should be encouraged to discuss their plans to use hypnosis for birthing with their physician so there will be no surprises. This is simply professional courtesy. Most doctors and nurses are interested and somewhat fascinated by the hypnotic approach.

Thorough consultation:

Initial consultation should include all pertinent medical information. One needs to be aware of current and past medical problems, abdominal or pelvic surgeries and medications. Previous pregnancies, deliveries including complications, miscarriages and stillbirths should be noted and discussed.

Consultation includes a review of the expectations for the birth. Some clients have the expectation of a completely pain free experience which is not realistic for everyone; this needs to be addressed. One also needs to discuss beliefs around childbirth, be they positive or negative. Clients may have specific fears that can be addressed via hypnosis. Previous experience with hypnosis is also useful information.

Urgent medical problems may occur during labour that requires fast intervention. The hypnotherapist can play a supporting role even in such circumstances. Medical interventions are not always urgent; some may take place prior to delivery. One example is external cephalic version, which refers to turning a baby from breech to cephalic presentation. One randomized control trial showed a 50% higher success rate for those women who had hypnotherapy prior to and during the procedure .⁶

The most important component of the initial consultation is to build a relationship and rapport with the patient. It is an opportunity to create trust, answer questions and address concerns. Part of the initial consultation will include determining hypnotic assets, observation and taking note of the client's organic language and how this individual takes in information and responds to suggestion.

Another component of the initial visit is to deliver a short hypnosis session. This is a multi-faceted 30-minute session that incorporates observation to determine organic language and use of the senses to see what resonates with the client. An inventory of hypnotic assets that includes visual, auditory, kinaesthetic, olfactory and gustatory senses is the goal. The information is used to construct future sessions. This is very different from using one-size fits all approaches or "canned" scripts. Pre-recorded sessions can be provided to use as homework and to compliment session work.

First session after initial consultation:

One useful technique for pain control is "anaesthetic glove". Initiating a trial for anaesthetic glove will determine how amenable a client is for this strategy. When a client is responsive to this technique, it can be compounded and honed throughout the maternity. Anaesthetic glove can be used to alleviate pain at the perineum and other discomforts of labour such as back pain.

Nausea and vomiting:

Many patients experience nausea and vomiting to varying degrees. Physicians address this in different ways depending on degree or seriousness. Hypnotherapy can help augment the positive impact on suggestions made by other health care providers. In fact research has shown that hypnotherapy can have a significant impact on nausea and vomiting in pregnancy.⁷ Heightened sensitivity to odours can be mitigated by hypnotic suggestion to ignore these triggers. Other hypnotic suggestion can be around changing the sensation of nausea into something more positive such as hunger when appropriate.

Hyperemesis gravidarum:

Prolonged vomiting can lead to more serious problems including vitamin deficiencies, dehydration and electrolyte disturbances. Physicians help their patients with medication and possible admission to hospital. Hypnotherapists can support their clients through this complication and may be able to prevent this altogether.⁸ Published studies are encouraging, though their quality is sometimes limited. More randomized control trials are needed to compare hypnotherapy with standard care.

Diffusing Past Negative Experiences and Beliefs, including negative things women hear from others about the birthing experience:

Negative ideation needs to be dealt with before any other work regarding the birthing experience. Negative ideas take the form of worry, fear, anxiety and imagined adverse outcomes. The hypnotherapist can use release techniques to deal with these negative ideas. For those patients who project a detrimental outcome, not addressing this seems almost a disservice to them.

Maintaining Comfortable Feelings Throughout Pregnancy:

Back and pelvic pain becomes more common as pregnancy progresses. Patients also experience fatigue related to decreasing haemoglobin as well as poor sleep. Suggestions can be given around continued feelings of comfort and wellbeing throughout the entire gestational period with emphasis in the last trimester.

Rehearsing Successful Outcomes / Future Pacing:

One powerful strategy for hypnotherapy involves rehearsal for success: imagining, visualizing or becoming aware of positive outcomes in the future. In the author's opinion, this should be done at every visit. By creating new, positive and strong neural pathways using repetition, the client benefits through compounding of beneficial suggestions. Rehearsing in hypnosis creates an experience of a positive outcome that "has already happened successfully" in the client's mind. In office sessions and during labour, the hypnotherapist instructs the mother to visualize or imagine "easing" the baby into the world. Suggestions can be given and compounded that the mother's body will easily accommodate the baby's head and shoulders as the baby is gently delivered.

Rehearsing for success also includes suggestions for positive outcomes in the postpartum period. Topics to be addressed include mood (including postpartum depression),⁹ breastfeeding, healing and recovery, sleep and rest, bonding, exercise and weight control, being home from work, role changes (from career to parenthood) and relationship changes.

Many mothers plan to breastfeed their baby; however, change their minds for a variety of reasons. Stress and anxiety can cause difficulties including the baby latching on appropriately. A mother who is worried about their infant's nutrition might make the decision to switch to formula feeding. Rehearsing for success, as well as other strategies such as anchors, can help create ease in breastfeeding.¹⁰

Communication With The Unborn Child:

Imagining or visualizing talking to one's unborn child can be a very beautiful and emotional experience. Messages

of love and excited anticipation of the child's arrival and gratitude all work to create strong bonds between mother and baby. This is not to downplay the importance of the bond that may already exist, but serves to take the relationship to a higher level. The hypnotherapist can facilitate the experience in a very descriptive way allowing the client to find their own expression of deep love for their unborn child. Again this can be a part of every session.

Rapid healing and recovery

Even when labour has gone as planned, dilation and birth is hard work. Staying controlled and relaxed takes focus and concentration. Suggestions given during office sessions can include rapid healing and recovery. These suggestions should be reinforced throughout the labour as well as in the postpartum period. The mother is in a suggestible state and positive words of encouragement will impact greatly.

Time Distortion:

Time distortion is intrinsic to hypnosis but can also be suggested and compounded to create an even greater distortion in time for the labour and delivery experience. By enhancing a sense of time distortion for the labour and delivery, a client can maintain a positive mood and energy level to stay motivated.

Basic hypnotherapy techniques:

1. Using numbers or dials to minimize discomfort and increase comfort

2. Direct suggestions that are compounded and built on with each session to create a firm foundation
3. Creating new positive beliefs
4. Achieving desired outcomes
5. Anchors: using words that the client will hear frequently such as "baby", "contraction" or "breath" as

Father or birthing partner:

Have the father or birthing partner attend a session approaching the due date. It is important to discuss the topics and strategies covered in previous sessions. The hypnotherapist can place the client into hypnosis and teach the birthing partner how to use an anchor such as a shoulder press as a signal to relax and go deeper when appropriate. Teaching these strategies to the companion helps engage team effort. The birthing partner can be taught key words as anchors such as "Baby" or "Contractions" to provide an understanding of the process. It is important to teach the birthing coach how to check for relaxation and take the client deeper when needed. One can also teach the partner about anaesthetic glove and how he/she might enhance its use.

Intrapartum Period:

Working with the client in labour and delivery:

Not all patients will call in the night for attendance to delivery, even though one has asked them to. In case of this situation, it will be useful to have provided a recording to take to the hospital. This recording can include an induction, deepening, relaxation and quiet music.

Continued on next page

Pain:

Often well-meaning people will speak about "labour pain" or use similar negative wording. Someone may even say something such as, "Are you sure this isn't hurting?" Women in labour are already in a suggestible state. Therefore it is very important to desensitize the client to words such as pain, hurt, agony etc. The hypnotherapist can help the client transform pain into discomfort or pressure and help the client reinterpret pain signals. A hypnotherapist can assist the client to welcome contractions as something positive, because they bring the patient one step closer to meeting their beautiful baby. The practitioner needs to work with the client during each contraction to maintain a good working level of hypnosis, enabling relaxation through the labour.

Breathing:

Contrary to many prenatal courses, a planned method of breathing is not used with hypnotherapy. Comfortable cleansing breathes; breathing from the diaphragm and occasional rhythmic breathing can be used to deepen relaxation. "Every breath takes you deeper into calmness."

Attending the birth

Even with excellent preparation, many mothers lose focus and cannot maintain a hypnotic state without support and guidance in a hospital setting. However if a client decides to learn techniques in office but wants to birth in private with their partner, one needs to respect that and reaffirm availability to attend the birth if the client changes their mind at the last moment.

Midwives and Doulas:

Many birthing mothers choose a midwife for their birthing team. Midwifery is widely accepted and is offered as a four-year university level degree program. Hypnosis / hypnotherapy can easily work into the birthing plan whether a family doctor, obstetrician or a midwife is attending the birth.

A doula is also known as a birth companion and supporter. A doula is a nonmedical person who assists a woman before, during and after childbirth by providing support. It would seem that a hypnotherapist plays a similar role.

Postpartum period:

Postnatal care:

Comprehensive care includes the postpartum period. The client may need one or more sessions after birth. Postnatal clinical considerations were addressed above in "Rehearsing Successful Outcomes". Any one of these may be expanded upon depending on individual needs. In conclusion, there is considerable research evidence that hypnotherapy can impact perinatal outcomes in a positive way. However, to affect these positive outcomes requires a commitment to comprehensive care. Comprehensive care requires sessions with the client throughout the maternity experience which take into account each individual personality and hypnotic assets. A trust relationship with the client is important, as is continuity of care. This is different than simple pre-recorded sessions or "canned" scripts. There is a great need for further research, especially randomized controlled trials comparing the use of hypnotherapy against standard care.

Continuity of Care With Family Medicine Physicians: Why It Matters (2015) Canadian Institute for Health Information, Ottawa, Ontario

1. Maitri C. Shah, Sejal H. Thakkar & Rajni B. Vyas (2011) Hypnosis in Pregnancy With Intrauterine Growth Restriction and Oligohydramnios: An Innovative Approach, American Journal of Clinical Hypnosis, 54:2: 116-123.

2. Werner A, Ulbjerg N, Zachariae R, Nohr EA. Effect of self-hypnosis on duration of labor and maternal and neonatal outcomes: a randomized controlled trial. Acta Obstet Gynecol Scand 2013; 92:816-823.

3. Werner A, Ulbjerg N, Zachariae R, Rosen G, Nohr E. Self-hypnosis for coping with labour pain: a randomised controlled trial. BJOG2013;120:346-353.

4. Werner A, Ulbjerg N, Zachariae R, Wu CS, Nohr E. Antenatal Hypnosis Training and Childbirth Experience: A Randomized Controlled Trial. Birth 2013; 40(4): 272-280.

5. Joscha Reinhard, Tomas M. Heinrich, Anke Reitter, Eva Herrmann, Wiebke Smart & Frank Louwen (2012) Clinical Hypnosis Before External Cephalic Version, American Journal of Clinical Hypnosis, 55:2, 184-192.

6. Antonio Madrid, Richard Giovannoli & Maureen Wolfe (2011) Treating Persistent Nausea of Pregnancy With Hypnosis: Four Cases, American Journal of Clinical Hypnosis, 107-115.

7. MacCormack D (2010) Hypnosis for Hyperemesis gravidarum, Journal of Obstetrics and Gynecology, 30(7): 647-653.

8. Sara E. Rosenquist (2013) When the Bough Breaks: Rethinking Treatment Strategies for Perinatal Depression, American Journal of Clinical Hypnosis, 55:3, 291-323

9. Vidas M; Folnegovic-Smalc V; Catipovic M; Kisic M (2011) The application of autogenic training in counselling center for mother and child in order to promote breast feeding, Collegium Antropologicum, 35(3): 723-731.
