

On focus

How to... / ...support hypnobirthing



...support hypnobirthing

Making use of self-hypnosis during childbirth can bring many benefits. **Karen Baker** explains how midwives can help women who have opted for this technique to have the type of birth they want.

Self-hypnosis in childbirth or hypnobirthing, has been around for centuries (Graves, 2012; Howell, 2009; Mongan, 2007) and women are increasingly turning to its techniques for a positive birth experience.

A Cochrane review (Smith et al, 2006) consisting of five randomised controlled trials, involving 749 women, found hypnosis during childbirth decreases the need for pharmacological pain relief in labour, including use of epidural; reduces augmentation of labour and increases spontaneous vaginal birth. NICE (2014) states that women who choose to use hypnosis during childbirth should be supported in doing so, as the evidence available shows that it may reduce the pain of labour and does not appear to adversely affect either maternal or neonatal outcomes.

Hypnobirthing is based on the hypothesis that childbirth-related pain is as a result of a woman's fear and anxiety about childbirth, which results in the 'fear-tension-pain' syndrome. Fear and worry will activate the body's primal 'fight-or-flight' mechanism causing release of stress hormones catecholamines (adrenaline and nor-adrenaline). These hormones affect the blood vessels, causing blood to be diverted to the organs essential for defence, so the woman can run away or fight the perceived danger (Graves, 2012; Howell, 2009; Mongan, 2007; Dick-Read, 2004).

However, fight or flight from the perceived danger, which is childbirth itself, is not an option for a woman in labour, so her body freezes. As the uterus is not essential for defence, blood flow is reduced and, consequently, so too is the oxygen supply. This causes the cervix to constrict, resulting in it being taut and closed.

This is a problem when, during a contraction, the longitudinal muscles of the uterus tighten and try to draw up the circular muscles of the cervix, as well as push the baby down onto it. As the cervix remains taut and closed, these two sets of muscles work against each other, which increases pain for the woman and hinders the childbirth process (Graves, 2012; Howell, 2009; Mongan, 2007; Dick-Read, 2004).

Relaxation

When relaxation replaces fear and anxiety about childbirth, the 'fight-or-flight' mechanism is not stimulated. Consequently, the longitudinal muscles of the uterus and the circular muscles of the cervix are able to work together. The cervix effaces and dilates and the baby descends into the birth canal for birth smoothly and easily, as no resistance is created by a taut cervix.

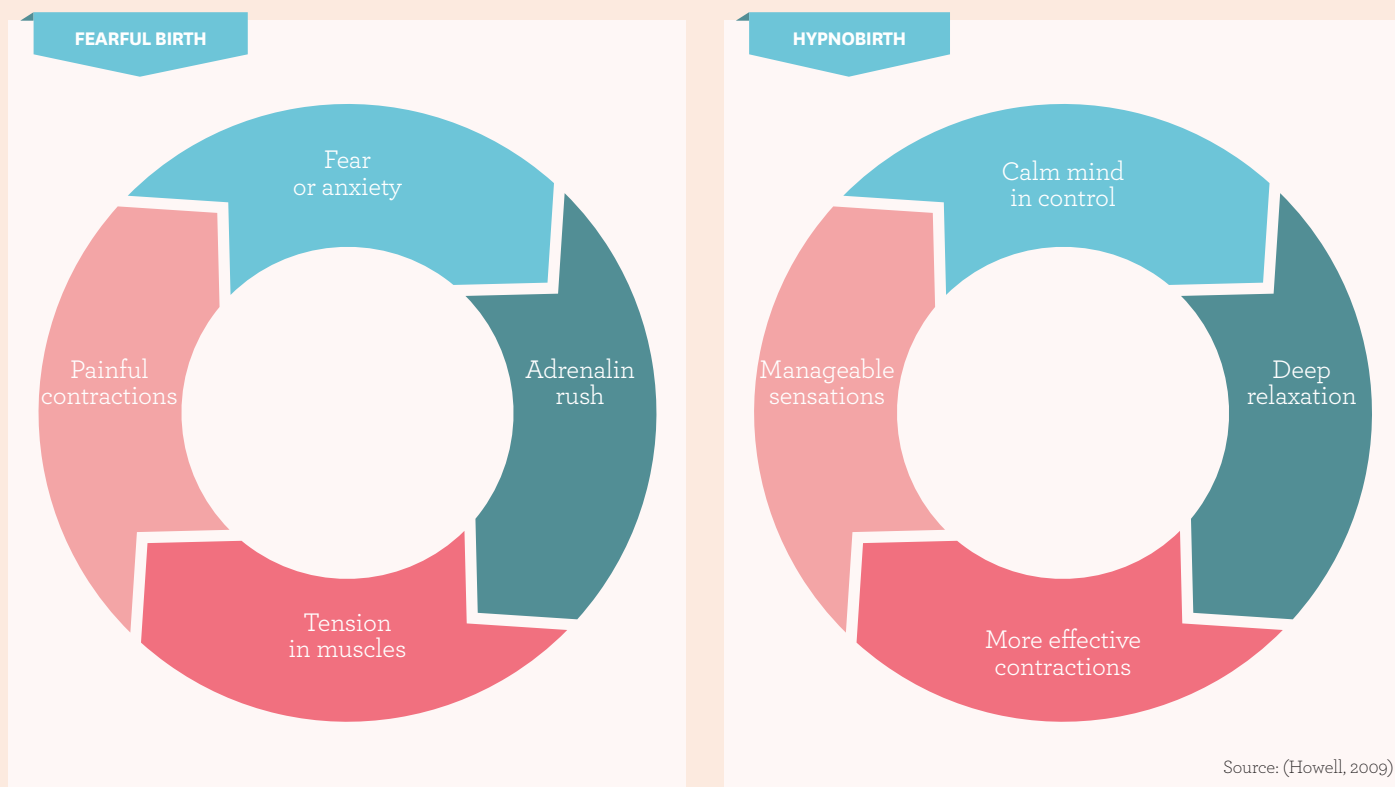
Furthermore, when the woman is relaxed, her body secretes endorphins – the body's

natural tranquilizers. These work with other hormones the woman secretes during her pregnancy to relax her muscles, aiding the childbirth process and creating a sense of comfort and control (Graves, 2012; Howell, 2009; Mongan, 2007; Dick-Read, 2004). The belief that pain is aggravated through fear and emotional tension is supported by the literature (Phillips-Moore, 2005; Dick-Read, 2004), but hypnobirthing can diminish or completely eliminate the 'fear-tension-pain' syndrome (Graves, 2012; Howell, 2009; Mendoza and Capafons, 2009; Mongan, 2007).

Dr Grantly Dick-Read, a British obstetrician, was the first to suggest the 'fear-tension-pain' cycle (Dick-Read, 2004). As a result of his theory, he suggested women prepare for labour to reduce their fear surrounding childbirth, by education, deep relaxation and special breathing techniques (Dick-Read, 2004). These components are the foundations of hypnobirthing programmes today.

Support

It is important, as it is with every woman and her birth partner, that during childbirth the midwife establishes an effective relationship with them to increase the chance of a normal birth and a positive birth experience (Hodnett et al, 2011; Barnes, 2008; Campero et al,



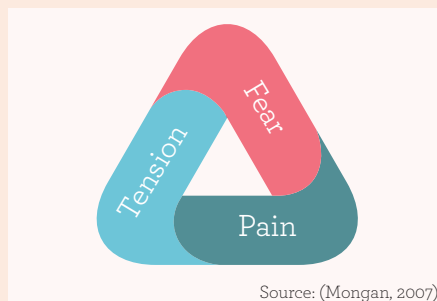
2004; Scott et al, 1999; Zhang et al, 1996). Facilitating a woman and her birth partner to use hypnobirthing during the birth of their baby is similar to facilitating a normal birth. Aim to provide a calm, quiet and peaceful environment, keeping the mother as relaxed as possible. Their care should also be based on NICE guidelines on intrapartum care (NICE, 2014; 2007).

It is also important to read their birth plan, which may outline special breathing techniques, visualisation, affirmations and anchors the woman will use during childbirth. The woman and her birth partner would have practised these to prepare for labour.

Continuous positive support by the woman's birth partner is beneficial to all women during childbirth (Hodnett et al, 2011). However, in hypnobirthing, the birth partner's encouragement and practical help can increase the effectiveness of hypnobirthing techniques, such as visualisations, suggestions and breathing methods (Graves, 2012; Howell, 2009; Mongan, 2007).

Midwives' role

During childbirth, the woman and her birth partner might request that staff do not actively talk or engage in conversation with



the woman when she is in relaxation, unless needed. Instead, any questions should be addressed to the birthing partner and the couple may request that any questions from staff are addressed outside the room, so as to minimise disturbance to the woman. However, if it is necessary to gain consent or if there are any concerns, the woman and her birth partner are aware she will need to be asked.

They may also ask that no pain relief is offered to the women on the basis that they will ask for it if they feel the woman needs it. They may also prefer for you to refer to their comfort level rather than pain level.

The woman and her birth partner may want to listen to music and birth affirmations to assist the woman in relaxation and birth of their baby. Depending on the hypnobirthing

programme undertaken, some women may have been taught not to push to birth their baby, but to 'breathe baby down' (The Wise Hippo Ltd, 2013; Mongan, 2007). This is a special breathing technique, which would have been practised by the woman antenatally.

The woman and her birth partner will be aware that if there are any concerns regarding the wellbeing of their baby or the woman, they will need to give their full cooperation. Furthermore, if there are any concerns regarding the woman or the baby, the midwife will need to give appropriate information to the woman and her birth partner for them to make an informed choice regarding care during childbirth.

Since midwives are the main professional care providers in normal pregnancy and childbirth (NICE, 2014; 2008; 2007; 2006), they are more than able to facilitate a woman and her birth partner to use hypnobirthing during childbirth, as the care needed is similar to the care they will normally provide to facilitate a normal birth. **M**

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For references, visit the **RCM website**.