

Childbirth



Susan Rodrigues & Stuart Taylor

Aim:

To provide an understanding of how Solution Focused Hypnotherapy can help throughout pregnancy and childbirth.



Pair / Group Work:

How can hypnotherapy help in pregnancy and childbirth for mum, baby and birthing partner?



Understanding the Birthing Process

- The history of birthing from a Mammalian perspective and from a modern day perspective
- Basic anatomy and physiology of the body during pregnancy, labour and childbirth
- Psychological journey of bir
- Impact of fear on pain



Mammalian Perspective

Mammals -

- where the female grows her baby within her body;
- her brain then secretes hormones which trigger and maintain the muscular movements to give birth;
- she then provides milk for her offspring once they have been born



This is the same for all mammals – even Human Beings

Mammalian Perspective

Mammals that are left to give birth in a natural setting will:

- Find somewhere quiet and safe
- Perhaps giving birth in the dark
- Perhaps in the middle of the herd
- Appear relaxed and calm
- Moan quietly and rhythmically
- Mammals will give birth instinctively and without help

Mammalian Perspective



- A mammal will not give birth if she feels she is in danger, threatened, observed or disturbed
- She is able to stop or slow down the labour until she feels safe enough to allow the birthing process – the ‘fight or flight’ process
- Mammals have an element of where and when they give birth

Women also have this instinctual mechanism to ‘shut down’ or slow down labour if they feel frightened, observed or feel that it’s not safe to give birth

Mammalian v Human Perspective

- Human beings still have the primal part of the brain which functions in the same way as other mammals.
- However, the main difference is we have developed the neocortex, which is responsible for the development of intelligence, analysis, language, inhibitions and irrational fears.
- It is the stimulus to this part of the brain which causes humans to 'interfere' with the instinctive birthing process, and so lose the ability to let go and surrender to the birthing brain.
- At the top of the list of differences are the emotions of fear and anxiety
- Fear and anxiety can have a real impact of the progress of labour in all mammals



Human Birthing Perspective

- Examples of birth art/sculptures go back to the Stone Age. Nearly all depict birthing women in upright positions, sitting, standing kneeling or squatting and as being serene, strong and powerful
- The Bible, Roman poets and Native American birth art refer to the position for giving birth as kneeling up against a tree or stool



- 1701 – an explorer documented about a Guiana woman ‘ when, on the march, an Indian is taken with labour, she just steps aside, delivers and wraps up her baby with the afterbirth and runs in haste after the others’

Human Birthing Perspective

- Women gave birth used their instincts. They spent much of their time squatting – thereby strengthening perineal, vaginal and thigh muscles
- They gave birth in positions which were instinctive and conducive to the work of the uterus...and gravity!
- Birth was in or near the home, often supported by other women. Or they would take themselves away from the group to give birth alone
- The woman ‘birthed’ her baby...it wasn’t ‘delivered’ by a specialised practitioner. Women were supported by ‘midwives’.
- Women always gave birth in a familiar environment and where they felt safe. It could still be a scary process but was kept instinctive.

Human Birthing Perspective

Question: SO.....

Why is there so much fear in modern birthing; and where does it stem from?

Pair



or

Group



Human Birthing Perspective

‘The more civilised the people, the more the pain of labour appears to be intensified.....the more cultured the races of the earth have become, so much more positive they have been in promoting childbirth to be a painful and dangerous ordeal’

Grantley Dick-Read *‘Childbirth without Fear’*



Birth Culture Perspective

- 13th -17th Century – early development of medicine and the rise of Christianity created more negative thought around the process of natural birth. In Puritan communities, pain during childbirth was God's punishment for Eve and all women who came afterward.
- 17th – 18th Century – rise in conflict between the traditional role of midwives and doctors who were increasingly called to attend childbirth by upper class women. This led to a more formalised medical approach to childbirth and pregnancy in general.

Birth Culture Perspective



- 1847 – a Hungarian doctor named Ignaz Semmelweis (“father of infection control”) made the connection between puerperal/childbed fever and lack of hygiene by doctors – so in came hand washing & hygiene.

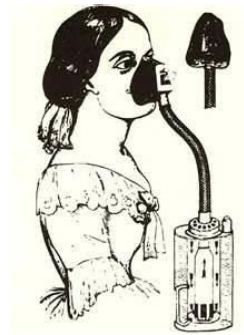
- 1854 - Florence Nightingale identified cleanliness and fresh air as the fundamental necessities of nursing



Birth Culture Perspective

- 1890's – women expected to lie flat on their back during labour – handing over control to the doctor to check on the progress of labour
- Anaesthetics (Chloroform) introduced and forceps often needed ensured women stayed on their backs, despite it being worst position for a labouring woman!
- 20th Century - shift to hospital births increased due to and more people seeking to have pain free childbirth using anaesthesia (as popularised by Queen Victoria) and a perception that this would be safer
- Complications in childbirth increased, as did deaths during or just after childbirth.

Birth Culture Perspective



- Chloroform knocked the woman out for the birth and for several days after. She could not participate in the birth and did not see her child for several days
- 1900's onwards – natural instinctive birthing was replaced with processes, procedures and instruments to 'control' and manage the birth. Women given enemas, hospital gowns, pubic hair shaved, and told to lie on their back to have the baby 'delivered'.
- Women gave birth on their own, isolated from family and friends...and all the 'old' stories of childbirth in her mind

Modern Birth ??

DVD

Modern Birth Culture

The secrets to having a positive birth experience in the modern environment are:

- To reconnect with your natural birthing instinct
- To allow yourself to trust that your body is perfectly designed to birth your baby when unhindered by processes and drugs
- To prepare yourself mentally to hand control over to the primal part of your body
- To learn techniques to help you keep your levels of fear and anxiety to a minimum



90% of everyone alive in the world today was born at home

The Emotional/Psychological Map of Labour

Traditional methods for judging the progress of labour depend on measurements of the baby's position in the pelvis and the condition of the cervix. The theory is that by recognizing "how far" you are physically in the process of dilation and effacement an accurate gauge of "how far" you have to go can be determined.

- “Normal” progress in labour is for a woman to **dilate** 1 centimetre an hour after she reaches four centimetres. However, about 50% of all natural labours dilation does not follow a straight line but rather a gentle slope with a plateau, then a sudden cliff at the end.
- Another method is **contraction** timing. Contractions 5 minutes apart means active labour and the woman should go to the hospital. However, this doesn't take into account that some women begin their labours with contractions less than five minutes apart.

The Emotional/Psychological Map of Labour

- The most accurate way to judge the progress of labour is the **emotional map**. Common changes in mother's behaviour, physical sensations and emotional state are markers for progress in labour. When combined with information such as length of labour and contraction pattern, it can be recognized where the mother is in the labour process.

- 1) Excitement
- 2) Seriousness
- 3) Self-Doubt



The Emotional/Psychological Map of Labour

■ 1) Excitement

When a woman first goes into labour, she is generally excited and a little nervous. “Today’s really the day,” she thinks! Her body isn’t working very hard yet on contractions. This is usually during early labour. Practice breathing exercises; do something physical such as going for a walk



Every movement of the body serves a purpose. It’s only the intellectual brain that thinks numbers are important. The body is moving, shifting, softening, tightening and getting ready for the cervix to open and release the baby

The Emotional/Psychological Map of Labour

■ **2) Seriousness**

After some time, contractions start becoming longer and stronger and closer together. Soon, the woman becomes more serious as she has to work harder at dealing with the powerful sensations she is experiencing. This signpost is generally during active labour.

The cervix is beginning to open. Excitement gives way to concentrating on breathing and other coping strategies including relaxation and visualisation.



This is the time to get primal, let the body get on with what it knows how to do; create a calm and safe environment - birth like a mammal

The Emotional/Psychological Map of Labour

■ 3) Self-Doubt

This stage is one that most labouring women usually remember well. It's the one where they cry out, "I can't do this anymore!" It's when women who wanted to go naturally are suddenly convinced that pain medications aren't so bad after all. This signpost occurs during that infamous stage of labour that we call "transition."



The body is working hard. Hot and cold flushes, shaking, nausea and vomiting. Normal physical responses to hard work.

This is the time to relax, go with the contraction, focus on the present moment. These powerful sensations cannot over-power the woman; they are part of her, getting ready to give birth to the baby

Afterwards – Breast-feeding

- Milk production (lactation) begins about 3 days after birth. Prolactin stimulates milk production, Oxytocin causes the breasts to eject milk.
- Before milk production, breasts give out colostrum – high in protein and immunities.
- Mother's milk is high in infection-fighting proteins; babies have higher IQs as adults; mothers stop bleeding earlier and reduces risk of breast cancer.



What is the Impact of Fear in Childbirth?



Impact of Fear in Childbirth

- Our brain isn't able to distinguish between fear that is real and fear that is imagined, yet to happen or might happen e.g. potential for pain, interventions, injections etc.
- No matter where the fear derives from (e.g. horror stories of births etc.), the physical and emotional response is the same
- The emotions of fear and anxiety have a powerful effect on a labouring female
- Fear or anxiety triggers the production of adrenaline – 'fight or flight' response



Impact of Fear in Childbirth

- Blood rushes away from the centre of the body and is redistributed to the brain and limbs
- This diminishes the amount of freshly oxygenated blood to the muscles of the uterus, which causes a build up of lactic acid (produced when muscles are working hard). High doses of lactic acid increases pain. Uterus muscles lose some of their elasticity, becoming harder and tighter.
- Muscles in the body tighten to 'fight or flight' – especially circular muscles of the cervix – ensuring baby CANNOT be born. Long muscles continue to stretch which causes cervix and uterus to fight against each other

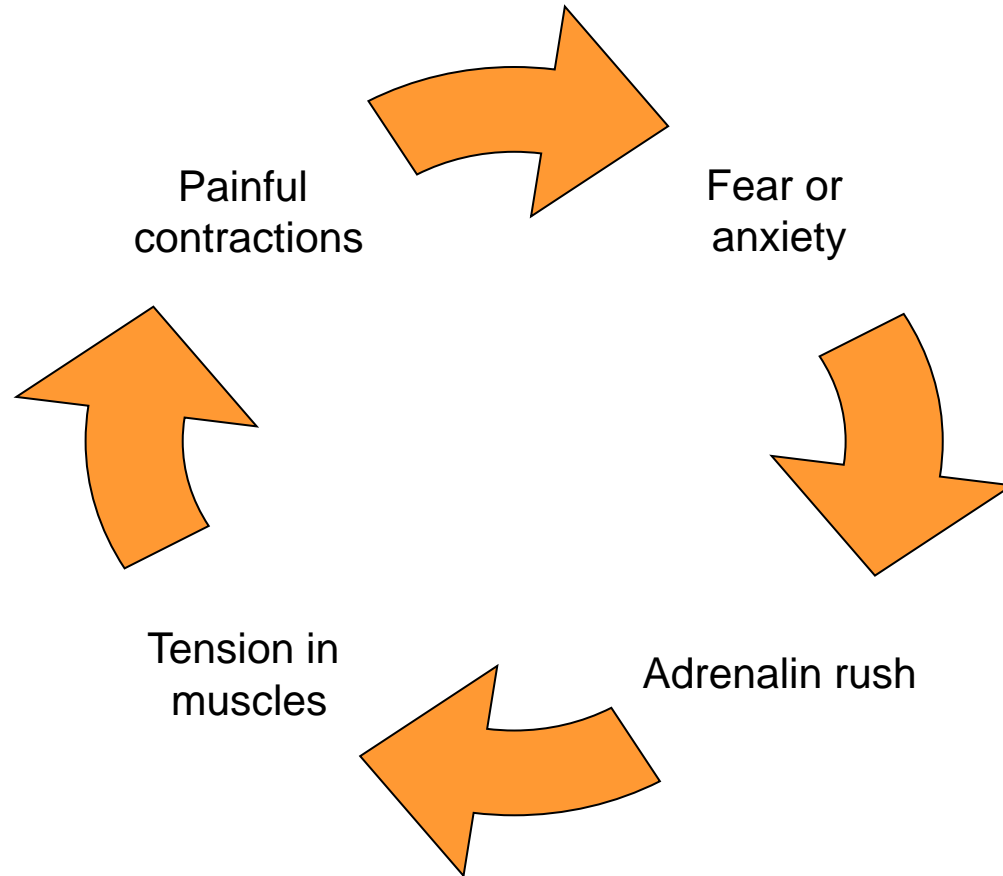


Impact of Fear in Childbirth

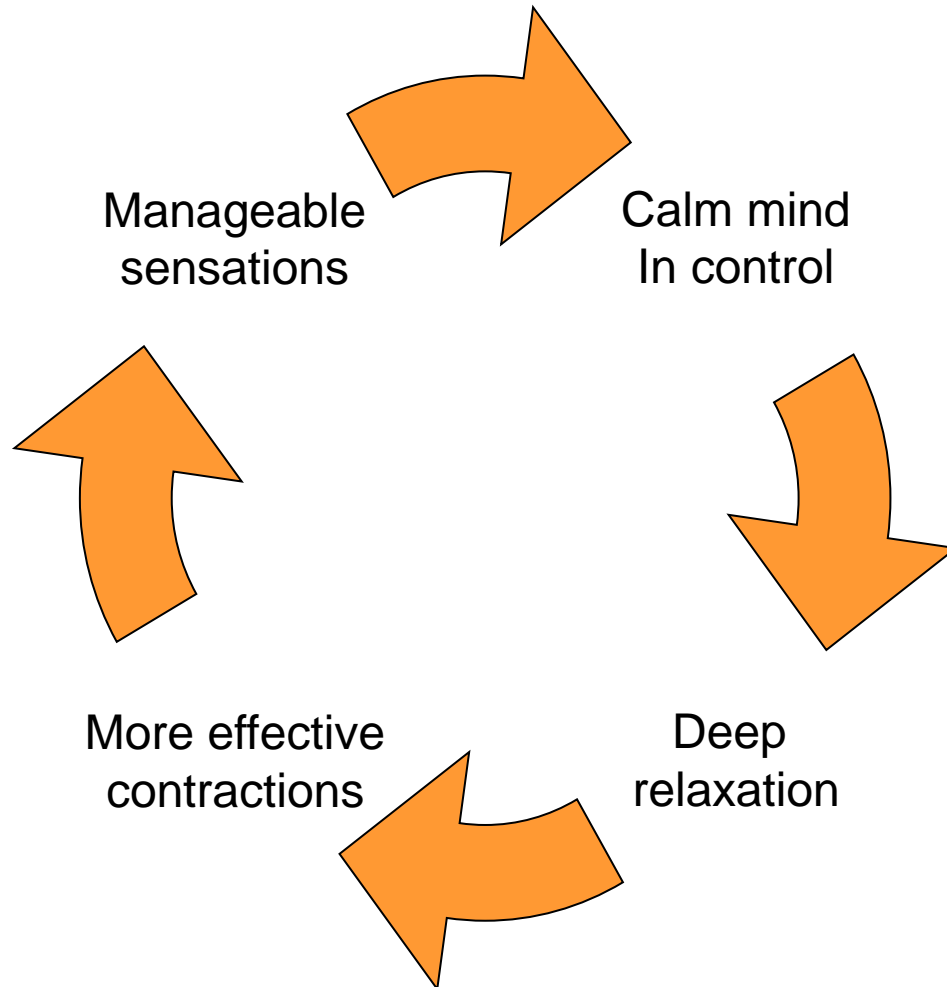
- Adrenaline neutralises the birthing hormones including oxytocin – (responsible for contractions); endorphins (natural painkillers); and relaxin (elasticity of the muscles). Reduction of oxytocin and/or endorphins causes pain to increase.
- ‘Fight or flight’ activity uses a lot of energy – the longer a woman is in a state of tension, the less efficient her body becomes. She becomes exhausted, baby can become distressed and the cervix may stop opening or even close up.
- Fear results in tension; tension results in pain; pain leads to fear of the next contraction; and the cycle is repeated.
- By removing fear, tension and pain are minimised (*Dick-Read*)



Fear - Tension - Pain Cycle



Calm - Relaxed Cycle



Benefits of Hypnotherapy

Benefits to Mum (1)



- Tends to sleep better therefore higher energy levels during birth.
- Addresses the Fear-Tension-Pain Syndrome associated with births.
- Let's go of old beliefs and learns to welcome the birth as a normal and natural process of life
- Experiences increased peace, calm and relaxation before, during and after birth
- Labour more often than not begins spontaneously and there is less need for an induction
- Birthing stages may be shorter and has been known to be pain free under deep self induced trance. When mum is relaxed and not in pain the muscles in the uterus contract more strongly. Pain can create resistance in the muscles to contract.
- Oxytocin levels, the hormone in control of the strength and the duration of the contractions, are as they should be and not reduced by stress

Benefits of Hypnotherapy



Benefits to Mum (2)

- When fewer or no drugs are used there is less risk of side effects for both mother and baby
- Has a better post-natal recovery
- Improves bond with partner and baby during the birth stages
- May help reduce the risk of pelvic floor damage.
- Has been known to help turn a breech birth.
- Lower blood pressure:
 - raised blood pressure increases the risk of pre-eclampsia
 - weight increase can elevate blood pressure women
 - having a baby after age 40 increases risk of hypertension
 - babies with hypertensive mothers are smaller due to diminished nutrition due to restricted blood flow through the umbilical cord.

Benefits of Hypnotherapy



Benefits to Birthing Partner

- Creates a solid role for the birthing partner
- Automatically takes an interactive, supportive and constructive role before, during & after birth.
- Learns how to apply trance to help calm his partner during birth.
- Learns how to guide Mum through the whole birthing process.
- Remains in control and provides strength and direction during labour and birth.
- Contributes to a calmer experience and takes time to consider all options.
- Enhances the unity and connection between himself, partner and baby.
- Learns techniques that can be used after the birth to help calm the new born

Benefits of Hypnotherapy

Benefits to Baby:

- Research has shown that babies pick up on the hormones released by mum and absorbs them as a blue print for life. More mum is relaxed, greater influence this has on the baby
- The calmer mum is during birth, baby will receive greater levels of oxygenation and lowered levels of stress hormones
- Babies born in a calm way, tend to stay calm, quiet and alert following birth
- Bonding has started during pregnancy and then continues in a calm, natural way post birth



Clinical Research – from studies

Reduction in length of labour	1 st time mums – from 9.3 hrs to 6.4 hrs 2 nd time + - from 6.2 hrs to 5.3 hrs
Less reported pain	Mothers gave an average of 6 on a self scoring model of 0-10 (10 being the highest)
Reduction in medical intervention and use of forceps	84-99% rate of spontaneous, non-surgical deliveries
Reduced Caesarean rate	5-8% compared with the national average of 24%
Reduced need for pharmacological anaesthesia/analgesia	55-79% rate of non-medicated births. Those that needed anaesthesia, required smaller amounts

Sources

Jenkins, MW Pritchard MH, Aberdare District Maternity Unit Mid Glam, Wales 1993 Mar

Harmon TM, Hynan MT, Tyre TE, The University of Wisconsin, Milwaukee 1990 Oct

Alice A Martin, PhD; Paul G. Shauble, PhD; Surekha H. Rai, PhD and R. Whit Curry, Jr MD the Journal of Family Practice May 2001

Schauble PG, Werner WE, Rai SH, Martin A. Counseling Centre University of Florida. American Journal of Clinical Hypnosis 1998

August, RV. Hypnosis in obstetrics. New York 1961

Clinical Research – from studies

Some NHS trusts have begun collecting data, with Wolverhampton Trust reporting that 80% of hypnobirthing mothers have normal births with no analgesic treatments, compared with 60% of the general population who have a normal birth.

A small-scale study in Australia found that women who were taught antenatal self-hypnosis techniques reported fewer epidurals (36%) than the control group (53%) and lower use of other forms of pain relief.

Antenatal self-hypnosis for labour and childbirth: a pilot study.

Cyna AM1, Andrew MI, McAuliffe GL. 2006



Creating the Ideal Mental State



First trimester 0 to 13 weeks.

Morning sickness - believed to be due to hormonal imbalances, the first hormone to appear is HCG (Human Chorionic Gonadotrophin) which stimulates the production of the pregnancy hormones, Oestrogen and Progesterone.

Also appears to be an imbalance between the pregnancy hormones and Cortisol. (associated with Stress & Anxiety), and during times of stress, Cortisol levels in the body increase, Hormonal imbalance is also to blame for unusual tiredness and emotional highs & lows during this early stage of pregnancy.

When using hypnosis in early pregnancy, in many cases within one or two sessions, feelings of nausea and sickness subside on their own without suggestion being given other than to relax and to release any stresses and tensions. The relaxation through hypnosis also removes the tiredness.

Creating the Ideal Mental State



Second trimester 14 to 26 weeks.

This time often involves hospital visits, scans, blood tests etc. Also a time of adjustment to weight issues and changing body image.

Here hypnotherapy can support mum (and other family members) to reduce anxiety by being calm, relaxed and in control. Areas here may include fears/phobias, confidence issues and anxieties.

Hypnotherapy can support with all these issues so mum (and family) can get on with the pregnancy being calm, relaxed and in control

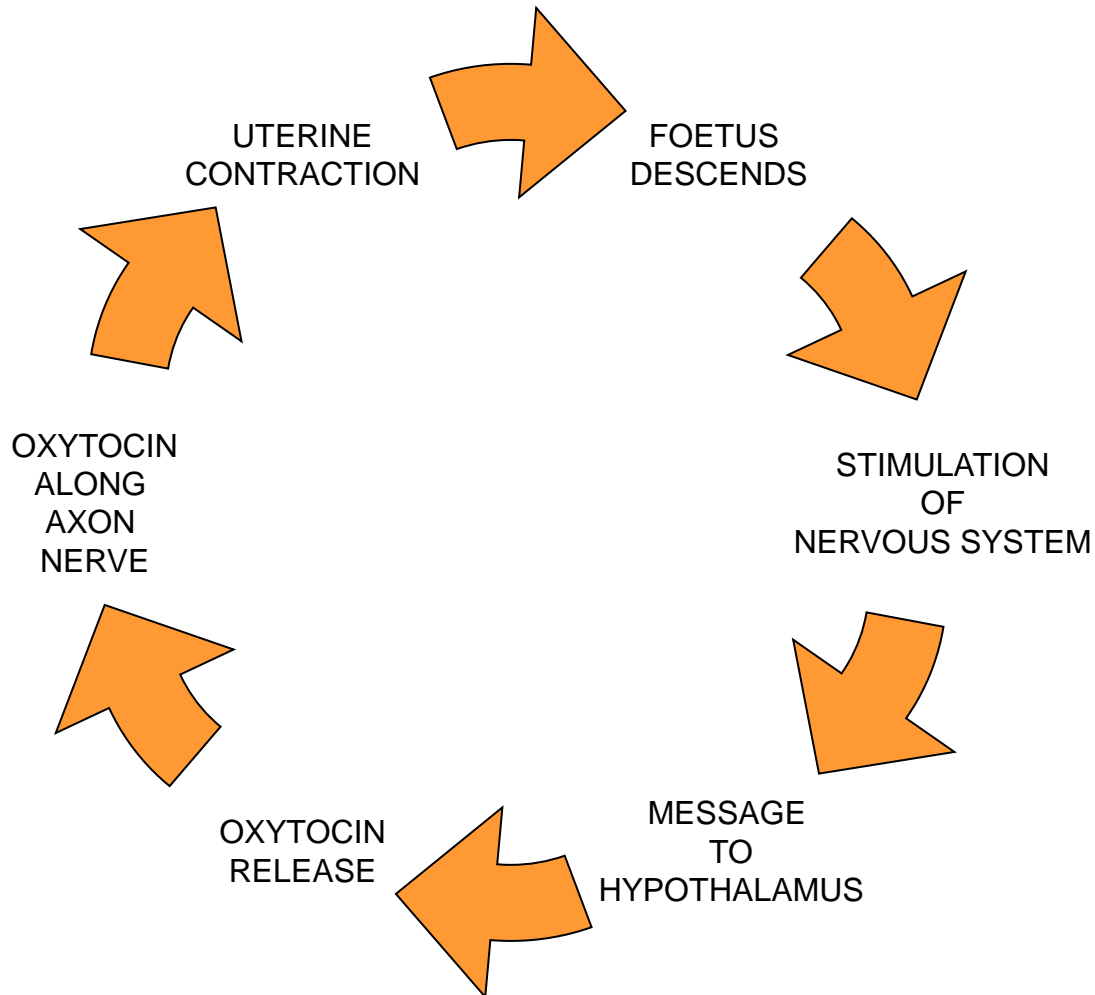
Creating the Ideal Mental State



Third trimester 27 to 34 weeks.

- The last few weeks of the pregnancy can be frustrating as it's now a waiting game, this is the time for the hypnotherapist to keep the clients mind occupied using relaxation, 'safe place', Manageable birth, reframe etc., ensuring to cover all eventualities (complication).
- Suggestions will be given to alter the perception of the contractions, from that of painful and prolonged to positive and manageable sensations.
- Birthing partners can be involved here, teaching them how to put their partner into the trance state and how to reinforce positive suggestions, throughout the labour, all of which can now be done by the installation of triggers and posthypnotic suggestions.

Oxytocin release in labour



The two main **actions** of **oxytocin** in the body are contraction of the womb (uterus) during **childbirth** and lactation. **Oxytocin** stimulates the uterine muscles to contract and also increases production of prostaglandins, which increase the contractions further.

Creating the Ideal Mental State

Labour - First stage

- when regular and persistent contractions begin the shortening and thickening of the uterus. This can take from between one to twenty-four hours
- Depending on the distance from the hospital the time to go in is when the contractions are about five minutes apart, or when the waters break whether or not there are contractions.
- If contractions start at night, practice self hypnosis (with CD) to get some sleep.
- If they begin during the day, carry on as normally as possible. Use of self-Hypnosis for relaxation during each contraction. Eating small amounts frequently is good and is a distraction. A nice soak in a warm bath is also calming and relaxing. So a time of gentle exercise with periods of rest is the aim of this early stage.
- Once in hospital continue to move about for as long as it feels right. Use preferred relaxation technique with each contraction. Birthing partner can support with this. Use CD.



Creating the Ideal Mental State

2nd STAGE OF LABOUR

- From full dilation to the birth of the baby
- From 2 minutes to 2 hours.
- Feelings: Rectal pressure, urge to push, crowning as the top of the head appears and does not retract between contractions. A great feeling of relief as the baby is born.

Management of 2nd stage

- Think of breathing the baby out with each contraction.
- Let the body do the pushing.
- Rest totally between contractions using Self-Hypnosis.
- Woman to adopt the most appropriate position for the feeling – it may be squatting, crouching, resting on hands and knees or lying on her side.



Creating the Ideal Mental State

3rd STAGE OF LABOUR

This is from the birth of the baby to the complete delivery of the placenta (afterbirth). If left to the natural, drug-free method it may take up to 2 hours to complete this stage. Continue with self hypnosis.



A Natal Hypnotherapy Childbirth

DVD

So..... how do we do it?



Suggested Course Plan

If you are dealing 1:1 normally Initial Consultation (I/C) then 3/4 sessions (See Course Plan Options)

Initial Consultation

- Usual Introduction
- Information gathering, usual plus expected birth date, expectations, type of birth etc.
- Client metaphors
- How the Brain works
 - The Intellectual Brain 'knows what to do and how to do it'
 - The 'Bucket' and REM
 - Technical explanations of how the body mind system works at optimum when anxiety is controlled
 - The role of positively. 'Getting the picture'. Chemical response. Oxytocin
 - The physiology of discomfort/pain
 - Explanation of Rewind if appropriate
- The Plan
- Give CD (Basic CD)

Initial Consultation

Case Study

Suggested Course Plan

1st Session

- Usual introduction
- Check listening to CD
- Revision. Could talk about rewind if appropriate
- Scaling
- Miracle Question / Reframe Picture
- On the Couch / Chair...
- Scripting options:
 - Relaxation
 - PHS for Self-Hypnosis using Colour *(with suggestions to practice)*
 - 'Safe Place' e.g. The Beach
 - Framing 'That picture'
- The 'Goodbye'. Reassurance
- Scaling:
 - 0 – In a pickle
 - 10 – On top of things.

Happy. Enjoying your pregnancy. Doing all the things you know you should be doing. Keep it General!

The best sleep position during pregnancy is "SOS" (sleep on side). Even better is to sleep on your left side. Sleeping on your left side will increase the amount of blood and nutrients that reach the placenta and your baby

Suggested Course Plan

2nd Session

- Usual introduction
- Check listening to CD and practicing Self-Hypnosis using Colour
- Revision. Including rewind if appropriate
- Scaling
- Miracle Question / Reframe Picture
- On the Couch / Chair
- Scripting options:
 - Relaxation
 - PHS for Self-Hypnosis using Colour
 - 'Safe Place'
 - General suggestions and
 - Framing 'That picture'
- *If it is a 'Rewind' session then the scripting would be adapted accordingly*
- Give Childbirth CD
- The 'Goodbye'. Reassurance

Suggested Course Plan

3rd Session

- Usual introduction
- Check listening to CD and practicing Self-Hypnosis using Colour
- Ask for details of Birth Plan
- Revision
- Scaling
- Miracle Question / Reframe Picture
- On the Couch / Chair
- Scripting options:
 - Relaxation
 - PHS for Self-Hypnosis using Colour
 - 'Safe Place'
 - General suggestions and
 - Suggestions for 'easy birth'
- The 'Goodbye'. Reassurance

Suggested Course Plan

4th Session

- Usual introduction
- Check listening to CD
- Ask for latest details of Birth Plan/Administration
- Revision (So important)
- Scaling
- Miracle Question / Reframe Picture

- On the Couch / Chair.....
- Scripting options:
 - Relaxation
 - PHS for Self-Hypnosis using Colour
 - 'Safe Place'
 - General suggestions and
 - Suggestion for easy birth
 - Framing 'The detail' and 'That picture'

- The 'Goodbye'. Reassurance

Suggested Course Plan

5th Session (if necessary)

- More of the same.....

Course Plan Options

Plan Options

Month 4 – Average Anxiety

- Initial Consultation
- Session 1 (I am always here!)

- Month 7/8

- Session 2
- Session 3
- Session 4

Month 7 – Average Anxiety

- Initial Consultation
- Session 1
- Session 2
- Session 3
- Session 4

Course Plan Options

Month 3/4 – Average Anxiety

- Initial Consultation
- Session 1
- Session 2 (Rewind)
- Session 3

Month 5/6

- Session 4

Month 8

- Session 5
 - Session 6
- } Could be half sessions

Ahhh...



Maya



Caspar



Maia



Noah

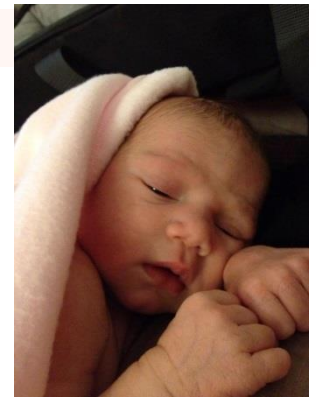


Connor



Cameron

Any questions???



Password to Access Handouts for

Self-Hypnosis Childbirth CPD

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