



HYPNOBIRTHING®: THE MONGAN METHOD

What is HypnoBirthing®?

HypnoBirthing® is an antenatal education programme based on evidence, preparing mothers and their families for birth which also provides positive outcomes ante- and postnatally. Course materials include a professionally produced text book and CD for the mother and course handouts and DVD for use in class as well as a structured course manual and certified training programme for the teacher.

The relaxation and breathing techniques taught are life skills that have a positive impact on the health and wellbeing physically and mentally of all who practice them. Therefore, benefiting the birth partner and wider family members who engage with the pregnancy as well as mother and baby. The ongoing ability to control mental wellbeing (e.g. relaxing to control temper and mood) as well as physical health (e.g. relaxing to reduce blood pressure) have wide reaching implications.

What does HypnoBirthing® do?

- Teaches breathing techniques for deep relaxation and fear release to overcome inhibitions
- Reduces the need for medication and intervention
- Educates about physiology, healthy lifestyles and natural starts to labour
- Increases self-confidence and positive feelings of empowerment

What is the impact for mothers and their families?

- Labours are shorter, less painful and require less intervention including less inductions
- Women experience higher levels of satisfaction, faster recovery, better bonding and feeding
- Babies have higher APGAR scores, are calmer, feed and sleep better
- Birth partners are actively involved, improving bonding and confidence

What is the financial impact of HypnoBirthing® for the NHS?

HypnoBirthing® could provide dramatic cost savings for the NHS in a number of ways:

- Reducing the length of labour, interventions and duration of hospital stay
- Reducing antenatal complications and admissions by improving mother-baby bonding, responsibility for health resulting in improved growth and birth weight
- Reducing postnatal admissions due to improved natural birth outcomes and faster recovery
- Increasing breastfeeding rates so reducing neonatal admissions
- Improving the long term health and well being of mothers and babies impacting on health and social care budgets with associated effects on educational attainment and social standing

HypnoBirthing® could be the fastest way of improving birth outcomes whilst reducing cost for the NHS.

HypnoBirthing® is already offered on the NHS in some areas of the UK.

An RCT is underway in England.



What is the impact for the NHS?

“Parent Education should be seen as a key opportunity for health promotion messages these should include:” (points taken from the NHS revision of antenatal guidelines draft syllabus, p19)

- **The use of positive language**
HypnoBirthing® embodies a positive approach to the natural ability of women’s bodies and their instinctive ability to birth by removing negative or frightening language and replacing with empowering words that utilise a woman’s own strength and ability.
- **Confidence building**
Any willing participant can benefit from HypnoBirthing®. Mothers are taught that by controlling their mind they can control their body. The skill of deep relaxation is a skill for life and can affect mental health (e.g. improve ability to control emotions) as well as physical health (e.g. reduce blood pressure). Learning to relax and develop self-control are valuable parenting skills. It is an inclusive educational course relevant to all walks of society.
- **Adopting strength based approach**
Whatever the method of birth, the relaxation skills and education about physiology and the birth process generally leaves women feeling satisfied and empowered by the outcome. ‘Special Circumstances’ (‘complications’ in medical language) are not viewed as negative and do not have to be dis-empowering.
- **Promote positive parent child attachment**
Developing a strong mother – baby – partner bond is an important component of HypnoBirthing® and skills to support this are at the heart of class work and the CD of affirmations. The birth partner is given an active role to aid bonding, relaxation and preparation for birth.
- **Promoting a positive attitude to self**
By assuming from the outset that a woman’s body is capable of carrying and birthing a baby, HypnoBirthing® builds an empowering image of a woman’s ability and capability throughout the course which extends far beyond the birth itself empowering her as a mother in the long term.
- **Allowing for the exploration of what is right for individuals and their personal situations set within a backdrop of both positive and negative influences such as media, extended family, peers**
HypnoBirthing® has been in existence for over 20 years and was created to counteract the negativity surrounding birth. Classes offer opportunities to discuss and consider personal views towards birth with the aim of exploring individual attitude and developing a positive approach. Women do not have to rely on family or peer experiences of HypnoBirthing® because it is relatively new so it can be offered within the context of a ‘clean break’ educational approach.
- **Opportunistic brief intervention**
For vulnerable women and their families HypnoBirthing® may provide the opportunity to articulate problematic areas in their lives. HypnoBirthing® could provide a vehicle to reach out to vulnerable women beyond traditional methods.



HypnoBirthing® is based on evidence

'Our study provides support for the use of hypnosis to aid in preparation of obstetric patients for labour and delivery. The reduction of complications, surgery, and hospital stay show direct medical benefit to mother and child and suggest the potential for a corresponding cost-saving benefit.'ⁱ

2001 American Journal of Family Practice

Effect of hypnosis on length of labour

- Multiple studies have found reductions in the length of labour
 - from 3 hours for prim gravid and 1 hour for multi gravid women for active labourⁱⁱ.
 - 6h 21 m for hypnosis patients and 9h 45m for control groupⁱⁱⁱ.
 - 2-3 hrs^{iv} and up to 8hrs shorter than normal^v.
- RCT used language "controlled carefully for the purpose of advancing the birth process" and found a statistically significant reduction in the lengths of the first and second stages of labour.^{vi}
- Women reported feeling more satisfied with labour and reported other benefits of hypnosis such as reduced anxiety and help with getting to sleep.^{vii}

Effect of hypnosis on the use of medication for pain relief

- Multiple studies have found a reduction in the use of medication
 - 55% (n=45) of hypnosis group required no medication compared with 22% (n=90)
 - 58% (n=850) using hypnotic analgesia required no medication
 - 60-79% required no medication^{viii}
- A retrospective American survey noted an epidural rate of 18% in first time mothers using hypnotism where the hospital average was 40-95%.^{ix}

Effect of hypnosis on the rates of intervention

- An American study (n=200) used hypnotherapy to turn breech babies. 81% turned spontaneously with 50% requiring only 1 session of hypnotherapy. 26% of the control group turned spontaneously and a further 20% used ECV^x.
- Multiple studies show reduced rates of intervention using hypnosis
 - 0% of the hypnosis group (n=22) required surgery and 54.5% experienced complications compared with 54.5% requiring surgery and 77.3% experiencing complications in the control group (n=22).^{xi}
 - 84% (n=38) of hypnosis group delivered without caesarean, forceps or vacuum and the study (n=60) reported higher APGAR scores and reduced medication.^{xii}

Postpartum

- RCT (n=42) of teenagers reported only 1 patient in the hypnosis group had a hospital stay of more than two days compared with 8 patients in the control group.^{xiii}

Postpartum Depression

- An American hypnotist provided 5 x 30-minute sessions to 600 women and found a virtual absence of postpartum depression, compared to the typical rates of 10-15%. Women with a history of postpartum depression did not develop this condition, even though an estimated 50% eventually do.^{xiv}



Ongoing Research

An RCT is taking place in East Lancashire conducted by the NHS and Central Lancashire University.

References

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