

CHILDBIRTH – HYPNOSIS RESEACH

1998

Schauble, Paul G.; Werner, William E. F.; Rai, Surekha H.; Martin, Alice (1998). Childbirth preparation through hypnosis: The hypnoreflexogenous protocol. *American Journal of Clinical Hypnosis*, 40 (4), 273-283.

A verbatim protocol for the "hypnoreflexogenous" method of preparation for childbirth is presented wherein the patient is taught to enter a hypnotic state and then prepared for labor and delivery. The method provides a "conditioned reflex" effect conducive to a positive outcome for labor and delivery by enhancing the patient's sense of readiness and control. Previous applications of the method demonstrate patients have fewer complications, higher frequency of normal and full-term deliveries, and more positive postpartum adjustment. The benefit and ultimate cost effectiveness of the method are discussed.

1993

Jenkins, M. W.; Pritchard, M. H. (1993). Hypnosis: Practical applications and theoretical considerations in normal labour. *British Journal of Obstetrics and Gynecology*, 100, 221-226.

This important, well controlled and large N study assessed effects of hypnotherapy on the first and second stages of labor in 126 primigravid women with 300 age-matched controls, and 136 parous women having their second baby with 300 age- matched controls. Only women undergoing spontaneous deliveries were included. Six sessions of hypnosis were used. The mean length of first stage labor in primigravid women was 6.4 hours after hypnosis and 9.3 hours in the control group ($p < .0001$), and the mean length of the second stage was 37 minutes and 50 minutes, respectively ($p < .001$). In the parous women, the corresponding times were 5.3 hours and 6.2 hours ($p < .01$), and 24 and 22 minutes (not significant). The use of analgesic agents was significantly less ($p < .001$) in both hypnotized groups compared with their controls.

1990

Edelmann, R. J. (1990). The treatment of infertility by hypnosis: A note of caution. [Comment/Discussion] .

A case report recently published in this journal by Maden (1989) appeared to suggest that six weekly sessions of hypnosis were responsible for facilitating conception in a woman with unexplained infertility. The present paper argues that Maden's report presented no evidence for this claim and no rationale for why hypnosis might be effective as a treatment for unexplained infertility. Both deserve a far more thoughtful and systematic investigation" (p. 184).

Harmon, Teresa M.; Hynan, Michael T.; Tyre, Timothy E. (1990). Improved obstetric outcomes using hypnotic analgesia and skill mastery combined with childbirth education. *Journal of Consulting and Clinical Psychology*, 58, 525-530.

Studied the benefits of hypnotic analgesia as an adjunct to childbirth in 60 nulliparous women. Subjects were divided into high- and low-susceptibility groups before receiving six sessions of childbirth education and skill mastery using an ischemic pain task. Half of the subjects in each group received a hypnotic induction at the beginning of each session; the remaining control subjects received relaxation and breathing exercises typically used in childbirth education. Both hypnotic subjects and highly susceptible subjects reported reduced pain. Hypnotically prepared births had shorter Stage 1 labors, less medication, higher Apgar scores,

and more frequent spontaneous deliveries than control subjects' births. Highly susceptible, hypnotically treated women had lower depression scores after birth than women in the other three groups. The authors believe that repeated skill mastery facilitated the effectiveness of hypnosis in the study.

McLintock, T. T.; Aitken, H.; Downie, C. F.; Kenny, G. N. (1990). Postoperative analgesic requirements in patients exposed to positive intraoperative suggestions. *British Medical Journal*, 301 (6755), 788-790.

Sixty-three women undergoing elective abdominal hysterectomy were randomly assigned to a tape of positive suggestions or a blank tape during the operation. Anesthesia was standardized for all of the women. Postoperative analgesia was provided through a patient-controlled analgesia system for the first 24 hours. Pain scores were recorded every 6 hours. The outcome measures were morphine consumption in the first 24 hours and pain scores. Mean morphine requirements were 51.0 mg in women who were played positive suggestions, and 65.7 mg in those played a blank tape ($p = 0.028$). Pain scores were similar in the two groups. It was concluded that intraoperative suggestions seem to have a positive effect in reducing patients' morphine requirements in the early postoperative period.

Tiba, Janos (1990). Clinical, research and organizational aspects of preparation for childbirth and the psychological diminution of pain during labour and delivery. *British Journal of Experimental and Clinical Hypnosis*, 7 (1), 61-64.

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Studied patients in Hungary and arrived at the following conclusions:

1. Hypnotizability of women coming for hypnosis preparation for birth is higher than non-pregnant women.
 2. Primagravidas score higher than women having second child.
 3. High hypnotizables have virtually painless delivery "if they are prepared for birth" and can maintain medium depth during birth.
 4. Even highly hypnotizable women require sensory imaginative techniques and anaesthesia suggestions to maintain hypnosis throughout the process.
 5. "Continuous hypnosis throughout delivery for analgesic reasons is questionable."
 6. Benefits of hypnosis include "favourable effect on the course of birth, on reducing pain during birth, on the subjective judgement of birth and on developing positive experiences."
 7. Imaginative ability is higher than in a non-pregnant group, and increases with progression of pregnancy.
 8. Author developed "a complex psychophysical preparation for birth integrating the imaginative capacity, hypnosis and the preparation of husbands together with their wives has been developed."
- The author recommends that followup studies investigate whether hypnotizability and imaginative capacity really increase during pregnancy.

1988

Omer, H.; Darnel, A.; Silberman, N.; Shuval, D.; Palti, T. (1988). The use of hypnotic-relaxation cassettes in a gynecologic-obstetric ward. In Lankton, S. R.; Zeig, J. K. (Ed.), *Research, comparisons and medical applications of Ericksonian techniques* (pp. 28-36). New York: Brunner-Mazel.

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They did three studies in which they gave women having gynecologic procedures tapes with a Rapid Induction Analgesia hypnosis experience.

STUDY 1. Women heard tapes before a painful Fallopian tube procedure (salpingography). The patients reported less pain, tension, anxiety, and fear than control patients. (N.B. Physicians' ratings did not show that difference.)

STUDY 2. Women practiced with the tapes at home before labor and delivery. One day after delivery, there was no difference in pain report or experience report between treated and control patients.

STUDY 3. Women used the tapes during labor. They reported worse pain and labor experiences than the control patients.

The authors conclude that their research does not support the hypothesis that Rapid Induction Analgesia is useful for acute pain.

1987

Venn, Jonathan (1987). Hypnosis and Lamaze method--an exploratory study. *International Journal of Clinical and Experimental Hypnosis*, 35, 79-82.

Literature on obstetrical hypnosis includes the hypotheses (a) that the ideal form of childbirth preparation would combine hypnosis with didactic education and (b) that Lamaze and natural childbirth methods are essentially the same thing as hypnosis. In the present study, 122 parturient women self-selected into three groups: Lamaze-only, hypnosis-only, and Lamaze-plus-hypnosis. Amount of medication, duration of labor, self-ratings, and nurses' ratings were used as dependent measures of pain and satisfaction. Treatment groups were compared by analysis of variance, and correlation coefficients were obtained between the dependent variables and scores on the SHCS. Neither hypnosis, Lamaze, nor a combination of the 2 emerged as a superior form of treatment. The SHCS scores were moderately correlated ($r = .55$) with self-ratings that Lamaze had lessened pain during delivery. This may suggest a functional similarity between hypnosis and Lamaze, but the present study suffered a number of methodological problems and alternative explanations are discussed.

Omer, Haim; Friedlander, Dov; Palti, Zvi (1986). Hypnotic relaxation in the treatment of premature labor. *Psychosomatic Medicine*, 48, 351-361.

Hypnotic relaxation was used as an adjunct to pharmacologic treatment with 39 women hospitalized for premature contractions in pregnancy. The control group received medication alone and consisted of 70 women. Treatment was started at the time of hospitalization and lasted for 3 hr on the average. Patients were also given cassettes with a hypnotic - relaxation exercise for daily practice. The rate of pregnancy prolongation was significantly higher for the hypnotic - relaxation than for the medication- alone group. Infant weight also showed the advantage of the hypnotic - relaxation treatment. Background variables of the two groups were compared and it was shown that they could not have explained the treatment effect obtained.

Wideman, Margaret V.; Singer, Jerome E. (1984). The role of psychological mechanisms in preparation for childbirth. *American Psychologist*, 39, 1357-1371.

Psychoprophylactic (Lamaze) preparation for childbirth consists of six to eight classes held during the last trimester of pregnancy. These classes include instruction in the anatomy and physiology of gestation and parturition, respiration techniques, controlled neuromuscular relaxation, visual focusing, and the training of a labor coach. Although the techniques are based upon psychological principles, they have remained largely unstudied by either psychologists or physicians. This article presents a brief history of the development of

the training regimen and critically examines the few empirical studies that have been conducted. Because explanations for the efficacy of the preparation, if it exists, are equivocal, literature on the explicit components of the training--that is, information, respiration techniques, conditioned relaxation, cognitive restructuring, and social support--in situations other than child delivery are reviewed and their implications for the Lamaze method discussed. However, because there exist several, more implicit factors that may affect the type of child delivery a prepared woman experiences, the literature concerning social comparison, the effects of commitment and conformity, perceived control, and endorphin secretion are also discussed as they may apply to psychoprophylactic preparation. Problems associated with the study of childbirth preparation are presented, and suggestions for the direction of future research are made.

1982

Werner, William E. F.; Schauble, Paul G.; Knudson, Marshall S. (1982). An argument for the revival of hypnosis in obstetrics. *American Journal of Clinical Hypnosis*, 24, 149-171.

Available research, clinical reports, and extensive personal experience demonstrate that hypnosis, and especially the hypnoreflexogenous technique, facilitates the mother's comfort in pregnancy, labor, and delivery; is superior to the use of chemicals or other psychophysical methods as the primary aid in childbirth; and results in lasting benefit for the mother, the child, and the family as a whole. Prior to delivery, with the patient in hypnotic trance, a verbal conditioning technique is used that (1) neutralizes the fear of delivery with a positive emotion that exalts maternity as a sublime experience, (2) substitutes the uterine contraction concept for the pain concept, and (3) presumably lowers the excitability of the cortex by psychological sedation. While hypnosis experienced a temporary decrease in popularity due to a number of misconceptions, there has been renewed and promising application of hypnosis to obstetrics and other areas of medicine.

1980

Fuchs, K.; Paldi, E.; Abramovici, H.; Peretz, B. A. (1980). Treatment of hyperemesis gravidarum by hypnosis. *International Journal of Clinical and Experimental Hypnosis*, 28 (4), 313-323.

Nausea and vomiting are the most common complaints in the first trimester of pregnancy. Hyperemesis gravidarum presents a unique challenge to the obstetrician trained in medical hypnosis. Between the years 1965-1977, 138 women suffering from extremely severe vomiting in the first trimester of pregnancy were successfully treated by medical hypnosis. 87 patients were treated in groups and 51 received individual therapy. The results with patients in group hypnotherapy were markedly better than those with patients in individual hypnotherapy. With group hypnotherapy, hospitalization was not necessary; treatment [sic] was given to a number of patients simultaneously and the women felt safer and less lonely. The common motivation of the patients consolidated the psychotherapeutic effect. This made treatment easier and more efficient.

1975

Samko, Michael R.; Schoenfeld, Lawrence S. (1975). Hypnotic susceptibility and the Lamaze childbirth experience. *American Journal of Obstetrics and Gynecology*, 121, 631-6.

This study explored the relationship between childbirth training and hypnotic susceptibility. A multiple linear regression analysis was performed on the various medical and attitudinal variables related to the subjects' Lamaze childbirth experience and these were tested against hypnotic susceptibility. The results of

the analysis indicate that hypnotic susceptibility is not significantly related to Lamaze training, nor is it significantly related to the type of childbirth experience that a Lamaze trained woman has.

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Subjects used in this experiment (N = 55) were women who had received Lamaze training within the last two years, and had delivered only one child. The HIP was administered to find a score of hypnotizability and the women were given two questionnaires. The first of the questionnaires sought demographic and medical information, the second was an attitude questionnaire about her childbirth. A third questionnaire was given to the attending physician. "The correlations between hypnotic susceptibility and the physician's rating of how successful he felt the subject's use of the Lamaze technique ($r = 0.12$) and the physician's rating of how helpful he found the mother's use of the Lamaze technique was to delivery ($r = 0.17$) were both nonsignificant" p. 634).

1969

Rock, Nicholas; Shipley, Thomas; Campbell, Colin (1969). Hypnosis with untrained, nonvolunteer patients in labor. *International Journal of Clinical and Experimental Hypnosis*, 17, 25-36.

20 nonvolunteer, untrained Ss were individually hypnotized during active labor and compared with 18 controls selected by the same criteria and receiving the same obstetrical treatment. Hypnotized Ss required less medication and obtained greater relief of pain than the controls. The time involved in induction of hypnosis was only 20 min., and the total time added by hypnotic procedures was only 45 min. longer than the regular care of the control group. It was concluded that hypnosis can be used easily on nonvolunteer, untrained patients in active labor, even in a noisy environment, without any serious sequelae. (Spanish & German summaries) (16 ref.) (PsycINFO Database Record (c) 2002 APA, all rights reserved)

1961

Cheek, David B. (1961). Value of ideomotor sex-determination technique of LeCron for uncovering subconscious fear in obstetric patients. *International Journal of Clinical and Experimental Hypnosis*, 9, 249-259.

Author's Summary

Unrecognized subconscious fears can be uncovered while using ideomotor questioning with a Chevreul pendulum or with finger signals. The technique described by LeCron for evaluating knowledge regarding the sex of an unborn child is a most helpful way of approaching subconscious fears. The frightened patient refuses to indicate knowledge of the sex of her unborn child. Uncovered fears can be resolved by appealing to conscious-level understanding with adroit questioning" (p. 258).

1955

Kline, Milton V.; Guze, Henry (1955). Self-hypnosis in childbirth: A clinical evaluation of a patient conditioning program. *Journal of Clinical and Experimental Hypnosis*, 3 (3), 142-147.

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The author reports use of self hypnosis for childbirth by 30 patients. Many required no drugs or greatly reduced drugs. The obstetricians usually had no prior experience with hypnosis and were cautious in providing medication at the earliest sign of discomfort.

"Summary. A two year experimental study of the use of self-hypnosis in childbirth has indicated its general

effectiveness for virtually all the patients who received this type of pre-natal preparation. Although problems of selecting patients capable of utilizing this method have not been discussed in detail in this paper, it must be understood that this study depended upon a patient population selected on the basis of specific psychological characteristics which were indicative of both the judiciousness and effectiveness of self-hypnosis for obstetrics.

"Within the limits set by these selective characteristics, which in themselves may be greatly broadened by further study, self-hypnosis as a means of patient participation in childbirth appears to have very great merit. It is a method that lends itself to simple administration and can be extended to many more patients than any other hypnotic approach. It minimizes the need of the obstetrician to utilize time and effort in patient conditioning without sacrificing any of the advantages of hetero-hypnotic techniques. Its use on a larger scale than reported upon here, with more exacting investigative techniques, seems clearly indicated" (pp. 146-147).

Kroger, William S. (1953). Hypnotherapy in obstetrics and gynecology. *Journal of Clinical and Experimental Hypnosis*, 1 (2), 61-70.

Author's Summary

A high percentage of gynecologic complaints [sic] are due to psychic factors. Therapeutic efforts, therefore, must be directed primarily toward the psychologic component. Until recently, the principal weapon of the dynamically oriented physician was orthodox psychoanalysis. However, the increased interest for a relatively rapid approach has demonstrated the diagnostic and therapeutic value of hypnoanalysis. This development has been concomitant with the psychoanalyst's [sic] interest in 'brief psychotherapy' and narcosynthesis.

"In many functional gynecologic disorders, hypnoanalysis has supplanted the parent therapy even though this form of treatment utilizes the concepts of dynamic psychiatry.

"The relevant literature on the use of hypnotherapy in functional obstetrical and gynecological disorders has been reviewed.

"Significant areas for research have been pointed out.

"This review emphasizes that hypnosis *_per se_* is only of value in obtaining symptomatic relief. On the other hand, hypnoanalysis elicits the responsible dynamics behind the symptom, and is effective in reaching all aspects of the personality.

"Hypnoanalysis will be more applicable in obstetrics and gynecology when there is a wider acceptance of its techniques" (p. 68).