PAIN MANAGEMENT

RELAXATION / COMFORT MEASURES

HYPNOTHERAPY

Key words: non-pharmacological, labour analgesia, hypnobirthing, hypnosis, labour pain, relaxation, hypnotherapy in labour

AIM

- To provide a safe, non-invasive, cost effective method of pain relief for women in labour.

BACKGROUND

Hypnosis is a state of attentive and focused concentration in which the person is relatively unaware of their surroundings.¹ The hypnotic or ‘trance-like’ state is characterised by the person’s increased receptivity to verbal and non-verbal suggestions.²

The effect of hypnosis is believed to be from the inhibition of higher analytic cortical centres and altered cerebral blood flow.³ When using relaxation methods, catecholamines are less likely to be released, and endorphins are more likely to be secreted supplying natural pain relief. The Gate-Control theory of pain suggests only a limited number of messages can be transmitted along the nerve pathways to the brain. The use of visualisation and breathing techniques is believed to reduce the capacity of the nerve pathways transmitting pain messages.⁴

Hypnosis during childbirth is mostly performed as self-hypnosis. During the antenatal period the hypnotherapist teaches the woman how to induce the hypnotic state during her labour.⁵

HYPNOBIRTHING

Hypnobirthing combines self-hypnosis with guided imagery to achieve a deep level of relaxation. The hypnobirthing antenatal classes usually commence late in the second trimester.¹ Instructors introduce terminology that promotes relaxation e.g. ‘pressure/sensation/surge’ words rather than incorporating words like ‘pain’.¹ The use of music, visualisation, and positive thoughts are incorporated aiming to eliminate the fear of childbirth.⁴

KEY POINTS

1. A small number of studies have assessed the use of hypnosis for labour and childbirth. A Cochrane review found insufficient evidence to make a judgement on the effectiveness of hypnosis for labour pain management.⁵ Whilst this intervention indicates some promise, further research is needed before being recommended for clinical use.⁵
2. Successful hypnosis is more effective if women are well prepared antenatally.²

3. Hypnosis is associated with a shortened first stage of labour, a reduction in oxytocin augmentation, increased incidence of women delivering spontaneously, and higher Apgar scores.²

**CONTRAINDICATIONS FOR HYPNOSIS**

Avoid the use of hypnosis for women with:

- An inability to understand verbal directions³
- Existing psychopathology*;¹ Severe psychiatric illness, such as paranoia or delusions³
- Undiagnosed, untreated medical illness* presenting with pain³
- No belief in the benefit of hypnosis³
- Epilepsy³
- Drug or alcohol intoxication³
- Cardiac or respiratory problems³

*Note: Due to the increased risk for severe side effects, including psychosis exacerbation, some women with particular mental health conditions may require mental health professional consultation regarding whether hypnosis is suitable or contraindicated.¹

**SUPPORTING WOMEN PRACTICING HYPNOSIS OR HYPNOBIRTHING**

- Provide a quiet, peaceful, low-stimulant environment¹ – this may include assisting the woman to play music or hypnotic suggestion tapes.³ Advise all personnel who may enter the room the woman is practicing hypnosis. A sign on the Labour and Birth Suite room door may be beneficial.
- Assist women by giving suggestive reminders in labour or positive affirmations as needed.³
- Refrain from interrupting the woman during contractions.
- Support the woman’s autonomy and right to participate in her care. Maintain open non-judgemental communication so needs and expectations can be expressed between the woman, her support partner and staff, forming a collaborative approach to care.¹
- The woman’s affective cues to labour progress may be masked, so observe for objective measures of labour progress and be prepared for unexpected progression in dilation and descent.¹

**DOCUMENTATION**

Document the use of hypnosis therapy on the MR250 Integrated Progress Notes.
REFERENCES / STANDARDS


National Standards – 1- Care Provided by the Clinical Workforce is Guided by Current Best Practice; 2- Partnering with Consumers and/or Carers to Design the Way Care is Delivered to Better Meet Patient Needs and Preferences

Legislation - Nil
Related Policies - WNHS Policy W107 Use of Complementary Therapies

RESPONSIBILITY

Policy Sponsor: Nursing & Midwifery Director OGCCU
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