



HypnoBirthing Outcomes & Research Articles



**An Evidence Based Antenatal
Program**



WHAT IS HYPNOBIRTHING – THE MONGAN METHOD

The Gold Standard of Childbirth Education

HypnoBirthing® is a rewarding, relaxing, stress-free method of birthing that is based on the belief that when a mother is properly prepared for birthing physically, mentally, and spiritually, she can experience the achievement of birthing her baby in an easier, more positive and comfortable way.

HypnoBirthing® is as much a philosophy as it is a technique that introduces hypnosis, a naturally induced state of relaxed concentration in which we communicate suggestions to our subconscious mind. This part of our mind influences what we think, how we feel and the choices we make. Almost anyone who chooses to can reach deep relaxation and redirect their focus. Birthing becomes a calm, relaxed experience, without the fear and tension that cause pain. The body's natural anaesthesia (endorphins) will replace the stress hormones that create pain, and when it's time for baby to be born, the mother is empowered, confident and peaceful.

Establishing Best Practice in Australia

- Consistent 5 x 2.5 hour class format (because we know it works this way)
- Worldwide success, reputation & research behind our brand
- Celebrating 25 years – 16 years in Australia
- Practitioners hold the Gold Seal – certification by the HypnoBirthing® Institute
- Close to 160 practitioners in Australia and growing rapidly
- Australian Faculty Members & Steering Committee as the leadership team.
- Accreditation with the ACM attracting midPLUS points
- Affiliated with peak associations such as the Australian Hypnotherapy Association (AHA), and the Hypnotherapy Council of Australia
- The program is running in 4 Australian hospitals with more coming on board
- The program has been updated for Australia to reflect the Australian Maternity Model of Care

Founded by Marie Mongan

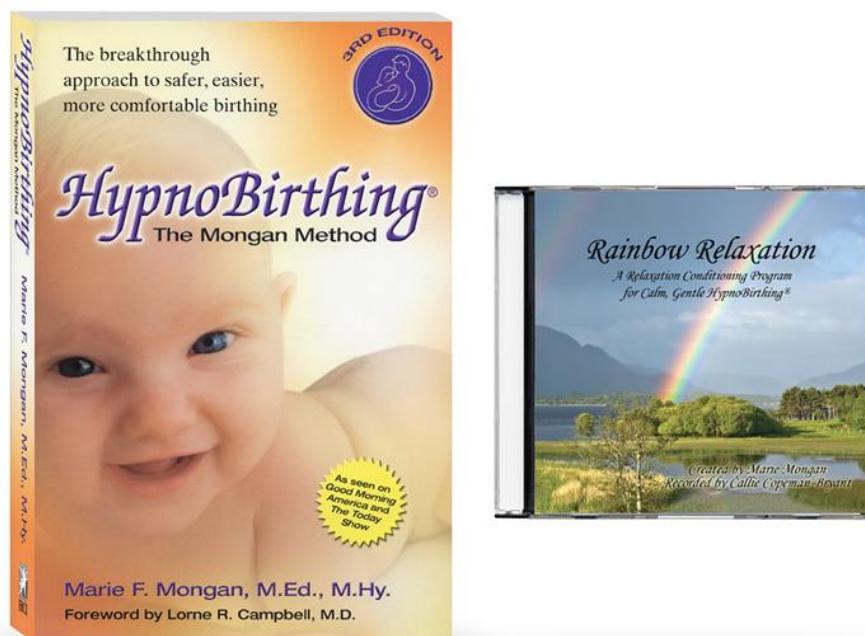
Marie "Mickey" Mongan, founder of HypnoBirthing® is a woman who has devoted her entire life to working with women of all ages, and in all walks of life. Through her book and the HB method, she shares the conviction of her own personal birthing experience and her sensitivity to the emotional and spiritual needs of birthing women.

Mickey is an award-winning therapist with over 30 years' experience in counseling and teaching on the college level and in the private sector. She holds several awards in hypnotherapy, including the National Guild of Hypnotists President's Award and the coveted Charles Tebbets Award. In 2005, she became the first woman ever to receive the Guild's highest honor, the Rexford L. North Award.

Early in her career, she was named one of five outstanding educational leaders in New Hampshire. And, in 1992, she taught in Moscow as a diplomat for the Bridges for Peace Foundation.

She is the mother of four adult children, born in the mid-50's and early '60's, using the theories on which HypnoBirthing® is based.

- HypnoBirthing is recognised worldwide as a leading program in childbirth education & preparation.
- HypnoBirthing is recognized and taught in 45 countries with fully certified and trained practitioners
- HypnoBirthing practitioners in the UK have been recognized for their excellence. The Federation of Antenatal Educators (FEDANT) announced that HB practitioners are now eligible for inclusion in the FEDANT Registry of Birth Professionals.





WHAT WE TEACH

Session 1: Building A Positive Expectancy

1. Introduction to the remarkable HypnoBirthing® philosophy
2. How your body has the perfect design to give birth naturally.
3. What really goes on inside your body during contractions (Surges).
4. Why labour is generally portrayed as such a negative event.
5. The vocabulary for calm and gentle birthing.
6. The effect that fear has on the birthing body.
7. How Hypnosis and deep relaxation help.
8. A breathing technique that quickly brings you into a state of relaxation.
9. How to build a positive expectancy about your birth.

Session 2: Falling in Love With Your Baby/Preparing Mind & Body

1. Prenatal bonding techniques that allow baby to already feel part of the family.
2. Rapid and instant self-relaxation and deepening techniques.
3. How to breathe with each surge so that they are comfortable
4. Visualisations that you can use to make birthing easier.
5. Selecting the right care provider and the birth companions role
6. Preparing your body for healthy birthing with nutrition, massage & toning.

Session 3: Advanced Visualisation & Deepening

1. Labour & birthing visualizations & deepening techniques.
2. Understanding your due date and preparing your birthing preferences.
3. Special circumstances that require the attention of your caregiver.
4. How to avoid and artificial induction of labour.
5. Methods to bring about a natural start to labour.
6. What to expect during the last few weeks and how your body will work with you.
7. Clear yourself of any anxieties, limiting beliefs or fear surrounding birth.

Session 4: Overview of Childbirth—A Labour of Love

1. The onset of labour - what to expect. Birth explained simply
2. What to do when you arrive at your chosen birthing location.
3. What you will feel / sense as labour moves along.
4. How the birth companion can help and be a real part of the birth.
5. Natural measures to restart labour.
6. Mentally rehearse your birth and how you envisage it being.

Session 5: Birthing—Breathing Love, Bringing Life

1. Birthing positions that are right for you
2. Understanding the role of the baby and mother during the final phase of birth.
3. How to breathe your baby down instead of forcefully pushing.
4. Breastfeeding & Bonding

RESEARCHED OUTCOMES & ADVANTAGES

Data shows that HypnoBirthing® mums have:

- Fewer cases of pre-eclampsia/ dehydration
- Fewer interventions and surgical births
- Decreased use of oxytocics or AROM
- Shorter first and second-phase labor
- Fewer pre-term and low-weight babies
- Lessened or eliminated need for analgesia
- Happier and content mothers and babies
- Babies alert; able to nurse almost immediately
- Fewer cases of post-partum depression reported
- Infants with higher than average APGAR scores

HypnoBirthing Advantages

- Teaches deep levels of relaxation to eliminate the fear that causes tension, and therefore, pain.
- Greatly reduces and often eliminates the need for chemical painkillers and drugs
- Shortens the first phase of labour
- Leaves mother feeling, fresh, awake with energy
- Helps keep oxygen supplied to baby during birthing
- Reduces the need for an episiotomy
- Reduces and often eliminates fatigue during labour
- Empowers parents with techniques to achieve a gentle, calm birth for themselves and their baby
- Gives the birthing companion an integral role in the birthing
- Embraces the concept of pre-birth parenting
- Teaches breathing techniques that allow a woman to gently breathe her baby into the world without the violence of hard, physical pushing.

Two HypnoBirthing Outcomes Reports Published

1. Research published by Dr. Charles Swencionis and Sarah Litman Rendell, affiliated to Ferkauf Graduate School of Psychology, Yeshiva University and Albert Einstein College of Medicine, Dept of Psychiatry and Behaviour Medicine
Charles.Swencionis@einstein.yu.edu

Published in Birth Psychology Journal vol.27 issue2. Winter 2012 Outcomes of HypnoBirthing.

A collection of data from the HypnoBirthing Institute resource 2009 (1110 participants) and data from the National Vital Statistics Report USA for 2009 (Martin et al) comparatively.

Outcomes included less intervention, fewer medical inductions, less IV fluids, less continuous fetal monitoring, less Pitocin infusion, fewer artificial rupture of membranes, fewer IV/IM anesthesia, fewer episiotomies, fewer epidural anesthesia, fewer caesarean sections, less frequent use of obstetricians, more frequent use of midwifery care, less use of hospitals, more use of home and birthing centers, more

use of a wider variety of birthing positions, self-selection was a major factor of the findings.

2. Second research paper submitted BMJ in August 2012 by Dr Julie Phillips Moore.

Published in British Journal of Midwifery Vol.20, No 8, August 2012
Birthing Outcomes from an Australian HypnoBirthing Programme

During the period 2007 – 2010 a questionnaire was sent to 145 couples, 107 responded and only participants with vaginal births were considered for the study 81, and nine had more than one birth making that a total of 90.

Outcomes report length of labour was shorter, caesarean sections lower, as was gas and epidurals, lower incidences of preterm birth and low birth weight infants; 81 participants; 46 did not use pain relief and 2 did not experience pain. The references to the birth reports by the HypnoBirthing Institute in this report have been superseded by the outcomes quoted by Swencionis (2012).

Women attending the HypnoBirthing programme demonstrated similar results to those found in other research in hypnosis for childbirth. However, the findings also demonstrated some added benefits of HypnoBirthing. The majority of women reported feeling more confident, relaxed, less fearful, focused, and more in control. They also commented on the ease and comfort of labour and birth and the satisfaction of having their partners involved and supportive.

More Research and Articles

The following research papers explore the relationship between fear of childbirth (FOC), longer labours, higher caesarean rates and a woman's satisfaction of a birthing experience.

Adams SS, Eberhard-Gran M, Eskild A. Fear of childbirth and duration of labour: a study of 2206 women with intended vaginal delivery. *BJOG*. 2012; 119(10):1238-1246.

Melender H-L. Experiences of fears associated with pregnancy and childbirth: a study of 329 pregnant women. *Birth* (Berkeley, Calif.). 2002; 29(2):101.

Ryding EL, Wijma B, Wijma K, Rydhström H. Fear of childbirth during pregnancy may increase the risk of emergency cesarean section. *Acta Obstetricia et Gynecologica Scandinavica*. 1998; 77(5):542-547.

Saisto T, Salmela-Aro K, Nurmi JE, Könönen T, Halmesmäki E. A randomized controlled trial of intervention in fear of childbirth. *Obstetrics and Gynecology*. 2001; 98(5):820-826.

Sydsjö G, Bladh M, Lilliecreutz C, Persson A-M, Vyöni H, Josefsson A. Obstetric outcomes for nulliparous women who received routine individualized treatment for severe fear of childbirth - a retrospective case control study. *BMC Pregnancy and Childbirth*. 2014; 14:126.

Furthermore, women reporting a long and painful labour or operative birth contributing to a subjective traumatic childbirth experience are at increased risk of developing post-natal depression.

Creedy D, Shochet I, Horsfall J. Childbirth and the development of acute trauma symptoms: Incidence and contributing factors. Birth-Issue Perinatal Care. 2000; 27(2):104-111.

Gamble J, Creedy D, Moyle W, McAllister M, Dickson P, Webster J. Effectiveness of a counseling intervention after a traumatic childbirth: A randomized controlled trial. Birth. 2005; 32(1):11-19.

The Australian Mother's and Babies Report 2012 records that Australia's caesarean rate was 32% of all live births. Despite a recommendation from the WHO on 2010 that a caesarean section rate should not exceed 15% Australia's C-Section rate remains one of the highest in the world.

Gibbons L, Belizan JM, Lauer JA, Betran AP, Merialdi M, Althabe F. The Global Numbers and Costs of Additionally Needed and Unnecessary Caesarean Sections Performed per Year: Overuse as a Barrier to Universal Coverage. World Health Report, World Health Organisation. 2010; Background Paper,(No. 30) Available from: <http://www.who.int/healthsystems/topics/financing/healthreport/30C-sectioncosts.pdf>.

Hilder L, Zhichao Z, Parker M, Jahan S, Chambers G. Australia's Mothers and Babies Report 2012 In: Perinatal Statistics Series Cat. no. PER 69. Canberra: AIHW; 2014 [cited June 3rd]. Available from: <http://www.aihw.gov.au/mothers-and-babies-publications/>.

Fenwick J, Toohill J, Creedy DK, Smith J, Gamble J. Sources, responses and moderators of childbirth fear in Australian women: a qualitative investigation. Midwifery. 2015; 31(1):239-46.

Multiparous women are shown to be less fearful than primiparous women in studies completed in Australia, Scandinavia and USA. However, 24% of all pregnant women experienced FOC to some degree in an Australian study by Toohill et al. 18% of multiparous women in Australia had high levels of FOC. A previous experience of an operational birth was a factor in multiparous women with an increase of FOC in the following pregnancy. Recent studies have aimed to address interventions that may reduce FOC. Downe et al (2015) investigated self-hypnosis in childbirth and have been successful in supporting the use of HypnoBirthing® in the NHS in the UK.

Downe S, Finlayson K, Melvin C, Spiby H, Ali S, Diggle P, et al. Self-hypnosis for intrapartum pain management in pregnant nulliparous women: a randomised controlled trial of clinical effectiveness. BJOG. 2015.

Toohill J, Fenwick J, Gamble J, Creedy DK. Prevalence of childbirth fear in an Australian sample of pregnant women. BMC Pregnancy and Childbirth. 2014; 14:275.

Fenwick J, Gamble J, Nathan E, Bayes S, Hauck Y. Pre- and postpartum levels of childbirth fear and the relationship to birth outcomes in a cohort of Australian women. Journal of Clinical Nursing. 2009; 18(5):667-677.

Fenwick J, Gamble J, Creedy DK, Buist A, Turkstra E, Sneddon A, et al. Study protocol for reducing childbirth fear: a midwife-led psycho-education intervention. BMC Pregnancy and Childbirth. 2013; 13:190.

Klabbers GA, Wijma K, Paarlberg KM, Emons WHM, Vingerhoets AJJM. Treatment of severe fear of childbirth with haptotherapy: design of a multicenter randomized controlled trial. BMC Complementary and Alternative Medicine. 2014; 14:385.

Studies investigating the effects of HypnoBirthing® to reduce pain in labour have been inconclusive. Many studies to date have been small and underpowered. There has also been a large variation in the type of hypnosis training that mothers received. It has been difficult to find significant results supporting HypnoBirthing® for these reasons.

Madden K, Middleton P, Cyna AM, Mathewson M, Jones L. Hypnosis for pain management during labour and childbirth. In: Cochrane Database of Systematic Reviews: John Wiley & Sons, Ltd; 2012.

Cyna AM, Andrew GL, McAuliffe MI. Hypnosis for pain relief in labour and childbirth: A systematic review. British Journal of Anaesthesia. 2004; 93(4):505-511.

Gayeski ME, Brüggemann OM, Monticelli M, dos Santos EKA. Application of Nonpharmacologic Methods to Relieve Pain during Labor: The Point of View of Primiparous Women. Pain Management Nursing. 2014; (0)

Earlier Research into Hypnosis and Hypnosis in childbirth:

Harmon, T.M., Hynan, M.T., Tyre, T.E., Improved Obstetric Outcomes Using Hypnotic Analgesia and Skill Mastery, J of consult Clinical Psychol., 1990, October; 58 (5): 525-30

Jenkins, M.W., Pritchard, M.H., Hypnosis: Practical Applications and Theoretical Considerations in Normal Labour. Br. J Obstet Gynaecol. 1993, Mar; 100 (3)

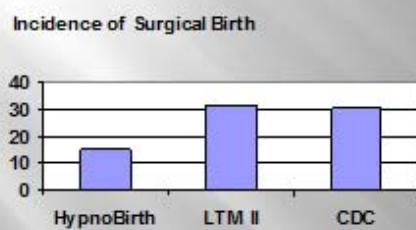
Martin, A.A, Schauble, P.G., Rai S.H., Curry, R.W. Jr. The Effects of Hypnosis on The Labor Processes and Birth Outcomes of Pregnant Adolescents. J. Fam. Pract. 2001

Risk of Respiratory Morbidity in Term Infants Delivered by Elective Caesarean Section Perinatal Epidemiology Research Unit Aarhus University Hosp. Dec. 2007, Denmark.

Villar, J. Valladares, E., etal, WHO Global Survey in Latin America. Cesarean Delivery Rates and Pregnancy Outcomes, 2005

HypnoBirthing® Outcomes

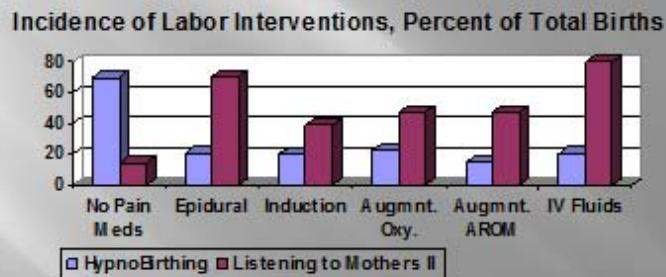
Sampling: 806 (US births only). Comparison Groups: New York Maternity Association (LTM II); Center for Disease Control (CDC)



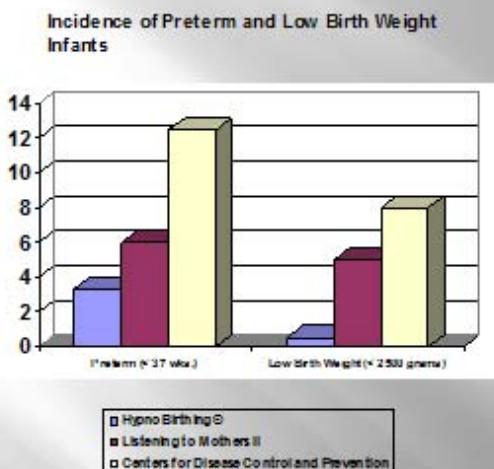
15.5% of US HypnoBirthing® (HB) mothers birthed via Cesarean section, compared to 32% of the mothers in LTM II. The CDC reported the Cesarean rate for all births in 2005 was 30.2%. Data does not differentiate between primary and repeat Cesareans.

Labor interventions:

HypnoBirthing® mothers used far fewer interventions during their labors than other mothers.



"Induction" refers to the induction by meds, AROM, or sweep



Incidence of preterm and low - birth weigh infants:

HypnoBirthing mothers reported a lower incidence of preterm births and low-birth weight infants than that reported by LTM II and the CDC.

Satisfaction: Nearly all HypnoBirthing mothers indicated they were satisfied or highly satisfied with HypnoBirthing, and many reported labors of 3 to 5 hours following arrival in hospital.



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