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# Hypnobirthing

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Speciality: Maternity

Approval body: Labour Ward Forum

Approval date: July 2018

Date of Review: July 2021

## **Hypnobirthing**

### **Information for midwives involved in the care of women who choose to use this technique**

#### **Definition**

Hypnotherapy is merely the use of words, it also incorporates a philosophy of working with nature. Antenatally it teaches simple techniques that are claimed to have a profound impact including reducing the need for pain relief and shortening labour.

#### **Antenatally**

Women planning hypnobirthing will often write a birth plan stating that interventions and vaginal examinations are kept to a minimum. In pregnancy it is therefore helpful to have a discussion with the woman (carefully documenting conclusions) about whether routine care (as defined in the pathway) is likely to be declined. If this is likely clear identification of the risks and benefits should be included in a plan that is signed by the midwife and the woman. Usual time parameters of labour should be discussed, especially when failure to progress in the first and second stage will be diagnosed. Again, if women are unlikely to be following clinical advice, careful documentation and appropriate referrals will need to be undertaken.

#### **Intrapartum**

##### **Assessment**

Hypnobirthing mothers are usually calm and therefore a midwife can be confused and think she is not in established labour. Mothers doing hypnobirthing can be in very well-established labour but still remain calm and have a perfectly coherent conversation. They may not wish to come to the phone when a phone call is made to the unit when labour commences. Please be cautious, if there is any likelihood from the verbal history that the lady is in active labour please arrange an assessment by a midwife.

##### **First stage**

Birth plans may state that interventions and vaginal examinations are kept to a minimum. All interventions will need to be clearly explained and justified to the women, she has the right to decline but the discussion (including risks and benefits ) will need to be carefully documented, if this has not been undertaken antenatally.

Birth plans can state - "If you have any questions please direct them to my birth partner".

This can be difficult for the midwife but if it is clearly documented in a birth plan then the midwife will need, wherever possible, to attempt to follow her request. If there is an emergency situation, then direct communication will always be required. Pregnant women who read literature about hypnobirthing or attend classes will be aware of this.

### Second stage

Birth plans can state - "We would particularly request that no coaching is given during the second stage of labour and all conversation is kept to the absolute minimum.

Women practising hypnobirthing will have to be encouraged not to bear down in the "rest and be thankful stage", when her cervix may be fully dilated but an urge to push is not present. Even when pressure is felt, focused breathing is used, breathing that is not forced downwards but *focused downwards*, hypnobirthing encourages following primal instincts. **When considering if the women is showing signs of being fully dilated, the midwife caring for a women using hypnobirthing will need to be sensitive to more subtle changes in the women's demeanour.** If there is any doubt, and a vaginal examination is recommended, ensure the rationale is explained and documented, whether the women agrees to the vaginal examination or not.

### Post birth

Unrestricted skin-to-skin. Women may make an informed decision not to have an active management of the third stage and routine vitamin K administration to their baby, this is their choice, although, as will all decisions risks and benefits should be documented as they are explained.

## Maternity Services

### Checklist for Clinical Guidelines being Submitted for Approval by Maternity Quality & Safety Group

Title of Guideline:	Hypnobirthing
Name(s) of Author:	Sarah Fox, Consultant Midwife
Chair of Group or Committee supporting submission:	Labour Ward Forum
Issue / Version No:	Version 2
Next Review / Guideline Expiry:	3 years
Details of persons included in consultation process:	Labour Ward Forum
Brief outline giving reasons for document being submitted for ratification	3 yearly review
Name of Pharmacist (mandatory if drugs involved):	
Please list any policies/guidelines this document will supercede:	Hypnobirthing Version 1
Please indicate key words you wish to be linked to document	Hypnobirthing; technique; pain relief
Date approved by Maternity Quality & Safety Group:	
File Name: Used to locate where file is stores on hard drive	