

## Hypnosis May Reduce Pain, Complications of Labor

An article from [Medscape](#)

NEW YORK (Reuters Health) Jun 13 - Self-hypnosis during childbirth may ease some of the pain of labor, lower the risk of medical complications and reduce the need for surgery, study results suggest.

Hypnotherapy has been shown to reduce pain and the need for anesthesia, as well as ease anxiety and fear during childbirth, Dr. Paul G. Schauble and colleagues note in the *Journal of Family Practice* for May. The use of hypnosis during pregnancy to prepare women for delivery may be key since it gives them a sense of control, they say.

To investigate, the researchers, who are at the University of Florida in Gainesville, assigned 42 pregnant teenagers to receive either counseling or four sessions of instruction in self-hypnosis for childbirth. Teens in the hypnosis group learned deep relaxation and imagery techniques to help them cope with pain. They also received suggestions to help them respond to possible complications and boost their confidence in their ability to manage anxiety.

According to the report, only 1 of 22 patients in the hypnosis group remained in the hospital longer than 2 days after delivery, compared with 8 of 20 patients who did not learn self-hypnosis. None of the patients in the hypnosis group needed surgical intervention, compared with 60% of those in the non-hypnosis group.

In addition, fewer patients in the hypnosis group experienced complications such as high blood pressure or vacuum-assisted delivery, opted for medical anesthesia or oxytocin, or required medication after delivery.

"This study provides empirical data demonstrating that the use of hypnosis in preparing pregnant women for labor and delivery reduces the risk of complications, decreases the need for medical intervention...and promotes safer, more comfortable delivery for mother and child," Dr. Schauble told Reuters Health. "We anticipate this will lead to a reduction in the costs involved in childbirth."

J Fam Pract 2001;50:441-443.

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And here's the abstract of a study of women giving birth in South Wales, which found that hypnotherapy shortened the first and second stages of labour. For women having their first babies, the first stage was reduced from an average of 9.3 hours to 6.4 hours, and the second stage from 50 minutes to 37 minutes on average. The differences for women having their second or later children were less dramatic, but it was still significant.

## **Hypnosis: practical applications and theoretical considerations in normal labour**

*Jenkins MW, Pritchard MH.*

*Br J Obstet Gynaecol 1993 Mar;100(3):221-6*

**OBJECTIVE:** To assess the effects of hypnotherapy on the first and second stages of labour in a large group of pregnant women.

**DESIGN:** A semi-prospective case control study in which women attending antenatal clinics were invited to undergo hypnotherapy.

**SUBJECTS:** One hundred twenty-six primigravid women with 300 age matched controls, and 136 parous women having their second baby with 300 age matched controls. Only women who had spontaneous deliveries were included.

**SETTING:** Aberdare District Maternity Unit, Mid Glamorgan, Wales.

**INTERVENTION:** Six sessions of hypnotherapy given by a trained medical hypnotherapist during pregnancy.

**OUTCOME MEASURES:** Analgesic requirements, duration of first and second stages of labour.

**RESULTS:** The mean lengths of the first stage of labour in the primigravid women was 6.4 h after hypnosis and 9.3 h in the control group ( $P < 0.0001$ ); the mean lengths of the second stage were 37 min and 50 min, respectively ( $P < 0.001$ ). In the parous women the corresponding values were 5.3 h and 6.2 h ( $P < 0.01$ ); and 24 and 22 min (ns). The use of analgesic agents was significantly reduced ( $P < 0.001$ ) in both hypnotised groups compared with their controls.

**CONCLUSION:** In addition to demonstrating the benefits of hypnotherapy, the study gives some insight into the relative proportions of mechanical and psychological components involved in the longer duration of labour in primigravid women.

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