



Short Communication

The characteristics of women who use hypnotherapy for intrapartum pain management: Preliminary insights from a nationally-representative sample of Australian women



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ABSTRACT

Objectives: This manuscript presents a preliminary examination of the characteristics of women who choose intrapartum hypnosis for pain management.

Design: Cross-sectional analysis of 2445 women (31–36 years) from a sub-study of the Australian Longitudinal Study on Women's Health (ALSWH), employing Fisher exact tests.

Setting: Australia.

Main outcome measures: Use of intrapartum hypnosis, or hypnobirthing, for pain management during labour and birth.

Results: Women using hypnobirthing were more likely to have consulted with an acupuncturist or naturopath, or attended yoga/meditation classes during pregnancy ($p < 0.0001$). Use of CM products such as herbal medicines, aromatherapy oils, homoeopathy, herbal teas or flower essences ($p < 0.001$) was also more common amongst these women. Women choosing hypnotherapy for intrapartum pain management less commonly identified as feeling safer knowing that an obstetrician is providing their care ($p < 0.001$), and were more likely to labour in a birth centre or in a community centre (i.e. at home).

Conclusions: This analysis provides preliminary analysis into an as yet unexamined topic in contemporary maternity health service utilisation. The findings from this analysis may be useful for maternity health professionals and policy makers when responding to the needs of women choosing to use hypnotherapy for intrapartum pain management.

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Key message

Women who use hypnosis for intrapartum pain management are more likely to be consulting with complementary medicine practitioners and utilising CM products. It is less common that these women feel safer knowing that an obstetrician is providing their care.

1. Introduction

There has been a substantial focus from maternity care providers to the reduction of women's discomfort during childbirth in high

income countries.¹ As a result, existing antenatal preparation and educational strategies target the pain-management options available to women with particular emphasis placed on pharmacological interventions.¹ However, there is evidence of a strong and growing interest in the community for nonpharmacological intrapartum pain management choices including those offered by complementary medicine (CM).¹

Alongside support for an expansion of choices for women to manage pain during childbirth, including further integration of CM, there is an acknowledgement of the importance of psychological outlook in the perception of, and response to, labour pain. Dr. Grantly DickRead, an obstetrician from the 1950s, described the 'fear-tension-pain' syndrome as the underlying cause for women's experience of pain in childbirth.² The practice of hypnosis during the antenatal and intrapartum period – also known as 'hypnobirthing' – to minimise women's levels of fear and thereby reduce pain has grown from his work and achieved both interest

Abbreviations: CM, complementary medicine.

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and controversy amongst women, maternity care providers and researchers.³

Women using hypnosis during the antenatal and intrapartum periods report lower levels of fear and anxiety during labour compared with levels expected prior to labour; however, no difference in the use of epidural has been found.^{4,5} They also report a more positive experience of childbirth,⁶ fewer emergency and more elective caesarean sections.⁷

There is a dearth of research examining women who are already actively choosing hypnobirthing to manage pain during childbirth. In response, this research presents the analysis of a large nationally-representative sample of women to identify the characteristics of women who report using hypnobirthing as part of their intrapartum pain management.

2. Material and methods

The Australian Longitudinal Study on Women's Health was established in 1996 and was designed to examine demographic, social, physical, psychological and behavioural variables and their effect on women's health and wellbeing. Women from the younger Australian Longitudinal Study on Women's Health cohort (born 1973–1978) ($n = 8,012$) and who identified in the 2009 Australian Longitudinal Study on Women's Health survey as being pregnant or having recently given birth were invited to complete a sub-study in 2010 ($n = 2445$). The sub-study survey examined demographic factors, maternity health service use CM use, and attitudes and perceptions towards maternity care and CM. To determine the characteristics of women who used hypnobirthing as intrapartum pain management, Fisher exact tests were used to compare categorical variables. A modified Bonferroni correction was used to compensate for multiple testing, through which statistical significance was set at $p = 0.001$. Missing data resulting from respondents not answering questions were excluded from the analysis.

3. Results

The survey was completed by 1835 women; a response rate of 79.2%. Of the 1348 women who answered the questionnaire item regarding the use of hypnobirthing as intrapartum pain management ($n = 1348$), 54 (4.0%) women indicated using hypnobirthing for their most recent birth. There were no significant differences in socio-demographic profile between women who used hypnobirthing and those who did not (data not shown).

Women who reported using hypnobirthing were more likely to have consulted with an acupuncturist or naturopath, or to have attended yoga/meditation classes ($p < 0.001$) (Table 1). They were also more likely to have used a range of CM products/treatments including herbal medicines, aromatherapy oils, homoeopathy, herbal teas, and flower essences, as well as practising yoga/meditation at home ($p < 0.001$).

Women using hypnobirthing less commonly identified with feeling safer during birthing knowing that an obstetrician is providing care ($p < 0.001$). Birthing in a birth centre or at home was more common, whilst birthing in a private hospital was less common amongst women who used hypnobirthing ($p < 0.001$). Public hospital birth rates were no different across the two groups.

4. Discussion

This study presents the first profile of women who choose to use hypnobirthing for intrapartum pain management. The characteristics identified through this study indicate women employ a range of CM during pregnancy and are engaging with CM practitioners from a range of disciplines. As hypnobirthing principles emphasise

birth as a natural process, it may be that women using hypnobirthing actively seek health professionals with aligned views towards maternity care. The increased prevalence of consultations with acupuncturists and naturopaths may also indicate that practitioners from these professions are referring or recommending hypnotherapy to women in their care. However, despite calls to the contrary,⁸ the approach to maternity care taken by CM practitioners remains unexamined. Alternatively, women choosing hypnotherapy may be more inclined to seek CM therapies as it aligns with their own concepts of health and personal values.

The women who identified as using hypnobirthing were less likely to report feeling safer knowing that they have an obstetrician supporting them. The focus of hypnosis-based antenatal preparation often includes pregnancy and birth as a natural physiological process which should not be approached with fear.² In contrast, obstetric physicians have been described as applying a 'technocratic' paradigm to birth which embraces risk as a dominant feature,⁹ with research showing obstetricians prefer pharmacological pain relief methods.¹⁰ The potential perceived dissonance between the views of these two groups may result in women who use hypnotherapy during labour feeling uncertain as to whether an obstetrician will provide care which respects their choices and views regarding pregnancy, labour and birth.

The place where women birthed appears to be related to their use of hypnotherapy for intrapartum pain management. Women who birthed in a private hospital were much less likely to use hypnotherapy during birth. This finding may be due to the specific environmental requirements for successful use of hypnotherapy, including quiet surroundings, dim lights, warm room and privacy,¹¹ which may not be supported in private hospital settings. The model of care commonly employed in private hospitals in Australia may also conflict with the use of hypnotherapy whereby supporting the natural physiological mechanisms of birth to avoid additional intervention is emphasised.¹¹ In contrast, women who birth in community or through a birth centre were much more likely to use hypnotherapy. Both of these environments support women's control over their birth environment with features which more readily facilitate the use of hypnotherapy and a positive birth experience.¹² Birth in a public hospital stood apart from the other two birth places as there was no significant difference in the use of hypnotherapy. This may be because of the diversity in the characteristics of women birthing in a public hospital,¹³ and as such suggests not only staff and environment but also women's preferences may underpin the relationship between use of hypnotherapy and birth place.

The findings from this analysis need to be interpreted with caution; despite the nationally representative sample, the cross-sectional study design limits the ability to determine causality between variables. The small number of women who reported accessing hypnotherapy to manage labour pain is a further limitation, impacting on statistical power and the ability to control for confounders through logistic regression. However, this limitation has been accommodated in part by the use of the Fisher exact test. Lastly, the Australian Longitudinal Study on Women's Health 1973–78 cohort is by definition restricted to a specified age range. As such, the results from this study may only represent women aged 31–36 years, which is older than the average age of birthing women in Australia (30 years).¹³

The findings from our analysis should not be interpreted as definitive characteristics but rather a preliminary insight into an as yet unexamined aspect of contemporary maternity care. Maternity care practitioners may benefit from consideration of some of these findings when providing care to women who identify as intending to use, or are currently using, hypnotherapy for intrapartum pain management.

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