

Incorporating hypnosis into midwifery



Hypnosis is beneficial for midwives as well as mothers, as **Ursula James** explains

Every midwife is aware of the importance of ensuring that women have as positive an experience of pregnancy and childbirth as possible. With a first-time mother, or someone who has had a difficult previous experience, memories or others' negative stories will affect their expectations.

Clinical hypnosis, which is a state of focused concentration combined with deep physical relaxation, can be incorporated into midwifery at all states, to enhance fertility (Levitas et al 2006), to help manage pain (Marc et al 2007), hyperemesis gravidum (Stanford 1994)

reducing hypertension (Smith 1989) and alleviating sleep problems, and also by way of preparation for labour itself. One area in which the use of clinical hypnosis is often overlooked is in the ways in which it can benefit you – the midwife.

Incorporation not separation

I make a distinction here. I am not talking about HypnoBirthing (which is a very specific technique) but clinical hypnosis – the use of a clinical tool by skilled and informed midwives for the benefit of the individual patient. I am often concerned when HypnoBirthing is discussed as though

Five minutes of self-hypnosis will provide positive and life-affirming suggestions to set you up for the day

it were identical to clinical hypnosis. It is not. When clinical hypnosis is taught to midwives it is within the context of their midwifery experience, and as such allows the practitioner to incorporate their midwifery skills, rather than use them separately from the technique.

In France, under the pseudonym of Sophology, clinical hypnosis has been offered and taught to pregnant women for the past 100 years. It is time for midwives to

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I am not a midwife; I am an educator, teaching doctors at 11 medical schools in the medical applications of clinical hypnosis

be formally taught this process, ensuring both the safety of the woman and the use of appropriate techniques only. Otherwise, women will choose to consult hypnotherapy practitioners who do not have any formal training in obstetrics and are unaware of the techniques and processes of modern midwifery. My concern is that such practitioners may create unrealistic expectations in women, making problems rather than alleviating them.

Professional use of clinical hypnosis always starts with the practitioner. A calm, focused and positive midwife will automatically instil these qualities into their patients. If you are stressed, tired, or otherwise not functioning at full capacity, this in turn will affect your state of mind and that of your patients. You can learn self-hypnosis as a quick and effective way to de-stress, and to let go of frustrations or irritations from the day. Doing this in bed just before you fall asleep will take up no time at all, and allow you to fall into a natural sleep without taking your stress into your dreams with you – and potentially waking unrefreshed the following day. Additionally, five minutes of self-hypnosis in the morning, before your body is fully awake, will provide

you with positive and life-affirming suggestions to set you up for the day.

Flexibility

Discovering the benefits of this process for yourself is the most effective way of ensuring that you will deliver hypnosis to your patients with confidence and assurance of success. Taught well, clinical hypnosis is an excellent addition to all aspects of midwifery. You can make CDs mp3 files for your patients, or use professionally recorded ones such as those available from my website. You can use 'informal' hypnosis techniques to encourage your patients to take positive action for themselves – much more effective than straightforward instruction, in most cases. You can use formal hypnosis, which incorporates a relaxation session into the process which is beneficial in itself. Individual fears and concerns can be addressed while the woman is in this focused state, and positive suggestions made for future. The most useful aspect of this technique is its flexibility, allowing the midwife to select the most appropriate type of sessions, and either incorporating them directly into visits or providing group or individual sessions.

Study constraints

Like all talking therapies, clinical hypnosis continues to suffer from the potentially insurmountable problem of adherence to the constraints of controlled trials. There have been numerous studies over the years on the use of Mind/Body techniques and the potential application of clinical hypnosis (Beddoe and Lee 2008) and

hypnobirthing (Phillips-Moore 2005).

Unfortunately, most of these do not adhere to the double- or single-blind process expected in order to be accepted by the National Institute for Health and Clinical Excellence (NICE) for its guidelines, making

it difficult to validate the techniques in practice. This is not to say, however, that the studies are inconclusive or poorly conducted.

I am not a midwife; I am an educator, teaching doctors at 11 medical schools throughout the UK in the medical applications of clinical hypnosis. This is the principal reason why I have worked with Denise Tiran of Expectancy, a skilled midwife and complementary therapies lecturer, to create a module on clinical hypnosis in midwifery. This module is for midwives only and will give a broad education in clinical hypnosis as a personal tool, as well as how to incorporate it into all stages of pregnancy. **TPM**

Ursula James is Visiting Teaching Fellow at Oxford University Medical School, Honorary Lecturer at Barts and the London Medical School, and Chair of the Medical School Hypnosis Association.

■ Visit www.ursulajames.com for more information or call 020 7262 1659.

◆ For information on the clinical hypnosis module for midwives taught by Ursula James, go to www.expectancy.co.uk or call Denise Tiran on 08452301323.

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