



Birth has the potential to be one of the most wonderful experiences of our life. Childbirth is a natural physiological process that a woman's body is fully equipped for. Each birth is unique, and easibirthing® is about empowering you to manage your individual experience, not fear it.

We train you to use self-hypnosis, relaxation, visualisation and breathing methods to prepare mind and body for birth. The easibirthing® method teaches you how to use hypnosis for pain management and aims to boost your trust in your body so you enter labour feeling calm, confident and in control.

This is about reaching a state of deep relaxation, maintaining perception of control over the process and developing a positive attitude. It is about changing your expectation of birth so that you help rather than hinder the natural process, and develop valuable life skills for parenthood.

### **What are the benefits of using the 'easibirthing'® method?**

- Reduce or eliminate fear
- Produce pervasive relaxation
- Significantly diminish or eliminate the need for medication; thereby eliminating its risks and post-delivery effects for both mother and child
- Increase the rate of spontaneous vaginal birth, reducing the need for intervention
- Shorten the period of labour; by reducing anxiety during each stage
- Make it possible the management and control of sensations of discomfort
- Promote a steady recovery
- Foster and increase positive emotions during the entire birth process
- Help you create of an experience which has positive memories attached
- Reduce incidence of post-natal depression
- Stimulate and maintain a strong energy level into the post-delivery phase
- Promote lactation for breast-feeding
- Calmer, more laid-back baby

### **About the Facilitator**

Sharon Mustard has been a fully qualified Psychotherapist, Hypnotherapist and Counsellor since 1997. She has also been a qualified Life Coach since 2004. She has had an established and reputable practise for over 16 years; and has day and evening clinics based in Salisbury, Wiltshire.

Sharon is a mother of three, and successfully employed the 'easibirthing®' model with the births of her children.

**Advanced courses held locally on a continual basis at The Quaker Meeting House, 51 Wilton Road, Salisbury. Classes Saturdays 10-1:15pm (2 days) or 10-5.30pm (1 day)**

**Free Workshops held in Salisbury District on the 1st Tues of each month 7.30-9pm**

For details of either, contact Sharon Mustard on 01980 623089 or email [sharon@easibirthing.co.uk](mailto:sharon@easibirthing.co.uk)

### **Extended effects of anxiety on children**

Children whose mothers experienced significant stress or anxiety during pregnancy have a greater vulnerability to psychological problems, even 10 years later, according to a study conducted at the University of Bristol headed by O'Connor in 2005.

Analysis of stress hormone levels (cortisol) in 10-year-old children has provided the strongest evidence yet that prenatal anxiety may affect the baby in the womb in a way that carries long-term implications for well-being.

The study suggests that fetal exposure to prenatal maternal stress or anxiety affects a key part of their babies' developing nervous system - leaving them more vulnerable to psychological and perhaps medical illness in later life.

The study, which involved 74 children, was part in the Children of the 90s project.

### **Reduction of anxiety using hypnosis**

Mothers who used hypnosis for anxiety and stress management had fetuses who moved in a much more active manner than a control group (Zimmer, Peretz, Eyal & Fuchs, 1988)

### **Hypnosis effects on turning foetuses from breech position**

One hundred pregnant women whose foetuses were in breech position at 37-40 weeks' gestation and a matched control group. 81% of breech babies were successful conversions to a vertex position compared with 48% in the control group. The success was thought to be down to psychophysiological factors which may influence the breech position. (Mehl, 1994)

### **Reduction in length of labour using hypnosis**

Jenkins and Pritchard (1993) found a reduction of 3 hours for prim gravid women (from 9.3 hours to 6.4 hours) and 1 hour for multi gravid women (from 6.2 hours to 5.3 hours) for active labour (262 subjects and 600 controls). Pushing was statistically shorter for first time mothers (from 50 min to 37 min). These women were more satisfied with labour and reported other benefits of hypnosis such as reduced anxiety and help with getting to sleep.

Abramson and Heron (1950) & Gallagher (2001) found a shorter first stage of labour for 100 women trained with hypnosis (by 3.23 hours) compared to a control group of 88 women.

Forty-five Hypnosis for Childbirth clients (first time mothers) had an average of 4.5 hours for the active labour, a significant reduction compared to the usual 9 hours. (Harmon, Hynan and Tyre, 1990)

### **Rates of Intervention**

Thirty-eight out of forty-five Hypnosis for Childbirth mums, delivered spontaneously without the use of caesarean, forceps or ventouse. This rate of 84% is higher than the average rate of normal birth for the general population of first time mothers. (Harmon, Hynan and Tyre, 1990)

## Medication use

Bobart and Brown Study (2002) using 72 mothers 36 of whom had received hypnotic training compared to a control group of 36 who delivered on the same day without such training:

	<i>Control Group</i>	<i>Hypnosis Group</i>
Regional anaesthesia	35(97%)	14 (38%)
Analgesia	27(75%)	2 (5.5%)
No anaesthetic or premedication	1 (2.7%)	22(61%)

At birth Baby Apgar scores are significantly higher.

In a British study, 55% of 45 patients (first and second time mothers) required no medication for pain relief. In the other non-hypnosis groups, only 22% of 90 women required no medication. Two research pieces reported on 1,000 consecutive births: 850 women used hypnotic analgesia resulting in 58 percent rate of no medication. Five other research pieces reported an incidence of 60 to 79 percent non-medicated births. (Harmon, Hynan and Tyre, 1990)

A meta-analysis compiling data from 14 studies that included more than 1,400 women showed that hypnosis reduces the need for drug pain relief in labour, lessens the need for medications that augment labour and increases the number of spontaneous vaginal births (Smith et al., 2006)

Harmon, Hynan and Tyre (1990) reported more spontaneous deliveries, higher Apgar scores and reduced medication use in a study of 60 women.

“A woman’s ‘self-efficacy for labor’ or confidence in her ability to cope has a powerful relationship to decreased pain perception and decreased medication/analgesia during labour. Anxiety is commonly associated with increased pain during labor, and may modify labor pain through psychological and physiologic mechanisms. “Fear of pain may be one component of labour related anxiety, and has a huge correlation with pain levels reported during first stage labor.” (Lowe, 2002)

## Postpartum depression

McCarthy (1998) provided five 30-minute sessions to 600 women and found a virtual absence of postpartum depression, compared to the typical rates of 10 to 15 percent. Women with a history of postpartum depression did not develop this condition, even though an estimated 50 percent eventually do. Harmon et al also reported lower depression scores in the hypnotically treated group.

Harmon et al (1990) reported a reduced incidence of postnatal depression in women who had been taught hypnotic analgesia for childbirth.

## *Effect of suggestions during labour*

Hao et al (1997) in China measured the effect of nursing suggestions to labouring women and recommends that the conversation of the nurses be "controlled carefully for the purpose of advancing the birth process". This randomized control trial examined 60 first time mothers with a matched control group of 60 first time mothers and found a statistically significant reduction in the lengths of the first and second stages of labour.

## Promoting lactation

Hypnosis can be used to promote and to suppress lactation (August, 1961; Cheek & LeCron, 1968; Kroger, 1977)