

Case Report

The Impact of Hypnotherapy on Shortening of Labor Stages: A Case Report



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ABSTRACT

Background and Objective: This case report examines the effects of hypnotherapy on labor duration and maternal well-being in a primigravida patient with childbirth-related anxiety.

Case Presentation: The patient, a 28-year-old woman, underwent 8 hypnotherapy sessions during the third trimester, with the final session occurring during active labor. Each session, based on Hammond's protocol, focused on deepening relaxation, managing pain, and enhancing coping strategies. The patient demonstrated a significant anxiety reduction, with a 69% decrease in Vandenberg pregnancy anxiety questionnaire (PRAQ) scores. Upon hospital admission at 8 cm dilation, labor progressed rapidly, and delivery completed within 30 minutes, suggesting that hypnotherapy may have contributed to a shortened labor.

Conclusion: The patient reported a positive childbirth experience, minimal discomfort, and effective postpartum recovery. These findings support the potential of hypnotherapy as a non-invasive approach to reduce anxiety and improve childbirth outcomes, although further research with larger samples is needed to generalize these results.

Keywords: Hypnotherapy, Labor, Pregnancy, Childbirth, Case Report

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Introduction

Childbirth is a significant event in a woman's life, often accompanied by various physical, emotional, and psychological challenges. Although it should be a joyful experience, many women face fears and anxieties during the process, particularly regarding labor pain. Research indicates that pain perception during childbirth is influenced by psychological, cultural, and physiological factors [1, 2]. Anxiety and fear can exacerbate pain, leading to prolonged labor and increased medical interventions [3, 4]. In response to these challenges, non-pharmacological approaches, such as hypnotherapy, have gained attention as a method to facilitate the labor process by mitigating pain and anxiety.

Hypnosis is increasingly recognized in medical contexts, including surgery and childbirth, for its ability to manage pain and anxiety without pharmacological interventions [5]. Hypnotherapy induces a trance-like state that promotes relaxation and mental focus, enabling individuals to manage discomfort and fear more effectively. Previous studies have demonstrated that hypnotherapy can reduce pain perception and enhance childbirth experience [6, 7]. Despite its growing popularity, more research is warranted to explore its role in labor and its potential to shorten the various stages of childbirth. This case report investigates the impact of hypnotherapy on a primigravida, aiming to examine whether hypnotherapy could reduce labor duration and improve the overall childbirth experience.

Case Presentation

The patient, a 28-year-old woman experiencing her first pregnancy, was referred to a private psychological clinic during the summer of 2023. She presented with significant anxiety related to childbirth, exacerbated by her fear of labor pain. Despite leading a healthy lifestyle and having no prior history of psychological or physical illness, her fear regarding labor led her to seek professional support.

The patient scored 5 out of 7 on the Spiegel eye-roll test for hypnotisability, indicating a strong potential for hypnotherapy. Throughout her pregnancy, she underwent 8 hypnotherapy sessions beginning in the third trimester. Each session lasted approximately 30 minutes and was led by a trained hypnotherapist, who provided a structured approach to address her anxiety and fear of childbirth.

Hypnotherapy protocol for labor preparation

The hypnotherapy protocol followed Hammond's (1990) model [8] and was implemented across 8 sessions, each lasting approximately 30 minutes. The final hypnotherapy session was conducted during labor. The key components of the protocol were as follows:

1. Session structure

- Each session was designed to build upon the previous one, gradually deepening the patient's trance state and enhancing her coping strategies.

2. Initial session

- **Introduction to hypnosis:** The patient was introduced to the concept of hypnosis and its potential benefits in managing labor pain. The hypnotherapist explained the process and addressed any concerns the patient may have had.

- **Relaxation techniques:** The session included guided relaxation techniques to help the patient stay calm and focused.

3. Subsequent sessions (2-7)

- **Deepening the trance:** Each session incorporated techniques such as progressive muscle relaxation and guided imagery to deepen the trance state.

- **Pain management strategies:** The hypnotherapist taught the patient-specific pain management strategies, including visualization and breathing techniques to use during delivery.

- **Mental imagery:** Techniques such as age progression were employed, allowing the patient to visualize herself successfully navigating childbirth reinforcing her confidence and control over the process.

- **Reinforcement of confidence:** Each session included positive affirmations and suggestions to enhance the patient's belief in her ability to manage labor effectively.

4. Final session (during labor)

- **Active labor support:** The final hypnotherapy session took place during active labor, where the hypnotherapist was present to provide mental and emotional support.

Table 1. Comparing PRAQ scores and its recovery percentage

Treatment Steps	PRAQ Scores
Baseline	24.41
The first session	26
The second session	33
The third session	40
The fourth Session	50
The fifth meeting	51
The sixth session	47
The seventh session	59
The eighth session	63
Recovery rate	0.69
General recovery	0.63

PRAQ: Pregnancy anxiety questionnaire.

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- **Enhanced coping strategies:** The patient demonstrated improved coping strategies and maintained a significantly calmer demeanor throughout labor.

- **Real-time adaptation:** The hypnotherapist adapted techniques to respond to the patient's evolving needs during labor, reinforcing relaxation and mental focus.

5. Monitoring progress

- **Anxiety measurement:** The patient's anxiety levels were assessed using the Vandenberg pregnancy anxiety questionnaire (PRAQ) [9] at the beginning and end of the 8 sessions to track improvements.

Vandenberg anxiety questionnaire

The PRAQ (1989) measures fear and worries related to pregnancy and has 17 questions and 5 components: Fear of childbirth, fear of giving birth to a physical or mental child, the fear of change in married life and relationships, the fear of mood change and its consequences on the child, and the fear of change in the mother's personal life. The scores are based on the Likert scale (1 to 7 degrees) [9]. Therefore, the anxiety score during pregnancy can be between 17 and 119. In 1989, Vandenberg found the reliability of this scale to be 0.88 with a time interval of one week. Also, the Cronbach α coefficient for its internal consistency was 0.80, indicating this scale's high internal consistency [10]. In Lobel's study [11], the Cronbach α coefficient for the whole scale was 0.93. The

correlation between the forms in the bisection method was 0.84, and the bisection coefficient was 0.91, consistent with Phillips' findings. In the present study, the scale's reliability found by the Cronbach α method for the entire questionnaire was 0.82.

Labor progressed quickly once the case was admitted to the hospital. She was presented at 8 cm dilation, indicating an advanced stage of labor. Despite the late admission, the labor stages progressed rapidly, with only 30 minutes passing between admission and delivery. The rapid progression of labor suggested that hypnotherapy may have played a role in shortening the third stage of labor, characterized by the delivery of the baby.

Regarding maternal outcomes, the patient reported a positive birth experience contrary to her initial fears. She expressed surprise at how manageable the labor had been, particularly in light of her initial anxiety. Postpartum, the mother experienced minimal bleeding and a normal uterine contraction, with no signs of uterine atony. She reported no significant pain or discomfort at the episiotomy site and successfully initiated breastfeeding soon after delivery.

The Vandenberg anxiety questionnaire scores highlighted a 69% reduction in anxiety throughout the eight hypnotherapy sessions, indicating a significant improvement in the patient's mental well-being. The anxiety re-

duction likely contributed to the smooth labor and her positive postpartum experience (Table 1).

Discussion

This case report demonstrates the potential of hypnotherapy to positively impact the childbirth experience by reducing anxiety and shortening labor duration. The patient, who initially presented with significant anxiety, experienced rapid labor progression with minimal complications. Her anxiety markedly decreased following the eight hypnotherapy sessions, contributing to a more positive perception of childbirth.

The finding is consistent with existing literature on the benefits of hypnotherapy during childbirth. Studies by Cyna et al. (2006) and Babbar and Oyarzabal (2016) suggest that hypnotherapy can alleviate fear and pain associated with childbirth, thereby enhancing labor outcomes [12, 13]. Furthermore, this case study supports the notion that hypnotherapy can reduce the need for medical interventions by empowering women to manage labor more effectively.

Conclusion

The results of this case report indicate that hypnotherapy offers a promising, non-invasive approach to improving childbirth outcomes and maternal well-being. Its implementation in clinical practice could provide women with an alternative means of managing labor pain and anxiety, ultimately contributing to more positive birth experiences.

Since this case study had only one subject, caution should be exercised in generalizing of the results. Therefore, it is recommended that future studies examine more cases with a control group and assess the placebo effect. Also, further research is needed to confirm these findings in larger populations and to explore the mechanisms through which hypnotherapy may influence labor.

Ethical Considerations

Compliance with ethical guidelines

Written informed consent was obtained from the patient to publish this paper.

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Authors' contributions

All authors contributed equally to the conception and design of the study, data collection and analysis, interpretation of the results, and manuscript drafting. Each author approved the submission of the final version of the manuscript.

Conflict of interest

The authors declared no competing interests.

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