

Original Article

Feelings and Experiences of Turkish Women Using Hypnobirthing in Childbirth: A Non-Traumatic Childbirth Experience

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Abstract

Background: The strength of the qualitative study interview is its natural way of researching topics in the person's own world. Therefore, qualitative examination of the birth process is important.

Objective: This study's objective was to examine opinions, emotions and experiences of women reporting to have hypnobirthing during childbirth.

Methodology: This is a qualitative study using a phenomenological design. The study sample was composed of 13 hypnobirthing stories obtained from four blogs. Data were analyzed with content analysis. The Consolidated Criteria for Reporting Qualitative Research guidance was used to report the study. Ethical approval was obtained from the ethics committee of the university.

Results: Five main themes emerged: preparedness for birthing, relaxing practices, influences of external conditions, satisfaction with childbirth and postpartum adaptation. Each theme had subthemes.

Conclusions: Study showed that the women getting prepared for childbirth through Hypnobirthing methods felt calm and comfortable during childbirth. It is clear that they were ready to give birth both physically and mentally and experienced childbirth consciously. They underlined the importance of support from their spouses and childbirth teams. It can be suggested that women should make use of hypnobirthing or a similar supportive care program to get prepared for labor. Health staff in labor teams should be offered training for supportive care.

Key Words: Childbirth Process, Non-Traumatic Childbirth, Emotions, Experiences, Hypnobirthing, Qualitative Study

Introduction

Childbirth is an unforgettable and is a unique life experience (Molgora et al., 2020; Preis et al., 2019). Evidence suggests that women possess strong expectations regarding this experience (Preis et al., 2019). Childbirth experience is an important outcome of birth (Overgaard et al., 2012), and the quality of this experience can be negatively affected by several factors (Fenaroli et al., 2016), as a pain, fear, unsupported childbirth, loss of control in childbirth (Preis et al., 2019; Adams et al., 2012).

Many women define the pain experienced during childbirth as frightening (Hutton & Hall, 2014). The thought of having too much pain in normal birth is causing fear of childbirth (Adams et al., 2012). The frightened woman feels more pain. The woman feels more pain causes tension. This

condition is defined as fear-tension-pain chain (Dick-Read, 2004; Mongan, 2012). Hypnobirthing programme is based on Childbirth Without fear, by Dick-Read (Dick-Read, 2004). Hypnobirthing argues that the fear-tension-pain chain can be broken by relaxation methods (Mongan, 2012). There have been only three studies on this philosophy (Swencionis et al., 2012; Phillips-Moore, 2012; Fisher et al., 2009). In prospective randomized-controlled study completed by 38 women that 21 women in standard classes and 17 women in hypnobirthing classes comparing women receiving childbirth education based on hypnobirthing and those receiving conventional childbirth education revealed no significant differences in childbirth outcomes (Fisher et al., 2009). Another study that compared HypnoBirthing data from 2009 to the U.S. National Vital Statistics Report for 2009 has

revealed positive effects of hypnobirthing on childbirth (Swencionis et al., 2012). The other study compared women who give birth using Hypnobirthing to the women who give birth without using any methods between 2007 and 2010 (Phillips-Moore, 2012). This study found that the women who give birth using Hypnobirthing decreased the use of epidural anesthesia and cesarean rates (Phillips-Moore, 2012).

It is stated that most of the women, especially first-time mothers, who may have been thinking about, dreaming, planning the very birth experience they want to have (Miller & Shriver, 2012). It seems that childbirth outcomes in hypnobirthing women are favorable. Therefore, this philosophy has gradually gained acceptance. However, few studies have focused on childbirth outcomes in women receiving hypnobirthing education. They are quantitative in nature and there have not been any qualitative studies on experiences and feelings of women receiving hypnobirthing education. It is believed important the determined that women who give birth hypnobirthing how they affected and what they felt. Therefore, qualitative studies on use of hypnobirthing are needed.

Since hypnobirthing has spread recently, it can be difficult to access women getting prepared for childbirth and giving birth through hypnobirthing. However, these women share their experiences in blogs. What they share give detailed information about childbirth processes of the women. Such documents as blogs are important sources of information for researchers when they do not have direct access to individuals experiencing a given situation (Yildirim & Simsek, 2011). Stories of hypnobirthing women can also be available on the Internet. The aim of this study was to examine feelings and experiences of women reporting that they used hypnobirthing during childbirth.

Method

The strength of the qualitative study interview is its natural way of researching topics in the person's own world (Polit & Beck, 2013). Therefore, qualitative examination of the birth process is important. Study was conducted by researchers who they are specialized this subject and are qualified for qualitative research.

Study design and participants: This is a descriptive, phenomenological study, a qualitative design. Birthing stories of women stating that they adopted hypnobirthing were used as cases. A purposeful sampling method, criterion sampling

was used. Sampling criteria were giving vaginal birth, reporting to use hypnobirthing during childbirth and talking about birthing experience from its beginning to its end. The sample size was not determined at the beginning of the study and stories of all the women reporting to use hypnobirthing were included into the study. The same concepts started to appear repeatedly in the ninth story. Then four more stories were included and the study was composed of 13 stories. Out of 13 women whose stories were included into the study, ten had their first delivery and three had their second delivery.

Data collection

The authors scanned the blocks in which birth stories were shared. Data were collected from four different Internet blogs between 14-21 March 2017. Eighty-two birthing stories in these blogs were examined using keywords and 13 written by women using hypnobirthing were included into the study.

Data analyses: The stages of the document review method were carried out respectively. These stages reaching the document, checking document's originality, understanding of documents, analyze the data, using data (Yildirim & Simsek, 2011). A content analysis of the interviews was conducted (Yildirim & Simsek, 2011). Content analysis steps used in the research are; coding of data, finding of themes, arrangement of codes and themes, identification and interpretation of findings (Yildirim & Simsek, 2011). The Consolidated Criteria for Reporting Qualitative Research (COREQ) guidance was used to report the study (Tong et al., 2007).

The stories were examined until satisfactory data were obtained to achieve credibility. For transferability, purposeful sampling was used. Obtained data were presented comprehensively through direct quotes. To achieve reliability, analyses of data were evaluated by two researchers first independently and then together. For confirmability, results obtained were expressed clearly. In addition, all data and coded versions of the data are kept.

Ethical considerations: Ethical approval was obtained from the ethics committee of the university (No. 2803-IRB-2016/19-08). Information about study is given to the manager of the website through e-mail. Names of the women were kept confidential and coded with numbers.

Results

Results include of expressions of women's feelings and thoughts. The themes and subthemes

emerging as a result of the analyses are shown in Table 1.

Preparedness for Childbirth

The women reported that they eliminated their fears and became ready for childbirth.

I have gotten rid of all my fears resulting from films I have watched and all my fears I have had since my childhood because I found out that all are based on fallacies (2).

Women have expressed that birth should start spontaneously and birth is a physiological process.

Birth should have started spontaneously. My baby should not have been taken out before she got ready (6).

When we arrived at hospital, someone was waiting for us with a wheelchair; it did not seem reasonable. I was not ill (11).

Also, the women reported that it is important to selection of the childbirth team.

I didn't have to ask why other tests were not performed, why the lights were turned off and why intravenous fluid was not given because I had communicated with the birth team (11).

Relaxing Practices

The women stated they could understand when childbirth would start. They used relaxation and massage techniques to relax themselves during the birth process and changed positions during the birth process.

Relaxation

The women reported that breathing exercises between contractions made them feel relaxed.

As contractions occurred, I slowly inhaled through my nose and sent my breath to my womb and then slowly exhaled through my mouth, which is called J-breathing in hypnobirthing. I coped with contractions best with this breathing (4).

The women have expressed that to think positively during the childbirth process by convincing themselves that they could achieve birthing.

I strongly believed that I would give birth in the best way possible (3).

The women reported that they turned down the lights, listened to music and performed relaxation techniques.

I did relaxation exercise beginning on the head and finishing on the feet as I learned during hypnobirthing education when the lights were off and the music was on in the bathroom (7).

Being able to move freely

The women have expressed that changing position and using a birth ball had a positive effect on them.

One of the most important decisions I made before giving birth was to be in the standing position, walk and to move freely in general (5).

I feel relaxed most when I lie on my Pilates ball facing downwards (3).

Relaxing muscles

The women reported that massaging and applying pressure on the back during childbirth made them feel relaxed.

When contractions started, my husband applied pressure on my back; I hardly felt pain and it was very effective (1).

Knowing what to do

The women noted they could understand when childbirth would start and did not want to be at hospital earlier.

I wanted to go to hospital late; I didn't want to have intravenous fluids and I didn't want to be put on a monitor (10).

The women mentioned that they had a meal before coming to hospital since they thought they could not eat anything in the delivery room.

Knowing that I wouldn't eat anything for a long time, I had a big breakfast (8).

The women knew that negative feelings they experienced at the end of childbirth are related to being in a transitional period, which made them feel relaxed.

When I was told I had 8cm-opening, I realized why I was experiencing all this suffering and suddenly made up my mind (4).

Influences of External Conditions

Women have stated that their partners and birth team are influencing the birth process. The women reported that their spouses' company was encouraging and strengthening.

I preferred to be with my husband alone. Fortunately, the nurse visited us only when necessary and left us alone (1).

My husband and I hadn't decided the name of our son yet. We even talked about it between contractions. I got excellent support from my husband (9).

The women explained that encouraging and guiding phrases had a positive effect on childbirth.

When I got panicked, the midwife held my hand and guided me appropriately in how I should scream. Then my pain decreased (12).

Satisfaction with Childbirth

The women noted that they had positive feelings about childbirth. They added that this experience made them powerful and that they wanted to give birth again to experience the same feelings.

If I'm asked to give birth for the third time to experience what have just had, I never hesitate to say yes (13).

Now that I have given birth, I feel that I can overcome all difficulties I may come across. I feel as if I was someone else. Incredible power (2).

Postpartum Adaptation

The women commented that their babies were given to them immediately after childbirth and that they started to breastfeed.

The only thing I remember is that the staff put a little baby with a head covered with a lot of hair on my breasts as soon as it was born and that it started to suck milk (13).

The women reported that they stood up and walked out of the delivery room soon after childbirth.

I walked out of the delivery room. I was walking around and welcoming our visitors (2).

Discussion

Preparedness for Childbirth: The women reported that they eliminated their fears and became ready for childbirth thanks to education they received and various relaxation techniques. It has been noted that teaching physiology of childbirth and relaxation techniques can help women to get rid of their childbirth related fears (Mongan, 2012).

The women in the present study stated that they believed that birth should start spontaneously and did not want to undergo any childbirth induction interventions. The women adopting hypnobirthing thought that childbirth should start spontaneously. This can be considered an important attainment of hypnobirthing education.

The women reported that childbirth is a physiological condition and that they were not ill. According to Melzack's Neuromatrix Pain Theory, many factors including memory and experiences affect perceived pain (Melzac, 2001).

Therefore, when women giving birth are considered as ill, their perceptions can be affected and their bodies may react as if they were ill. This may increase stress and pain in women. In addition, women considering themselves as ill may not be willing to cooperate, may not get actively involved in childbirth and may expect the health staff to do everything.

Hypnobirthing philosophy proposes that childbirth is a natural, normal experience of a healthy woman (Mongan, 2012). Therefore, in this study women do not want to be treated as if they were ill.

The women explained that selection of the childbirth team and talking to them about the type of childbirth they would like to have beforehand made them feel relaxed and safe. It is stated that respecting women's choices that strengthen their capabilities to give birth is important (Shakibazadeh et al., 2018).

Women talking to a childbirth team about their preferences for childbirth can give birth with the help of a team respecting their requests and receive supportive care. As a result, they experience less anxiety, better cooperate with the childbirth team and have increased satisfaction with childbirth.

Relaxing Practices

Relaxation: The women reported that breathing exercises between contractions made them feel relaxed. It has also been noted in the literature that these exercises reduced pain and anxiety during latent and active phases of childbirth (Vargens et al., 2013). In hypnobirthing, there are three basic breathing techniques; relaxation breathing facilitates relaxation, wave breathing helps women cope with contractions more easily and birth breathing makes birthing easier (Mongan, 2012). As a result, women making use these breathing types can feel calmer and more comfortable during childbirth.

In this study, women attempted to think positively during the childbirth process. According to hypnobirthing philosophy, words and thoughts have power (Mongan, 2012). Negative stories, words and experiences related to childbirth affect subconscious and then trigger stress (Mongan, 2012). Melzack's pain theory (2001) proposes that women's negative perceptions and feelings increase perceived pain (Melzack, 2001). Therefore, positive thinking decreases stress hormones and causes less perceived pain, which brings a positive birthing experience.

The women commented that they turned down the lights, listened to music and performed relaxation techniques. It has been reported that arrangements in the physical environment such as turning down the lights, adjusting the room temperature and reducing noise provided women with physical comfort (Adams & Bianchi, 2008). It has been stated the use of music therapy proved to be effective in decreasing both pain and anxiety during labor (Koterba, 2019). In a systematic review, relaxation techniques have been shown to decrease pain in latent and active phases of childbirth, which increases childbirth satisfaction and reduces rates of induced vaginal childbirth (Smith et al., 2012). Women can use relaxation techniques and listen to music to feel relaxed and can have a positive experience of birthing.

Being able to Move Freely: The women commented that changing position and using a birth ball had a positive effect on them. There is also evidence in the literature that allowing women to change their position and encouraging an upright position had women more cooperative and powerful (Vargens et al., 2013). Upright positions in the first stage of childbirth have been found to shorten childbirth time compared to lying on one's back (Lawrence et al., 2013). Gau et al.

found that epidural anesthesia was less frequently given in women using a birth ball and that the first stage of childbirth was shorter (Gau et al., 2011). Consistent with the literature, the present study also showed that hypnobirthing women had the position they preferred and experienced comfortable birthing.

Relaxing Muscles: The women said that massaging and applying pressure on the back during childbirth made them feel relaxed. Research has shown that massage and sacral pressure reduce childbirth pain (Vargens et al., 2013; Smith et al., 2012) and anxiety (Smith et al., 2012). It is clear that different types of massaging can achieve relaxation and elimination of pain during childbirth.

Knowing What to Do: The women said they could understand when childbirth would start and did not want to be at hospital earlier. It has been reported that Women admitted in the latent phase were more likely to experience intrapartum interventions, oxytocin augmentation and epidural analgesia (Kasegari et al., 2019). In another study, admission of low risk nulliparous women in active labour contributed to reduction of the interventions during childbirth (Rota et al., 2018). It is clear that experiencing some stages of childbirth at home had a positive effect on childbirth.

The women mentioned that they had a meal before coming to hospital since they thought they could not eat anything in the delivery room. It has been explained that eating and drinking during first stage of labour did not have a negative effect on mothers' and their babies' health and shorten significantly the duration of second and third stage of labor (Al-Dossari et al., 2017). In this study, it is thought that women's diet before coming to the hospital benefits them and giving the energy.

The women knew that negative feelings they experienced at the end of childbirth are related to being in a transitional period, which made them feel relaxed. According to hypnobirthing philosophy, it is important that women should be reminded that they experience a transitional period when they have negative feelings during childbirth (Mongan, 2012). In fact, reminding of transitory nature of this period may encourage and strengthen women when they feel hopeless and when they think that they cannot achieve. As a result, instead of giving up, women can more actively involved in the last stage of childbirth.

Influences of External Conditions: The women mentioned that communication with the childbirth team had an influence on childbirth. It is stated that unsupportive midwives can cause negative birth experience during the birth process (Sigurdardottir et al., 2017). If a childbirth team has an understanding and respectful approach, women can better cooperate with the team and adapt to childbirth. The women explained that encouraging and guiding phrases had a positive effect on childbirth. Supporting and encouraging phrases provided emotional support and were very helpful for women (Adams & Bianchi, 2008). It seems that encouragement and support bring relaxation in women giving birth. The women reported that their partners' company was encouraging and strengthening. It has been noted in the literature that women select their partners as a person to provide support and that partner support brings about a positive childbirth experience (Catala et al., 2020; Tani & Castagna, 2017). It seems that an active participation of partners can create a more positive experience of childbirth.

Satisfaction with Childbirth: The women noted this experience made them powerful and that they wanted to give birth again to experience the same feelings. It is stated in the literature that personal control and ability to manage pain, creates the feeling of being proud and achievement and that childbirth is a strengthening experience (Jafari et al., 2017). Hodnett (2002) found that women not using pharmacological agents to manage pain were more satisfied. In the present study, being calm and comfortable in management of childbirth, aware of each stage of childbirth and actively involved in childbirth might have produced a feeling of achievement.

Postpartum Adaptation

The women reported that skin to skin contact is provided, they started to breastfeed and they stood up soon after childbirth. Labor support could have a significant impact both on the mother's postpartum well-being, and on the newborn's well-being (Bell et al., 2019; Choi et al., 2017). Also, it has been shown that early skin-to-skin contact increased to the energy level of the mother and their satisfaction (Guleroglu et al., 2019). It is stated that women who have skin to skin contact are likely to breastfeed their babies earlier (Moore et al., 2016). It seems that labor support, skin-to-skin contact and breastfeeding can enhance postpartum adaptation and satisfaction with

childbirth. The women reported that they stood up and walked out of the delivery room soon after childbirth. They felt good enough to walk and took the responsibility for their own care.

Conclusion: The results of this study showed that the women getting prepared for childbirth through hypnobirthing methods felt calm and comfortable during childbirth. It is clear that they were ready to give birth both physically and mentally and experienced childbirth consciously. They underlined the importance of support from their spouses and childbirth teams.

It is clear that hypnobirthing has a positive effect on all stages of childbirth. Therefore, it can be suggested that women should make use of hypnobirthing to get prepared for childbirth. Attitudes nurses in childbirth teams towards childbirth also play an important part. However well-prepared women are, the childbirth process may be affected negatively if nurses do not act in accordance with principles of hypnobirthing. Also, there is a need standardization of supportive care in childbirth. This philosophy can provide standard supportive care in childbirth. For this reason, nurses in childbirth teams should be offered training for hypnobirthing.

Limitations: Some blocks in which birth stories were shared did not allow for using stories. For this reason, reachable birth story was limited.

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