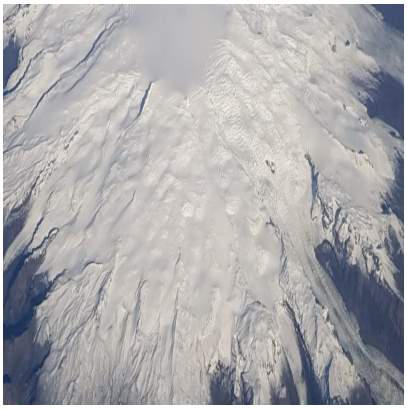


Description

Teaching hypnobirthing during a pandemic

Perspectives from Dr Alys Einion-Waller, Sarah Lord and Maeve Regan

The unprecedented situation that arose from the impact of the COVID-19 pandemic led to the overnight cancelling of face-to-face activities at Swansea University, as with almost all UK institutions. This meant that the activities of the award-winning Health and Wellbeing Academy were suspended, including the antenatal classes Centred Birth Hypnobirthing. This article will provide the account of the transition to online classes in the context of the particular need created by the COVID-19 pandemic.

The genesis of Centred Birth

Midwives are there for mothers and birthing people. Our very existence is based on the idea of walking beside the mother, supporting her and making her feel safe. Midwives work from a philosophy of person-centredness and unconditional positive regard, and use their specialist knowledge and skills to enable birthing people to become empowered in their pregnancy, during their birth and in the transition to parenthood. Nowhere is this more evident than in the practice of hypnobirthing.

Centred Birth Hypnobirthing classes grew out of Alys's initial hypnobirthing training with Judith Flood, after which she proposed to midwifery colleagues at Swansea University that training in this approach could not only enrich their teaching of these principles to student midwives, but could open up opportunities to enhance lecturers' practice and continue to support women and pregnant people directly. Two colleagues subsequently trained in the same model, and private hypnobirthing classes eventually became incorporated into the Health and Wellbeing Academy, run by the College of Human and Health Sciences. Centred Birth as a philosophy and model of hypnobirthing grew out of work exploring the evidence base for hypnosis and hypnotic relaxation, for enhancing the physiology of birth, and for supporting and promoting the rights and autonomy of pregnant people. The main philosophy is based on the strapline – Centred Birth, It's All About You. This personal-professional concept ensures that the practitioners of Centred Birth return always to considering what the client needs.

Centred Birth in-person classes

For practical reasons, the classes were initially designed to be offered one-to-one to a parent/couple as a two-day private educational course, and subsequently as a group course for up to six parents/couples in a more truncated version of the programme, covering six hours (three two-hour sessions over three consecutive weeks). The in-person group courses were offered in the evenings, at the Health and Wellbeing Academy, and began welcoming parents-to-be and using all of the usual educational techniques of interaction, discussion, practical application, presentation and discussion. A relaxed environment was created in the large multi-purpose room, with chairs, birth balls and cushions, blankets, and a table with refreshments. Clients were encouraged to share their hopes and fears, their knowledge and their questions, and gradually, with each cohort, the classes gelled, and parents shared their experiences and their

desires, their wishes and their understandings. Breaks at the halfway point allowed parents to chat over tea and coffee. Relationships were formed, and questions emerged. People laughed and giggled at the bits that made them self-conscious, and gradually the midwives developed their facilitation skills, learning how to handle resistant partners, parents who fell asleep during hypnosis, and those awkward questions.

> People laughed and giggled at the bits that made them self-conscious and gradually the midwives developed their facilitation skills



Image used in the classes

The classes evolved significantly in response to client feedback. The main concepts to emerge were the ‘Safety Net’ and ‘Every Birth is a Centred Birth’ (both © Centred Birth 2020). The safety net concept emphasises the value of the collection of highly trained professionals on-hand to support mothers and parents who might need help and support of various kinds. This goes hand-in-hand with every birth being a Centred Birth – because we consistently repeat that the knowledge, confidence and techniques used for birthing are suitable for every kind of birth, and can be used whether you birth without intervention, or have a highly medicalised birth. They can be used in every setting. This helped to avoid setting up unrealistic expectations through focusing only on entirely physiological birth, which, for the particular local clientele, was sadly the exception rather than the rule. To avoid the trauma of labelling their birth as a ‘failure’ because they needed medical help or medication, parents were encouraged and empowered to locate themselves at the centre of the birth experience, and to use the breathing and hypnosis techniques to respond to any changes in their situation, which may include medical intervention. Centred Birth does not shy away from discussing the potential for medical assistance, but this is framed always as additional help, not as a loss of control. Some of the most heartening feedback we have received during teaching these classes is from women who had unexpectedly medicalised births, but were able to use the hypnobirthing techniques to retain a sense of calm and control during the whole process.

Centred Birth during Covid-19

The pandemic and national lockdown had an immediate and ongoing impact on antenatal services. The restrictions in care and access to support are already showing negative impacts on stress, anxiety and fear in pregnant women and people, which we may see translated into developmental disorders in their babies[1,2.]. Research on previous epidemics have shown that in these uncertain times, women want trustworthy information and emotional support, especially online when movement is necessarily restricted[3]. In the light of this sudden need for online support at the start of the UK lockdown, the Centred Birth classes were immediately moved into an online format via Zoom.

Gone are the cups of tea, the sharing of biscuits, the time to get to know each other. We cannot welcome expectant parents to a carefully-prepared room with chairs and birth balls and cushions and yoga mats. We cannot offer them a balloon and ping-pong ball to gain hands-on knowledge of how surges work, or support them to practice different birthing positions, or physically demonstrate massage and touch techniques. Covid-19 has changed all of our realities. But in this new reality, we managed within days to move from in-person to online classes, using the same overall format and content, adapting to the new mode of delivery. We learned quickly what works (hypnosis does, oddly, even over a video link) and what doesn’t (playing birth videos). We learned to respond to new questions and new, more vital fears.

The online courses are being offered with no charge and no geographical restriction, and so are available to a wider audience. It is interesting to note that there seems to be a higher proportion of second-time parents than in face-to-face classes, possibly because they don't require childcare in order to attend. The first class had 12 people sign up (plus partners), the second, 22. The third, in April, had 71 attendees. We limited class size to around 20 after that, as there is not enough scope to engage with the parents-to-be if the class is larger. Demand seems to have settled, as other providers have moved to online teaching, and some tentative in-person, socially-distant alternatives are becoming available. But we felt very fortunate to have the opportunity to provide education during those early, uncertain months, when so many families were abruptly left with no antenatal education.

> We are constantly evolving the classes, trying breakout rooms, other online tools and social media to encourage the interaction between parents



Image used in the classes

During the most busy online classes, and since, we have appreciated being able to share the teaching between us, allowing one professional to monitor the chat function and answer questions while another leads the class. It does seem to take longer for parents to open up to us — and each other — over this artificial medium. The conversation does not flow as it does in a face-to-face class, as there is no space for chatting by the kettle in the breaks, and it is slow and awkward to call on each participant separately to share thoughts. We are constantly evolving the classes, trying breakout rooms, other online tools and social media to encourage the interaction between parents which is usually such a vital part of antenatal education. We have found that once we are able to breach a certain threshold of interaction — usually during the final class! — the questions begin to flood into the chatroom in quick succession. We can then alternate between holding discussions as a group, and having one midwife answer questions via the chat room whilst the other is still teaching. Creating space to ask questions without interrupting the flow of the presenter is an unexpected benefit of teaching online.

We talk so much more in these classes, and have less opportunity to listen. We demonstrate the techniques, but cannot know how well people are using them. Most people switch off their video feed during the hypnosis, so we can't see who is falling asleep in real-time (though the handy *React* function means all participants can give us a thumbs-up afterward, so that we know that they are back and watching).

Despite all these barriers, we provide the same expertise; the same access to a midwife using only positive language about a woman's capacity to birth confidently and calmly; the same guidance in the techniques of breathing, relaxation and self-hypnosis; the same tips, hints and resources on creating the birth place and planning for birth. It is less than we'd like to give, but for now, it is enough.

Hypnobirthing

Hypnobirthing has been used as a form of antenatal education since the late 1980s. It combines the teaching of techniques for self-hypnosis, with education about optimising labour and birth physiology. Self-hypnosis encourages deep relaxation to promote inward focus and an openness to suggestions, whereupon scripts with positive birth

messages are used to build and reinforce confidence in the birthing body[4]. Self-hypnosis is a voluntary state, from which the participant can disengage whenever they wish, contrary to the 'magical power' displayed in stage acts, with participants undertaking acts against their will[5]. This caricature has sometimes led to suspicion among healthcare professionals and the wider public as to the therapeutic use of hypnobirthing[5], but it is simply about creating optimal conditions to use words and suggestions to achieve specific clinical outcomes[6].

> Hypnobirthing has been found to reduce fear and anxiety[7] and this is arguably needed more than ever with the consequences of the COVID-19 pandemic.

Personal stresses along with institutional regulations, such as restricted hospital visiting and rapidly-changing clinical policies, create a fear of the unknown. Stories from countries affected earlier than the UK told of reduced access to pain relief, the restriction of birth partners and the separation of symptomatic mother and new-born dyads[8] (Salvatori et al., 2020). The subsequent fear and anxiety combined with a new-found desire to avoid hospitals saw a rise in requests for home births. As a non-pharmacological method of pain relief, hypnobirthing is often attractive to those seeking a physiological birth, but our experience demonstrates that it has significant value in enhancing a sense of control and empowerment, no matter the mode of birth.

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