



Women's experiences with hypnobirth – A qualitative study

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ABSTRACT

Objective: Hypnobirth is a technique that incorporates elements from hypnosis and is used to prepare women for birth. It aims to promote a normal birth and create a positive birth experience by equipping women with knowledge and tools to reduce fear, anxiety, and pain during labor. The objective of this study was to investigate women's experiences in using this technique during childbirth.

Methods: Qualitative study with nine in-depth interviews, analysed using a descriptive phenomenological method.

Results: The women changed their perspective on birth and got to know their inherent resources. They acquired various coping strategies and techniques that enhanced their sense of control. The women gained ownership of their birth and found their active participation to be meaningful. They were informed of different options concerning their birth which made it possible to make informed decisions. The participation in hypnobirth classes, and personal experience from giving birth, made women wish for integration of mental birth preparation in the public health service, thus strengthening women's trust in their ability to give birth, which was pivotal to the participants' birth satisfaction.

Conclusion: The participants experienced an empowered birth because of the knowledge, coping strategies and mental training they gained from hypnobirth classes.

Introduction

Hypnobirth is an internationally established method used to prepare women for childbirth. Over the last decade, The British National Health Service (NHS) has offered hypnobirth classes to expectant mothers. A variety of methods are offered, most generate from the philosophy and education program on hypnobirthing developed by Marie Mongan, a former dean and hypnotherapist who was influenced by Dr. Grantley Dick-Read's theories about natural childbirth [1].

In Norway, the national maternity care services include antenatal care for pregnant women. The service is located within the municipal health services and is free of charge, and most pregnant women are cared for by midwives and general practitioners in collaboration. Antenatal care sometimes include birth preparation courses, but mental preparation in the form of hypnobirth classes are to our knowledge offered by private practitioners only. Still, the method has become increasingly popular, and a variety of birth preparation courses inspired by the Mongan method are offered.

Labour in itself can be described as a separate state of consciousness

that is characterised by an increased focus on the body and concentration. Colloquially, this state is called 'the birthing bubble'. Use of self-hypnosis techniques can make it easier to achieve this state. The techniques are designed to equip women to handle the unpredictable nature of childbirth. Hypnobirth is mental preparation for childbirth, but women also learn about the physiology of birth and hormonal processes. During pregnancy, women practise self-hypnosis in the form of breathing and relaxation techniques, visualisation and positive affirmations (suggestions) as coping strategies during labour [1].

Hypnosis is defined as an induced state of consciousness, where the focus is on directed attention towards something, and thus diverted from peripheral stimuli. The hypnotic state is one of heightened suggestibility [2]. Suggestions affect perception, mood and behaviour through verbal and non-verbal communication [3]. In relation to childbirth, it is a matter of changing a person's inner dialogue to alter their pain experience and prevent tension. Hypnosis is described as a relaxing and natural state of the body. It is driven by the individual, characterised by alert awareness and control [4]. The purpose of hypnosis is to avoid becoming distracted in order to focus on what is most important and

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helpful.

Hypnosis techniques have been used in obstetrics since the late 19th century. Hypnosis as a method of pain relief has gradually been replaced by an increasing range of pain medication. In the 1960s, arguments in favour of the use of hypnosis in childbirth began returning to the literature due to its positive effect on the childbirth experience. Here, women were not viewed as merely a functional object in the birthing process but were involved in it through knowledge about labour and techniques for managing pain [5].

Catsaros and Wendland's systematic literature review examined women's experiences of childbirth after using hypnosis techniques [6]. The results showed that the techniques can reduce fear and anxiety about childbirth, change the perception of pain and promote a good childbirth experience. Hypnosis techniques have also been proven to lead to a sense of coping through a strong sense of control and increased self-confidence. Childbirth is more than a physical undertaking; it also challenges a woman mentally. It requires a setting that is adapted to the individual and conducive to good mental health. The psychological aspects of maternity care are not well integrated into this process [7].

Studies on hypnosis techniques and childbirth often examine its effect in terms of pain relief [4]. Randomised controlled trials of the effect of hypnosis on use of pain relief (epidural) during labour, satisfaction with pain relief and birth outcome showed no significant differences [3,8]. In a recently published mixed-methods analysis of hypnosis during childbirth, the authors pointed out that a single method cannot cover a phenomenon as complex as hypnosis. The mechanisms behind the effect of hypnosis on pain are not fully known, and different classes and interventions vary [9]. Qualitative studies on the use of self-hypnosis during childbirth reveal that women experience reduced or altered pain, decreased fear or anxiety related to giving birth, and overall satisfaction with the birthing process [10]. The women also report a sense of calm, confidence and empowerment. However, some of them experience frustration about how their labour did not proceed as expected [11].

So far, most studies exploring the use of hypnobirth during labour have focused on women's experiences of pain and pain management. Few qualitative studies have explored women's overall experiences with the use of hypnobirth, including research conducted in a Norwegian or Scandinavian socio-cultural context. We therefore conducted a study to explore women's experiences with using hypnobirth techniques in Norway.

Methods

This study follows a phenomenological approach inspired by the phenomenology of Edmund Husserl [12] and Merleau-Ponty [13]. From this perspective, phenomena can only be properly understood as intimately intertwined with our consciousness [12,13]. Our consciousness is intentional. This means that it always focuses on something other than itself. As intentional subjects, people form or constitute the worlds they live in [12]. The phenomenological method makes it possible to examine the subjective and complex phenomenon that is childbirth.

Sample

We used convenience sampling to recruit respondents from websites where women who might have practised hypnobirth were active [14]. We contacted two different providers of hypnobirth classes. The person responsible for an online hypnobirth class called 'Positiv Fødsel' [Positive Birth] responded. A request for participants was posted on Positiv Fødsel's Instagram account and persons who were interested in participating in the study were able to contact us directly. To recruit informants from other places, a post was shared in the Facebook group 'Gravid i coronatider' [Pregnant during the Covid pandemic]. One informant who had also taken the Positiv Fødsel class contacted us. Another informant was recruited via snowball sampling [14]. The

inclusion criteria were that the woman needed to have completed a course taught by a certified hypnobirth instructor, used the technique during childbirth and have given birth to a full-term baby. We included both primigravida and multigravida women.

We were contacted by nine women who wanted to participate in the study. These included five primigravida and four multigravida women aged 25–36 years, residing in several large and small cities in different parts of Norway. All of the women had completed higher education, and over half of them were healthcare workers. The women had given birth at hospital based obstetric units and alongside midwifery units. They had experienced different types of childbirth, either spontaneous labour or induction. Eight of them had given birth vaginally and one woman had had a caesarean section (C-section).

Data collection and analysis

The in-depth interviews were conducted online via Zoom in January 2022. They lasted 25–47 min (38 min on average). Two authors participated in every interview. They used an interview guide, with four open-ended questions: *Could you tell us a bit about why you chose this technique? What effect did the classes have on the birth? What impact did your partner play on your childbirth experience? How did you feel midwives and auxiliary nurses dealt with the technique?* The interviews were recorded and transcribed word-for-word.

To analyse the data, we applied Giorgi's [15] descriptive phenomenological method, based on the phenomenology of Husserl and Merleau-Ponty. The phenomenological attitude was a basic part of the data analysis and entailed us taking a disciplined and empathetic approach, setting aside our own assumptions and theories about the phenomenon ('bracketing'). It is centred around the women's experiences, which is why we actively refrained from making conclusions about their veracity (existential reduction) [16]. In the analysis, we aimed to describe not only meanings explicitly verbalized, but also tease out the implicit meaning of what was said [15].

During the analysis, we reread the full interview several times to get an overall impression of the phenomenon. This first encounter with the text provided the background for the analysis in the next steps. Throughout the analysis, we deliberately engaged in the phenomenological attitude, as described above. The next step was to divide the text into units of meaning. This was an artificial but practical step, which was taken to aid the analysis. We analysed all of the units of meaning by intuitively extracting the meaning and describing it using psychologically sensitive language [15]. During the analysis, we imaginatively varied the different concrete descriptions of the phenomenon in our consciousness ('imaginative variation') to identify more general meanings which may encompass the experiences of other women in similar situations ('eidetic reduction') [15]. The final step consisted of writing a synthesis, based on the transformed units of meaning to bring out the essence of the phenomenon. The synthesis encompassed the overarching general meanings in the women's descriptions [15].

Ethics and data protection

The study followed the guidelines in the Declaration of Helsinki [17]. It was assessed and approved by the Norwegian Centre for Research Data (NSD), (145400). The informants received oral and written information, and gave their informed consent before the interviews were conducted. They were also informed about their right to withdraw from the study at any time. Both the interviews and data storage were conducted in accordance with the ethical approval granted by NSD, ensuring the privacy and anonymity of the research participants.

Results

Synthesis

The path to hypnobirth as preparation for childbirth was driven by a desire to invest in and create new meaning for one's own childbirth, and a search for strategies to manage difficult emotions and pain during labour. The women reported that the knowledge they gained in the classes led to new perspectives and changed their view of childbirth. The women found that as a result of the classes, their experience of labour changed from it being a potential risky event to an existential meaningful experience and transformation.

The women reported developing a new holistic perspective, where they considered pregnancy and childbirth a natural state for the female body. This increased their confidence in their own ability to give birth. They gained new insight into their inherent resources, and through active participation they developed ownership of their own childbirth. The knowledge they acquired made them more conscious of their rights and co-determination, and allowed them to critically assess and influence their own labour.

The women found that the theories and techniques they learned gradually developed from intellectual concepts to more bodily-based experiences with physiological effects. They emphasised how increased knowledge about natural hormonal processes and the physiology of birth were essential to understanding the purpose of the techniques. The women felt that they received the tools they needed to create a comfortable birthing environment. The techniques therefore became a coping strategy, and served to both maintain and regain control during labour.

The women said that they involved their partner in the preparations, regardless of whether they attended classes or not. The partner gained an understanding of the technique through the woman, a clear role and the ability to influence the process of labour. Even though childbirth was something she needed to cope with on her own, the mutual understanding of the woman's needs was expressed in their close, supportive collaboration during labour.

The women's experience of childbirth reflected confidence, control, presence and a sense of coping. They all mentioned inadequate mental preparation in the antenatal provision from the public health service, as well as a deeper understanding of the physiological processes involved; information which they considered basic and elementary.

For the sake of analysis, we have divided the synthesis into four essential constituents: Childbirth as a meaningful and existential event; From intellectual concept to bodily experience; Creating and owning their childbirth narrative; and From alternative to accessible.

Childbirth as a meaningful and existential event

The women made a choice during their pregnancy to look for an antenatal class which, for different reasons, filled a gap in their knowledge about their future childbirth. They used this as an impetus to seek out information about how they could build themselves up and strengthen themselves to prepare for what was to come. For several women, the first step of the process was to identify their fears. A medical view of childbirth led many to focus on the risks, others were anxious about the pain or were afraid of losing control.

The antenatal classes gave the women new knowledge which changed their approach to childbirth and their view of it. Their previous view of childbirth may have been coloured by commercial representations of what birth should be like or projected from other people's negative experiences of childbirth. In their new perspective, pregnancy and childbirth were considered as natural bodily states. They are not merely something awful that they had to endure, but something they could claim ownership of and which would help them grow. This new view of childbirth impacted on their experience of labour. They developed a belief in their body's abilities, that the body was created to give

birth and that they would manage on their own. The approach to childbirth that the women adopted broadened their perspective because they gained a conscious view of their role in it. Recognising their potential became meaningful.

It's sort of like you are... well, I can only come up with the English word 'rewired', in terms of your approach to childbirth. It's a completely new approach, compared with what you see in films, and sort of ... screaming and yelling, you know. It can be a calm, pleasant, loving experience. (Informant 3).

All of the women viewed childbirth as an existential event where pregnancy and childbirth developed into a meaningful experience of their own. For some of them, this experience gave them a new dimension of being a woman, and during pregnancy, they began exploring a new identity as a mother.

Carrying a child was a sort of big life event. I realise that this is something that can also be experienced and be something you carry with you, an experience. Not just one of those things you need to do to sort of be allowed to become a mum later. (Informant 5).

Childbirth was not only a transition for the woman, it also marked the start of life as a family and the life of the newborn, as one woman put it: *I think it improved my childbirth experience, as well as the start of life as a mum ... and probably improved the start of my daughter's life. (Informant 6).*

None of the women mentioned a childbirth experience which was traumatic, despite some of the women having an outcome they had feared. They all felt that the birth contained elements of something that was disruptive to some degree or other, but none of them let the disruptions affect how they viewed their birthing experience. One aspect that was mentioned by several respondents was a feeling of being present in the moment, and accepting what was happening. The women described feeling proud of what they were able to achieve during childbirth. Several said that they wanted to give birth again or thought that it was sad that they would not be giving birth again because the sense of achievement they were left with was transformative. One woman had an emergency C-section, and described her birthing experience as follows:

(...) but I got through the birth that I had in a way feared the most. And I was left with ... Well, as I just said. The best memory of my whole life. Actually. (Informant 5).

The women clearly felt that it was their emotions during labour that paved the way for such a positive childbirth experience. They attributed the feeling they experienced to the preparations and the mental preparedness. Several women reflected on how things could have gone if they had not prepared themselves and thought that the birth could have been a bad experience. They highlighted childbirth as a rare event in life and thought that it was sad to think of someone being deprived of the opportunity to be present in it, and getting the opportunity to experience it the way they did and benefit from what they considered to be simple steps to prevent bad experiences.

From intellectual concept to bodily experience

The knowledge provided in the classes about hormonal processes and the physiology of childbirth was crucial for the women being able to apply the techniques. All respondents said that they learned good theoretical lessons about how stress affected childbirth through knowledge about oxytocin and adrenaline. Being aware of these causal relationships was meaningful and helped provide direction.

So I think that's what actually helped me the most. Precisely that ... the knowledge about how the body works and which hormones are produced, and how we help the body, in a way. So I was always a bit, sort of, trying to play along with my body and that sort of thing... (Informant 7).

The techniques they learned became an anchor point, regardless of the course of events, and shored up the women's ability to cope, both in terms of enduring the labour of birth and pain management. Having practised and absorbed the techniques into their body made them automatic. This was possible because they were familiar with the physiological effects of the breathing techniques, among others. Several women used positive affirmations like, 'I am closer to meeting my baby with each contraction.' 'The further my labour progresses, the calmer I am.' One woman used the term 'force' instead of 'pain' because it influenced her attitude towards the way she managed the contractions.

(...) sentences you repeat in your head also affect your experience of that pain, or the force. It resonated very well with me. And the fact that it became something very specific that I could use, you know, the sentences that I could, in a way, take there with me, and that I had selected. (Informant 9).

The function of the techniques was that it became possible for informants to help themselves, and to be able to deal with what came next rather than fearing it. By maintaining the thought that the body was created for childbirth, it became easier for them to trust themselves. Together with knowledge of different birthing positions and the importance of movement during labour, the importance of a relaxed body, and techniques to avoid tense muscles, this enabled the women to dare to move intuitively and trust their body's signals. Several said that the midwives were impressed by the calmness and control they exercised during the birth.

But, when I sort of know the theory behind it, I understand why, it's easier in a way to sort of tell yourself, er, to help yourself, I felt. Instead of just being told: You have to relax now. (Informant 2).

The techniques served as a tool for maintaining and regaining control. They were necessary strategies for concentrating on the task and the processes inside the body. Once the women gained control, they developed the ability to release it and allow themselves to be present in the situation. The paradox of this fostered an openness in them that made it possible to devote themselves to the labour of childbirth. They described that they were aware of the contact with their body at all times. By being aware of stress and distractions that caused them to lose focus, they were able to regain control:

Now I will do everything I can to not produce adrenaline and not to stress. Now my body will only be allowed to give birth as quickly and well as it can. (Informant 4).

No women described the birth as painless, but several indicated that it was not as painful as they had feared. Their contact with their body meant that they mastered the pain in a way that it did not take over the control they had. It gave them a sense of coping.

It required an openness and an investment of time by the women in order to make the techniques accessible to them, and to be able to feel the effects. What they learned in the antenatal class became part of the routine of everyday life, for example doing daily relaxation exercises, writing notes with the positive affirmations they had selected, and practising breathing techniques. The women adapted the class content to their lives and needs.

Creating and owning their childbirth narrative

All the participants were in a steady relationship with a male partner, and the men became involved in the class, either directly or through the woman. Several of the women found support in the fact that their partner could speak for them if they were unable to do so themselves. This made them trust that their partner knew what they needed. The men were also given a clear role in the birth.

Not all informants were dependent on a partner during labour. It was more about a personal preference and not directly related to the class. The antenatal classes helped the women to utilise the resources in their

own environment to better equip them and make them more aware of what they needed from the people in the room. The support that the couples found in each other had a bearing on the environment they created. Intimacy, reassurance and love became important elements that helped the women to concentrate on the labour of childbirth. Some believed that their closeness to their partner had a direct effect on the progress of the birth, due to physical support and touch. The couples complemented each other in their collaboration during childbirth. The partners reminded the women of the breathing techniques, made positive affirmations and knew what the woman might need. Some emphasised that the preparation strengthened their relationship:

(...) and that when it was such a beautiful and such a close experience, and comforting during the birth itself, which I think was also largely due to the preparations, I think that it also strengthened us as a couple, to have gone through that. (Informant 9).

Through the class, the women were informed of their right to make their own choices during childbirth and of the options that were available to them. This contrasted with experiences or expectations of assuming the 'role of patient' during labour: a role they described as passive and at the mercy of the health personnel. They critically assessed offers and interventions during the birth, for example by fitting out the delivery room how they wanted it, or refusing vaginal examinations without a medical indication. Together with their partner, they experienced having agency in their own lives and being aware of their ability to influence the situation. This made it easier to navigate the system and make demands.

The balance of power between the woman and the midwife was equalised through knowledge, and this promoted dialogue with the midwife because the women were aware of their own needs. Childbirth did not have to be something that happened to them, something that required them to depend on something externally to manage it. Childbirth became something they could allow to happen to their bodies, which they would be helped to deal with. This attitude also created an expectation of being treated with respect. The system was there for them, it was not just something that they were a part of.

It's great that we've come as far as we have in medicine, and that you have an expectation that you will survive when you give birth, and that your baby will survive. But you then have quite a few other expectations as well. Being heard and seen, and respected, and erm, yes, that thing with co-determination is actually incredibly important. (Informant 5).

From alternative to accessible

The women described shortcomings in the antenatal classes offered as part of the antenatal care and expressed a desire for classes that gave a deeper understanding of physiological processes in the body. Their experiences with the provision in the public health service were that it mostly provided practical information and focussed on the child. They thought there should be more focus on the woman as an individual and how self-confidence and independence can be strengthened through mental preparation. They challenged the view of hypnobirth as something alternative.

Because I think it's very sad that this is... labelled as alternative. I think that it's the way we should go, all of us, really. To a bit more away from assembly line births, and back to the idea that this is what you are born to do, this is what women can do. (Informant 1).

Several of the women were critical to having to pay for classes where they received information that they believed should be accessible to everyone.

Because it's chaos no matter how you give birth. There are unbelievable things going on. Whether it ends with a caesarean section or giving birth in the corridor, or such like... It's just chaos, and things are going to happen

that are beyond your control. And the thing about getting tools that actually work, to keep a clear head, I would like everyone to have that. (Informant 4).

Discussion

This qualitative investigation explores the influence of hypnobirth on women's experiences during childbirth. Through active participation in hypnobirth classes, women underwent a transformation in their perspective, expectations, and the meaning they attributed to childbirth. The desire to actively engage in the birthing process was a common feature among participants, regardless of their initial motivations for attending the classes. The acquisition of knowledge during these sessions replaced uncertainty with a sense of security and control, subsequently fostering a heightened sense of coping. The women explored their ability to influence their own birth experiences, thereby strengthening their self-belief. The process of mental preparation proved effective in cultivating inner strength, which was instrumental in applying hypnobirth techniques and finding significance amidst pain.

The women mastered and dealt with uncertainty and ambivalence during the birthing process. They showed an ability to tolerate their own emotions, without a need to control the situation outside their bodies. The ability to accommodate negative emotions, uncertainty and ambivalence, also known as 'negative capability', constituted an important part of their mental preparedness [18]. There is an underlying vulnerability in a woman who is about to give birth, because childbirth is an event that is associated with a large degree of uncertainty and unpredictability, which always entails a risk to the health of mother and child [19]. Attempting to micromanage one's own birthing process is an unrealistic notion that can prevent a woman from devoting herself to the physical work of giving birth. Acknowledging and tolerating one's own vulnerability in childbirth can be understood as a strength, as a woman can more easily devote herself to the work of childbirth, and be open to accepting help from her birth attendants [18].

In our study, women reported utilizing hypnobirth techniques to maintain focus on their body's birthing process, using pain as a driving force. These acquired techniques helped them stay present in the moment and accept the situation, acknowledging their lack of full control. The ability to relinquish control may be facilitated when individuals experience a sense of self-control [20]. Additionally, a study by Whitburn et al. [21] demonstrated that disruptions in bodily presence can impact pain experience and management, potentially leading to catastrophizing and fear. The women in our study emphasized the importance of antenatal classes in attributing meaning to their pain and bodily processes, which enhanced their ability to manage pain. This finding aligns with Benedetti et al.'s [22] research, suggesting that perceiving pain as meaningful facilitates easier management and reduces the perception of threat.

High pain intensity has been associated with a loss of control, which can potentially lead to childbirth trauma [23,24]. The perception of control is subjective, and influenced by individual expectations and coping strategies, shaping the birth experience [25]. Karlsdottir et al. [26] highlight the importance of employing diverse strategies during pregnancy to prepare for pain management and interpretation during childbirth, as these factors can affect attitudes and possibilities. In our study, the women described not focusing on the pain, but more on the control they felt they had during the process, and the tools available to maintain that control if pain started became overwhelming. It is important to note that pain in childbirth may not necessarily dictate the birth experience [27]. Factors such as perceived control, active participation and co-determination, feeling respected and being in a safe environment are protective factors for a woman's birth experience [18].

Hollander et al. [23] found that women who had taken a hypnobirth class had high expectations, which were often not met, and that this predisposed them to a traumatic experience. Techniques that are

intended to make women more relaxed, relieve labour pain and improve the birth experience are associated with positive expectations, and the women can experience a sense of guilt if they do not feel that they are managing the pain. Finlayson et al. [11] reported similar findings, with some hypnobirth class participants expressing disappointment when their birth experience did not align with their expectations. In our study, the women also possessed a fundamentally optimistic and positive view towards childbirth. However, they also described having realistic expectations for the birth, in the knowledge that it may unfold exactly as planned or desired. They acknowledged and accepted that childbirth involves bodily processes that require a presence that cannot be micromanaged. Gaining confidence and security in their own bodies enabled them to relinquish control and surrender to the birthing process. Through the hypnobirth classes, they gained a sense of ownership over the birthing process, and recognized their right to actively contribute to it.

The women in our study described how the self-hypnosis class gave them an in-depth understanding of what happens during childbirth, and what they themselves could do to promote a good birth experience regardless of the course of events. They identified the theory of hormonal processes in childbirth as another meaningful resource, and recognized their ability to influence these processes themselves. They felt equipped to face physically demanding labour because they attached a positive meaning to the birthing process and were mentally prepared to maintain confidence and security in their own body and in important support persons during childbirth. They approached the birth with a low level of fear. Underscoring our findings, Buckley [28] has described how knowledge of the significance of oxytocin for labour progress can influence their desired childbirth experience. It is important to note that the positive effects of oxytocin can be diminished in stressful situations. The woman's perceptions of the birth environment plays a role in the birthing process and the pain experience. Therefore, it is crucial for the woman and her partner to be aware of the neurohormonal processes involved in childbirth [7].

The women in our study found that their partners applied the knowledge they had acquired from the class, leading to their active involvement during labour. This active role developed naturally as their familiarity with the techniques instilled a sense of confidence in their ability to contribute. The antenatal classes were useful for both of them. This finding is consistent with other studies that highlights the importance of partner support and inclusion as significant factors in the birth experience [29].

In our study, all the women thought that mental preparation should be an integral part of the antenatal classes offered by the public health service. Their positive experiences with the technique made them want other women to also have the best foundation for a good birth experience. The antenatal classes made them aware of the potential challenges they might face. Coming to terms with the inevitable uncertainty of childbirth can bring a sense of peace and thereby an acceptance that what happens, happens. Women can then start working on strengthening their belief that they will be able to cope with what happens [30].

Strengths and limitations

To establish credibility, we conducted qualitative in-depth interviews using a phenomenological method to explore women's subjective experiences with hypnobirth [31]. Open and flexible questions during the interviews provided rich data for in-depth analysis. Participants were resourceful, ethnic Norwegian women with higher education who participated in the same online hypnobirth course called 'Positiv Fødsel' [Positive Birth]. While there is a risk that resourceful women were more inclined to respond, it was the first-time experience for all participants, including those who had given birth before. The diverse backgrounds and use of the method among the participants allowed for a nuanced understanding of their experiences. However, including women from other socio-cultural backgrounds and different hypnobirth

courses would have enhanced the study's credibility.

Confirmability calls for a systematic and thorough description of the method used in the study [31]. The use of a phenomenological method allowed us to stay close to the participants' voices. The first and second author analyzed the data, which was reviewed by the last two authors.

Recruitment through social media advertisements enabled us to reach a large number of interested individuals, and the number of participants was determined based on saturation, ensuring dependability [31]. The diversity in participants' geographical locations, age, parity, birth experiences, and outcomes strengthens the transferability of our findings. The phenomenological method used in the study aims to generate generalized meanings, making the results potentially applicable to women undergoing childbirth in similar socio-cultural contexts [32].

Implications and conclusions

In this phenomenological study, we found that women's experiences with hypnobirth as an antenatal technique transformed their perspective on childbirth and had an impact on their focus, expectations, and the meaning they attributed to it. Regardless of how they ended up in the classes, their common desire was active participation in their childbirth. The classes helped replace uncertainty with knowledge, providing a sense of security and control, which in turn fostered coping abilities. Women explored how they could influence their birth experience by strengthening their self-belief. Mental preparation proved effective as it built inner strength, enabling them to apply techniques and find meaning in their pain. This sense of ownership during the birthing process was highly significant. The women were more concerned with the emotional aspects connected to childbirth and labor rather than the specific outcome or events during the process. The birth experience provided them with a sense of coping and mental preparation played a role in facilitating healthy coping strategies.

Our findings indicate that it is crucial to provide pregnant women with comprehensive and accurate information about childbirth. By replacing uncertainty with knowledge, healthcare providers can help women develop a sense of security and control, leading to more positive birth experiences. Healthcare professionals should recognize the importance of mental preparation for childbirth. Encouraging women to strengthen their belief in themselves and their ability to influence their birth experience can contribute to improved coping mechanisms and more positive outcomes. Addressing the emotional well-being of women during childbirth is essential. Healthcare providers should acknowledge and support the emotional aspects connected to childbirth and labor. By doing so, they can facilitate healthy coping strategies and contribute to positive birth experiences.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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