Comparison of the Bradley Method and HypnoBirthing Childbirth Education Classes

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ABSTRACT

Throughout the last and current century, two different birth philosophies have existed in the United States. The most prominent of these is the medical management model. This framework starts with the premise “that pregnancy and birth are intrinsically difficult and potentially dangerous processes that when left to occur naturally, frequently result in poor outcomes” (Goer & Romano, 2012, p. 3). This model has taken birth from a natural process in most women’s lives to a medicalized procedure similar to one of disease management, with multiple “interventions” (Hinote & Wasserman, 2012; Romano & Lothian, 2008). The second of these philosophies is the physiologic care model. This model emphasizes low-technology strategies and supportive care practices to facilitate childbirth as a biologic process (Goer & Romano, 2012). Although this model is not the dominant philosophy in the United States’ culture of obstetrics today, it has made a resurgence in the last 60 years. Support for the physiologic care model continues to grow with certain providers (mainly midwives), birth educators, and women, and was the subject of the 2012 consensus statement supporting healthy and normal physiologic childbirth, developed by American College of Nurse-Midwives, Midwives Alliance North America, and National Association of Certified Professional Midwives.

According to *Listening to Mothers III* (Declercq, Sakala, Corry, Applebaum, & Herrlich, 2013), the third national U.S. Survey of 2,400 hospitalized women’s childbearing experiences, 59% of women stated that “birth should not be interfered with unless medically necessary” (p. 34). However, 67% of these women received an epidural; 62%, an intravenous catheter; 51%, one or more vaginal exams; 47%, bladder catheters; 31%, augmentation with oxytocin during labor; and 20%, amniotomy. In fact, only 17% of women surveyed achieved a physiologic or unmedicated birth (Declercq et al., 2013). With such a large gap between the desired and the achieved, are we as providers and childbirth educators doing all that we can to help these women obtain their goal?

With 99% of American women giving birth in hospitals (Martin et al., 2012), many providers recommend that their pregnant clients attend classes offered by the hospital at which they will give birth. This may not be best for women who desire a natural birth. Although informative, few hospital-based classes truly prepare a woman for physiologic childbirth (Simkin & Bolding, 2004). For this and other reasons, several different outside-of-hospital classes have been developed that specialize in guiding women through the natural progression of labor and birth. For providers and childbirth educators to best meet women’s needs, they must be knowledgeable of the content and outcomes of these diverse classes.

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To determine availability of information for parents, providers, and childbirth educators in the most relevant natural methods, a Google search of “natural childbirth education” was done. The most common class types found were the Bradley Method, Lamaze, and HypnoBirthing. Because Lamaze is the method that most hospital-based classes have

developed from (Monto, 1996; Walker, Visger, & Rossie, 2009), it was not included in this analysis. The purpose of this article is to explore the similarities and differences between the Bradley Method and HypnoBirthing methods, and to discuss published outcomes of these two programs, to enable providers and childbirth educators to be more comfortable discussing them with their clients. To achieve this goal, a scholarly literature review was done using PubMed, EBSCOhost, and Cumulative Index to Nursing and Allied Health Literature (CINAHL) by searching the following terms: *physiologic birth*, *unmedicated birth*, *natural birth*, *Bradley Method*, *HypnoBirthing*, *Mongan Method*, *husband-coached childbirth*, and *childbirth classes*.

HISTORICAL PERSPECTIVE

History of the Bradley Method

According to the American Academy of Husband-Coached Childbirth (AAHCC) website, the purpose of the Bradley Method is to teach "natural childbirth and view birth as a natural process. It is [their] belief that most women with proper education, preparation, and the help of a loving and supportive coach can be taught to give birth naturally" (AAHCC, 2013, para. 1). Dr. Robert Bradley, an obstetrician/gynecologist, developed the method in 1947 as a result of his objection to artificial conditions in the hospitals at this time. Dr. Bradley grew up on a farm in Nebraska and was accustomed to seeing the natural process that animals went through to give birth. He believed that humans could be taught to give birth without pain and fear (R. Bradley, 2008).

Dr. Bradley believed certain conditions were essential for a laboring woman: darkness, solitude, quiet, physical comfort during the first stage of labor, physical relaxation, controlled breathing, and need for closed eyes/appearance of sleep. He espoused the fundamental premise that the laboring women would have a supportive coach/husband in this process (Walker et al., 2009).

History of HypnoBirthing

HypnoBirthing (the Mongan Method) was developed by Marie Mongan and was first described in her book, *HypnoBirthing: A Celebration of Life* (1989). The ideas behind this method of childbirth education started with Mongan's own childbirth experiences. Inspired by Dr. Grantly Dick-Read's book, *Childbirth Without Fear* (1942), Mongan honed her self-hypnosis skills (HypnoBirthing Institute, 2013). The major tenet of the HypnoBirthing philosophy is "the belief that every woman has within her the power to call upon her natural maternal instinct to birth her babies in joy and comfort in a manner that most mirrors nature" (Mongan, 2005, p. 6).

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HypnoBirthing preparation aims to have expectant mothers view birth in a positive manner with the belief that childbirth does not have to be painful. It focuses on teaching the skills of deep relaxation, visualization, and self-hypnosis. This self-hypnosis is used to release fears that can convince the mind that labor is painful (Mongan, 2005; Walker et al., 2009).

COMPARISON OF CURRICULA

The objectives of both HypnoBirthing and the Bradley Method are to help women to achieve a physiologic birth. Summaries of curricula or course content from both programs were found on the HypnoBirthing and AAHCC websites. A curricular comparison can be found in Tables 1 and 2, which covers course content and recommended time to cover different content areas.

PUBLISHED OUTCOMES FROM PARTICIPANTS IN HYPNOBIRTHING AND THE BRADLEY METHOD CLASSES

According to the AAHCC website, more than 86% of the women who used the Bradley Method nationwide achieved a spontaneous, unmedicated vaginal birth (AAHCC, 2013). Several attempts were made, through e-mail and phone messages, to contact the international headquarters in Sherman Oaks, California, to discuss with the AAHCC how this number was obtained, but no response was received. Several Bradley instructors reported that these statistics are compiled from the self-report of clients to their instructors or the AAHCC website.

In 2010, the HypnoBirthing Institute compared data from *Listening to Mothers II* (*LTM-II*) report, the United States Division of Vital Statistics birth data for 2007 (Martin et al., 2010) and 2001 HypnoBirthing Parents' Birth reports that were collected between October 2005 and October 2010 (HypnoBirthing Institute, 2010). These results were posted on the HypnoBirthing website. During this period, approximately 20% of HypnoBirthing mothers reported having an epidural and less than 10% intramuscular or intravenous analgesia, which contrasts with *LTM-II* (Declercq, Sakala, Corry, & Applebaum, 2006), which reported that 76% of women received an epidural, and 22% used some form of narcotics. Also reported was the fact that HypnoBirthing mothers had a 17% cesarean surgery rate compared to the *LTM-II* rate of 32% and the United States Division of Vital Statistics rate of 31.8% (Martin et al., 2012).

Multiple studies have been conducted on hypnosis in childbirth, but none were found that evaluated outcomes of women taught the HypnoBirthing curriculum. In a Cochrane systematic review on hypnosis as pain management in labor and birth, authors concluded that women in the hypnosis intervention experienced less pain, decreased time in active labor, and fewer days in the hospital, but this was dependent on the training being done in the first or second trimesters, and four or more classes having been attended (Madden, Middleton, Cyna, Matthewson, & Jones, 2012). Of the studies reviewed, Cyna, Andrew, and McAuliffe (2006) evaluated a hypnosis intervention that most closely resembled the HypnoBirthing method. Cyna and colleagues found that women who used hypnosis had greater numbers of spontaneous vaginal births without the use of an epidural than did women who self-selected not to use hypnosis.

Although no published studies discussing the success and effectiveness of Bradley Method could be found, two articles, both peer-reviewed, were identified. In the first article, a birthing instructor discusses her own statistics for women she had trained (L. Bradley, 1995), and in the second article, results are given from 16 couples who participated in 4 different Bradley Method classes with different instructors (Monto, 1996). An outcomes comparison on the Bradley Method and HypnoBirthing can be found in Table 3.

CONCLUSION/DISCUSSION

Although the Bradley Method and HypnoBirthing are both forms of natural childbirth education, women instructed in each receive very different experiences. The Bradley Method involves a set of classes that are, in the aggregate, intended to educate on multiple

components of pregnancy, labor, birth, and postpartum. Class content includes ways to stay healthy in pregnancy as well as dangers in pregnancy and dangers of medication use in labor. In contrast, HypnoBirthing classes do not include discussion of the dangers in pregnancy, medication use, complications, or cesarean surgery in the curriculum, based on the stated philosophy that discussing certain dangers will cause fear of pregnancy/childbirth for some women, instead of accomplishing the intended goal of education (Mongan, 2005). HypnoBirthing focuses primarily on relaxation for self-hypnosis, the natural birth process, and releasing fears related to pregnancy and childbirth.

Differences between the two methods continue to be reflected in their approaches to pain management during childbirth. With the Bradley Method, women are taught relaxation exercises to help endure labor. The “coach” is the woman’s main support; the coach’s role is to aid her in achieving a physiologic birth and to help to keep outside factors from interfering with the process. The coach has an integral role in the success of the method. In contrast, women choosing HypnoBirthing are taught *self*-hypnosis to enable them to control the degree and manner in which they feel labor contractions and the process of birth. A support person is encouraged to be with the woman in the classes and during labor, but this is not a requirement for HypnoBirthing participation.

This review has delineated the similarities and differences between the Bradley Method and HypnoBirthing regarding curricula and philosophy. The content can be used by providers of women’s health and health educators in discussions with prospective parents about the two methods. It may also be useful for faculty who teach obstetric courses because nursing students would benefit from understanding the commonalities and unique aspects of these childbirth methods.

Tables 1 and and22 can be used as references for providers to guide their patients to methods that suit their childbirth situations. Table 1 compares the overall foci in each of the methods. For the woman whose partner desires a more active or guiding role during the birth, it is evident that the theme of birth coach in the Bradley Method (discussed in 40% of the classes) will likely resonate with both her and her partner. Conversely, a woman who does not have partner support or whose partner is interested in supporting, but not in becoming the women’s spokesperson during birth, may benefit from HypnoBirthing because the laboring woman mobilizes her own inner strength through hypnosis and relaxation (in 80% of the classes) for the birth process. Women who have also experienced bonding difficulties, prior traumatic birth experiences, or have fear in general related to birth may benefit from the bonding/parenting and releasing fear (discussed in 40% of classes) content in HypnoBirthing. Couples who believe that being educated about interventions, such as medication use and hospital procedures, will assist them in avoiding such interventions, may benefit from the content covered in the Bradley Method.

Table 2 shows the specific content areas addressed in each of the classes. One can see that the number of Bradley Method classes is greater than that required for HypnoBirthing, leading to a greater time commitment. For a woman who is interested in classes in the first or second trimester, the Bradley Method is a viable option. For a woman who may not have considered classes before the third trimester, it may not be an option because of the time needed for completion. Table 2 also shows that HypnoBirthing focuses on positive thoughts, releasing of fear, education about the natural birth process, self-hypnosis, and relaxation. The Bradley Method covers a much wider spectrum of topics, including the importance of staying low risk, nutrition, exercise, the anatomy and physiology of pregnancy, labor and birth, choices for labor and birth, the coach’s role, medication use, informed consent, complications, and cesarean surgery. Before recommending one of these two methods, it would be important to

discuss with a woman and her partner their reasons for wanting to take a natural childbirth class and what they hope to gain.

The paucity of evidence on the two methods regarding outcomes, as can be seen in Table 3, does not support provider recommendation of one method over the other. To date, there are no well-designed studies of the Bradley Method, and the data that is available is based on self-reported outcomes. Although there is higher level of evidence for the use of hypnosis in general for pain management in labor, it is important to note that for both HypnoBirthing and the Bradley Method, only lower levels of evidence are available, and data from the childbirth classes websites can be suspect because the companies themselves provide the information with no evidence of external review.

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The lack of substantive outcome data compels the need for providers to discuss with women and their support partners the fact that choice of childbirth education method does not guarantee a physiologic birth. Further study is needed. For example, a study is warranted comparing birth outcomes from the different natural childbirth education methods that includes only women who desire a physiologic birth, have chosen a provider who is supportive of physiologic birth, and who are giving birth in settings that will support rather than counter their preferences for physiologic birth. For women to continue to try to reclaim ownership of birth through the physiologic care model, there needs to be an available avenue for them to learn about the best ways to achieve this desired outcome. Health-care providers and educators can educate these women about specifics of the Bradley Method and HypnoBirthing as two different available pathways to help guide them through the natural process of labor and birth.

Biography

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