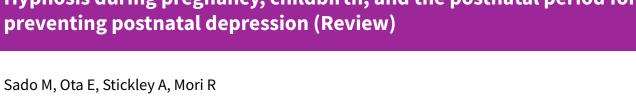


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[Intervention Review]

Hypnosis during pregnancy, childbirth, and the postnatal period for preventing postnatal depression

Mitsuhiro Sado¹, Erika Ota², Andrew Stickley², Rintaro Mori³

¹Department of Neuropsychiatry, Keio University School of Medicine, Tokyo, Japan. ²Department of Global Health Policy, Graduate School of Medicine, The University of Tokyo, Tokyo, Japan. ³Department of Health Policy, National Center for Child Health and Development, Tokyo, Japan

Contact address: Mitsuhiro Sado, Department of Neuropsychiatry, Keio University School of Medicine, 35 Shinanomachi, Shinjuki-ku, Tokyo, 160-8582, Japan. mitsusado@nifty.com.

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ABSTRACT

Background

The morbidity caused by postnatal depression is enormous. Several psychological or psychosocial interventions have appeared to be effective for treating the disorder although they have not shown a clear benefit in preventing the development of PND. As yet however, the effectiveness of hypnosis has not been evaluated in relation to this.

Objectives

To assess the effect of hypnosis for preventing postnatal depression compared with usual antenatal, intranatal, or postnatal care.

Search methods

We searched the Cochrane Pregnancy and Childbirth Group's Trials Register (30 September 2011).

Selection criteria

Randomised controlled trials comparing hypnosis with usual antenatal, intranatal, or postnatal care, where the primary or secondary objective is to assess whether there is a reduced risk of developing postnatal depression.

Data collection and analysis

Two review authors independently assessed trials for inclusion and assessed the one included study for risk of bias. The included study did not contribute any data for analysis.

Main results

There was one included study (involving 63 women). However, as it did not include the outcomes of interest, no data were available for analysis for this review.

Authors' conclusions

There was no evidence available from randomised controlled trials to assess the effectiveness of hypnosis during pregnancy, childbirth, and the postnatal period for preventing postnatal depression. Evidence from randomised controlled trials is needed to evaluate the use and effects of hypnosis during the perinatal period to prevent postnatal depression. Two trials are currently underway which may provide further information in the future.



PLAIN LANGUAGE SUMMARY

Hypnosis during pregnancy, childbirth, and the postnatal period for preventing postnatal depression

Mental illness during pregnancy and the postnatal period can consist of a short period of mood swings, crying spells, irritability (baby blues), depression and postnatal psychosis. Postnatal depression (PND) falls along this spectrum. The morbidity caused by PND is enormous. Possible symptoms can include depressive mood, loss of interest or pleasure in daily activities, anxiety, irritability, insomnia, feelings of guilt, and thoughts of suicide in the first three months after giving birth. These can negatively impact on infant feeding, maternal-infant interaction and the mother's perceptions of infant behaviour. Several psychological or psychosocial interventions appear to be effective for treating the disorder, such as cognitive-behavioural therapy, counselling with or without antidepressants, health visitor-led counselling, peer support, and interpersonal psychotherapy. In regard to prevention however, psychosocial or psychological interventions have not shown a clear benefit in preventing the development of PND. Although hypnosis has been used for a long time to reduce pain during labour and birth, the effectiveness of hypnosis for preventing PND has not yet been evaluated. Hypnosis can be described as a heightened state of focal concentration and receptivity to the suggestions of another person. This person brings about the hypnotic state by focusing the person's attention on a monotonous routine. This review included one study (involving 63 women) but it did not contribute any data to this review. There is insufficient evidence from randomised controlled trials to determine whether hypnosis is effective for preventing PND when compared with usual antenatal, birthing, or postnatal care procedures. Two trials are currently underway however, which may provide further information in the future.