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Women's attitude towards the use of complementary and alternative medicines (CAM) in pregnancy



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ABSTRACT

Background: the popularity of non-prescription, over-the counter (OTC) medicines, vitamins, minerals, homoeopathic remedies and herbal supplements (CAM) has grown significantly in recent years. However, we have limited knowledge relating to why pregnant women use CAM and how this may relate to the provision of maternity care. Using an interview approach this study explored the nature of over-the-counter and complementary medicines use in a sample of pregnant women.

Methods: this interview study formed part of a larger self-administered questionnaire survey on the extent of CAM use in pregnancy at large NHS Trust in England. The questionnaire provided the opportunity for women to complete a contact information reply slip if they were happy for follow-up interview. Audio recorded, face to face interviews were undertaken with a sample of 10 women.

Results: the reasons the women who were interviewed gave for using CAM broadly fell into two areas centred essentially on the contrasting advantages of CAM and disadvantages of conventional medicine. Doctors or midwives were rarely informed about the use of CAM medicines during pregnancy.

Conclusion: the women saw CAM as outside of biomedicine and part of a holistic approach to health and well-being over which they are able to maintain their personal control. Non-disclosure of CAM use was common, a feature of which, appears to be some health-care professionals' lack of realisation of the importance, to women, of a holistic approach to their health, key to which is a desire to retain control over decisions associated with their well-being.

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Introduction

We have limited knowledge relating to why pregnant women use CAM and how this may relate to the provision of maternity care. Using an interview approach this study explored the nature of over-the-counter and complementary medicines use in a sample of pregnant women.

Health has come to signify much more than an absence of physical disease for many people in western societies and Soller (1998) argues that within this self-care is a complex phenomenon of which responsible use of non-prescription medicines is just one facet. As people become more active health consumers, they tend to gain more control of their own health care and purchase health products and services directly, including CAM. Dissatisfaction with conventional medicine, including the quality of the doctor/patient

relationship, has also been related to the use of CAM (Murray and Shepherd, 1993). Siahpush (1999) found that dissatisfaction with conventional medicine does not completely explain people's attitudes towards alternative medicine. In his study, a substantial proportion of variance was explained by a set of values that included faith in natural remedies, subscribing to a holistic view of health, and believing in individual responsibility. Leiser (2003) however, describes an alternative perspective suggesting that CAM allows people to express dissatisfaction with contemporary society and its values, and they feel they are doing something personally to resist it. Leiser (2003) goes on to suggest that CAM can represent a paradigm of demedicalisation. The demand for advice on non-pharmacological means of dealing with symptoms of pregnancy, pain in labour and postnatal discomforts, parallels the rise of the movement away from what many view as the medicalisation of childbirth. The publication of government policy documents, Maternity Matters (DH, 2007) and the National Service Framework (DH, 2004), signal a readjustment of the balance by focusing on consumers' rights and providers'

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obligations rather than the professionals' right to direct and the clients' obligation to comply. These maternity focused documents signal a policy shift appearing to put choice and control into the hands of women thereby challenging the power of the medical profession and its discourses. For many control and autonomy are synonymous with the notion of empowerment of women. If the use CAM can be seen to be aligned with the concepts of choice and control in childbirth then it is imperative for health-care providers and professionals to understand its influence.

Aim

Explore the nature of over-the-counter and complementary medicines use in a sample of pregnant women, the role and influence of others on choice and to what extent a desire to maintain choice and control influenced decision making.

Methodology

Recruitment

Following NHS ethics approval the opportunity to complete a self-administered questionnaire on the nature and extent of OTC and CAM use in pregnancy was to be offered to all pregnant women booked for maternity care at the a large English NHS Trust, at 36–41 weeks gestation over a 3–4 month period. The five week window from 36 weeks to 41 weeks gestation was chosen in order to maximise the potential for capturing OTC and CAM use over a pregnancy. As part of the questionnaire survey study women were provided with the opportunity to complete a reply information slip if they were happy to be contacted for a follow-up interview.

An initial telephone contact was made and the woman asked again if she was happy to be interviewed about her OTC and CAM use in pregnancy. If the woman agreed then an information sheet and consent form were posted out and a convenient time and place was agreed upon for the interview to take place.

Study population

Face to face, in depth, interviews were undertaken with a sample of 10 women. Pragmatically this was constrained by time but as suggested by Guest et al. (2006) 10–12 qualitative interviews were thought sufficient to gather contextual data.

Consent

Formal written consent was taken prior to any questions being asked or conversation recorded. It was made clear to the women that their anonymous narrative may be used in the final report of the research and explicit consent was sought for tape recording and the use of narrative in published work.

Data collection

Audio recorded, semi-structured interviews using a topic guide were undertaken with the women. The use of a semi-structured topic guide provided the rigour needed to ensure that ideas and themes were explored while providing the necessary flexibility to allow women to raise and explore issues that were germane to them but may not have been anticipated by the topic guide. The accuracy and completeness of the data was ensured by audio taping all scheduled interviews. These were then fully transcribed and then checked against the original audio tape. Field notes were made during the interview and immediately afterwards. Whilst

not providing the detail of a recorded interview the field notes captured the flavour of each interview and the comments made by the women which were concordant with emerging themes. Once the interviews transcribed were subjected to thematic analysis with the purpose of identifying themes and patterns (Polit and Hungler, 1995).

Findings

Five main themes became evident on examining and coding the interview data. Sub-themes appeared within each theme with a sub-theme thread of information giving and receiving running throughout them all, but this was particularly evident in relation to choice, control, communication and safety and risk.

Theme	Sub-themes
Choice	'Ideal types' of women Information Time
Control	'Will know better' next time Information Autonomy and active participation
Communication	Muted responses Risk and blame Information
Well-being	Diet Health and holism
Safety	CAM and OTC safety Natural not chemical Information

Choice

Of the 10 women interviewed, all made either an in-direct or direct reference to their ability to exercise choice. The reasons the women who were interviewed gave for using CAM reflect much of the existing literature (Holst et al., 2009; Forster et al., 2006; Vickers et al., 2006) and broadly fell into two areas centred essentially on the contrasting advantages of CAM and disadvantages of conventional medicine. Women saw CAM as outside of biomedicine and part of a whole approach to health and well-being over which they are able to maintain their personal control instead of being told what they should do by doctors or midwives:

Something that you have control over, something that you decided to do for your health rather than something that you've just been instructed to do. (P2)

A sub-theme within choice was women's perception of themselves as viewed by the professional caring for them; the idea of the 'ideal patient'. Five of the women articulated feelings around choice and perception of themselves. One woman in particular described a system in which her choices were limited because she saw herself as having little status to the professionals caring for her. She was consequently unable to express herself freely for fear of ridicule and found herself unable to fully engage with the maternity care system:

Yeah you just go through the motions, I don't think you get a lot of choice, and if you do something wrong then you're kind of really looked down on and told off for doing it. (P4)

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