



## Women's use of complementary and alternative medicines during pregnancy: A cross-sectional study



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### ABSTRACT

**Objective:** to determine the prevalence of women's use of complementary and alternative medicines (CAM) during pregnancy in the UK, reasons for use, who recommended CAM, and the characteristics of women that are associated with use of CAM during pregnancy.

**Design:** cross-sectional questionnaire.

**Setting:** Birmingham Women's Hospital.

**Participants:** 315 postnatal women were surveyed while on the postnatal ward.

**Findings:** the questionnaire response rate was 89% (315/355). CAM use during pregnancy was reported by 180 women (57.1%). CAM users differed significantly from non-CAM users by education level, parity and previous CAM use before pregnancy. Vitamins (34.9%), massage therapy (14.0%), yoga (11.1%) and relaxation (10.2%) were the most commonly reported uses of CAM. 33.0% of women reported they did not disclose their use of CAM to a doctor or midwife, and 81.3% were not asked by their doctor or midwife about their use of CAM during pregnancy.

**Key conclusions and implications for practice:** this study found a high prevalence of CAM use during pregnancy, which is within the range of findings of studies from Australia and Germany. It is important that health-care providers routinely ask about CAM use during pregnancy and are able to provide pregnant women with appropriate advice regarding CAM use.

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### Introduction

Complementary and alternative medicine (CAM) is defined by the World Health Organisation as 'a broad set of health-care practices that are not part of a country's own tradition or not integrated into its dominant health-care system'. It has been suggested that 20–28% of the population in the UK use CAM (Ernst and White, 2000; Thomas et al., 2001a). Women are at the vanguard of this trend (Allaire et al., 2000; Adams et al., 2003; Gaffney and Smith, 2004; Bishop and Lewith, 2010) and may decide to use some modalities of CAM during their pregnancy. This may be due to a preference for taking responsibility for one's own health care, or because of the perception that CAM are 'natural' and cause no harm (Gaffney and Smith, 2004; Nordeng and Haven, 2004; Kalder et al., 2011).

Little is known about the safety of using CAM during pregnancy. This is concerning considering that some forms of CAM, for

example herbal remedies, possess pharmacologically active ingredients, and are not subject to the standard scrupulous regulations of conventional drugs (Fakeye et al., 2009). Additionally, an American study found that 62% of patients used alternative medicine without informing their clinicians (Eisenberg et al., 1998). This could lead to a delay or avoidance in obtaining the appropriate conventional treatment or may interfere with the mechanism of action of a prescribed medication (Furrow et al., 2008), potentially jeopardising the mother or her baby's health.

Previous studies from the UK (Bishop et al., 2011), Germany (Kalder et al., 2011) and Australia (Skouteris et al., 2008) have indicated a range of different factors that have been associated with CAM use during pregnancy as well as a wide range of uses of CAM (Nordeng and Haven, 2004). Having an awareness of these issues could help health-care professionals to focus advice surrounding use of CAM, guiding women to make informed decisions about self-management techniques during pregnancy.

There is limited research concerning who recommends CAM during pregnancy in the UK. A Norwegian study on herbal therapy use describes family and friends to be the most common source of knowledge (Nordeng and Haven, 2004). In contrast, a German

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study suggests that midwives play a major role in advocating CAM use during pregnancy and labour (Münstedt et al., 2009). By identifying the common sources of advice accessed by women in the UK, greater awareness and education can be directed to those administering advice, allowing them to provide informed guidance where it is most needed.

Prevalence figures of women's use of CAM during pregnancy have been reported from the UK (Bishop et al., 2011), Australia (Skouteris et al., 2008), United States (Wang et al., 2005), Norway (Nordeng and Haven, 2004) and Germany (Kalder et al., 2011) and range from 26% to 70%. However many of these studies are small, have poor response rates and are difficult to compare because of the differences in definition of CAM, study design and sampling techniques.

The objectives of this study were to describe for a UK population the prevalence of and characteristics associated with CAM use during pregnancy, the symptomatic complaints women use CAM for during pregnancy, use of a CAM practitioner, and how they heard about CAM.

## Methods

This cross-sectional survey of postpartum women aged 18 and over was undertaken at the Birmingham Women's Hospital, Birmingham, UK from March until April 2011. Patients were accessed from both the postnatal wards and a midwife-led Birth Centre, and were deemed appropriate for inclusion by the midwife in charge. Mothers were excluded if they had recently lost a baby, or the baby was in neonatal intensive care, so as to avoid the possible extra burden of participation. Each mother was approached by the researcher, provided with a patient information leaflet and invited to complete a questionnaire. The researcher offered to verbally administer the questionnaire if the mother preferred, this was done the majority of the time. For non-English speaking patients, translation was done by a family member where possible.

### Questionnaire design

The questionnaire was retrospective and self-reporting, constructed specifically for this study, taking approximately 2–5 minutes to complete. A small pilot was carried out amongst 10 people to ensure the questionnaire was readable and simple to complete. Following this the questionnaire was adjusted to improve clarity.

The modalities of CAM were based upon National Centre of Complementary and Alternative Medicine definitions and categories of CAM (2012). A table including CAM modalities required the participants to report which types they used during pregnancy, what they used it for, how they heard about it, and whether they visited a trained practitioner. Data was collected on age, home situation, ethnicity, education level, and parity. The question on ethnicity was based on categories from the Census 2011 (Office for National Statistics 2011). Further information regarding use of CAM before pregnancy, disclosure of CAM use to a health-care professional and being asked by a health-care professional about use of CAM were also ascertained.

Consent was implied by completion of the questionnaire, which stated participation was optional. The questionnaire was confidential and anonymous and included no personal identifiers.

### Statistical analysis

Data were entered into an Access database. SPSS version 18.0 package was used to analyse data. Frequencies and percentages were calculated for categorical variables with 95% confidence

intervals. Women who used CAM during pregnancy were defined by reported use of one or more CAM modalities. An independent *t*-test was used to compare the mean age of CAM-users and non-CAM users.  $\chi^2$  tests were calculated to compare the proportion who reported CAM use by home situation, ethnicity, qualification level, parity and previous use of CAM prior to pregnancy. A multiple logistic regression was used to further examine the relationship of the characteristics ethnicity, education level, parity and previous use of CAM, observing their association with CAM use during pregnancy. Answers regarding reasons for use and how women heard about CAM were analysed by conventional content analysis. A *p*-value  $\leq 0.05$  was considered statistically significant. Prayer was included in the Table 2, but excluded from all other analysis due to the majority of women expressing surprise that prayer was defined as a CAM and voicing their disagreement with this categorisation.

## Findings

### Participant details

315 (89%) of the 355 women approached responded. The mean age of women in this study was 29.0 years (standard deviation (SD)=5.6). 184 women (58.4%) were married, 168 were white (53.3%), and 121 (38.4%) were primiparous. The details of the participant characteristics are summarised in Table 1.

### CAM use during pregnancy

There were 180 women (57.1%) who reported using at least one form of CAM during pregnancy (excluding prayer). 28.2% of

**Table 1**  
Characteristics of women.

Characteristic	n (%) of total sample n=315	CI (95%)	
		Minimum	Maximum
<b>Age (years)</b>			
Under 25	75 (23.8)	60 (19.1)	90 (28.5)
25–34 years	185 (58.7)	168 (53.3)	202 (64.2)
Over 34	53 (16.8)	40 (12.7)	66 (21.0)
<b>Home situation</b>			
Co-habiting	99 (31.4)	83 (26.3)	115 (36.6)
Married	184 (58.4)	167 (53.0)	201 (63.9)
Single	31 (9.8)	21 (6.6)	41 (13.1)
<b>Ethnic group</b>			
White	168 (53.3)	151 (47.8)	185 (58.8)
Asian	97 (30.8)	81 (25.7)	113 (35.9)
Black	27 (8.6)	17 (5.5)	37 (11.7)
Other or mixed	23 (7.3)	14 (4.4)	32 (10.2)
<b>Qualifications</b>			
Below degree	205 (65.1)	189 (60.0)	221 (70.3)
Degree or postgraduate	109 (34.6)	93 (29.4)	126 (39.9)
<b>Primiparous</b>			
Yes	121 (38.4)	104 (33.0)	138 (43.8)
No	194 (61.6)	177 (56.2)	211 (67.0)
<b>Used CAM before pregnancy</b>			
Yes	104 (33.0)	88 (27.8)	120 (38.2)
No	208 (66.0)	192 (60.8)	225 (71.3)
<b>Mother informed doctor or midwife of using CAM</b>			
Yes	119 (37.8)	102 (32.4)	136 (43.1)
No	63 (20.0)	49 (15.6)	77 (24.4)
I did not use any	126 (40.0)	109 (34.6)	143 (45.4)
<b>Midwife or doctor asked mother about use of CAM</b>			
Yes	43 (13.7)	31 (9.9)	55 (17.4)
No	256 (81.3)	243 (77.0)	270 (85.6)
I do not know	14 (4.4)	7 (2.2)	21 (6.7)

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