



Case study

Women's use of complementary and alternative medicine in pregnancy: A search for holistic wellbeing



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ABSTRACT

Background: A number of studies have found increased use of complementary and alternative medicine (CAM) during pregnancy and birth. However, little is known about women's motivation in seeking CAM during pregnancy or their experiences of use in relation to their pregnancy and childbirth journey.

Methods: A narrative study sought to explore the meaning and significance of CAM use in pregnancy from the perspective of CAM users. Narrative style interviews were conducted with 14 women who had used a range of CAMs during pregnancy and birth. Data analysis focussed on the meaning and significance of CAM use in pregnancy and a number of core themes emerged.

Findings: This paper focusses on the theme which illustrates the meaning behind women's use of CAM in pregnancy and childbirth as one of seeking holistic wellbeing.

Conclusion: Participants engaged with CAM as a way of fulfilling their physical, emotional and spiritual needs during pregnancy. Use of CAM signified women's desire to be proactive in health seeking behaviours.

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1. Introduction

For the purposes of this paper the definition provided by the National Centre for Alternative and Complementary Medicine (NCCAM) as a 'group of health care approaches developed outside of conventional medicine for specific conditions or overall wellbeing' is used.¹ There has been a steady increase in the use of CAM in most developed countries.² This trend has been noted in particular during pregnancy and childbirth with reports of increased prevalence in this population.^{3–8} The philosophies and principles which underpin CAM differ considerably from the medical model in their focus on the interconnectedness of mind, body and spirit.^{9,10} Qualitative studies suggest women seek CAM to prepare themselves for labour and increase their chance of having a normal birth,¹¹ to aid relaxation and to retain control over health decisions.⁷ Many midwives have also embraced CAM and claim that CAM empowers women, gives them confidence in their ability to birth and reduces the likelihood of medical intervention and supports the provision of a woman-centred, holistic and social model of care.^{12–14} However, some midwives caution about the

safety of CAM and suggest that use of CAM may prevent women from utilising and developing their inner resources and coping strategies.^{15,16} Many research studies have identified that women do not disclose use of CAM to health professionals citing negative attitudes and fear of ridicule.^{3,5} There is a lack of empirical data which explores women's motivations in seeking CAM and the impact of CAM use on the experience of pregnancy and birth.

This paper presents some findings from recent qualitative research which aimed to explore the meaning which underpins women's motivations and experiences of CAM use in pregnancy.

2. Methods: narrative research

This study used a narrative methodology to give voice to women's experiences of using CAM during pregnancy and childbirth. Narrative research is a genre within qualitative research which focuses on the meaning that individuals ascribe to life events.¹⁷ The importance of narrative research lies in the notion that story telling allows individuals to make sense of their world, and that this process is retrospective in nature. This allows for an exploration of the meaning of important life events.

Women were recruited via a network of complementary therapy practitioners in the Southwest of England. Women were eligible for the study if they had used at least one therapy in a past

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Table 1
Complementary and Alternative Therapies used by participants during pregnancy and/or birth.

Participant	CAM used
Norma	Homoeopathy, chiropractic, acupuncture, naturopathy, herbal
Caroline	Yoga, relaxation, hypnotherapy, reflexology, acupuncture, reiki.
Riley	Kinesiology, shamanic journeying, cranio-sacral therapy, reflexology, acupuncture, herbalism, homoeopathy, yoga, Bach flower remedies
Star	Hypnobirthing, acupuncture, reflexology, massage, chiropractic, yoga
Alison	Reflexology, massage, chiropractor
Rachel	Shiatsu, meditation and visualisation, hypnobirthing, yoga, healing
Rose	Chiropractic, osteopathy, moxibustion, hypnobirthing, yoga, reflexology, shiatsu
Ladybird	Massage, acupuncture, herbal remedies, chiropractic
Stephanie	Acupuncture, reflexology, hypnotherapy
Clarissa	Homoeopathy, massage, reflexology, acupuncture, shiatsu, yoga
Erin	Hypnobirthing, theta DNA healing, chiropractic, yoga, acupuncture, homoeopathy, herbal remedies
Daisy	Massage, reflexology, chiropractic, yoga
Alexandra	Hypnobirthing, yoga, homoeopathy
Louise	Shiatsu, nutritional therapy, yoga, homoeopathy

pregnancy or birth, and spoke fluent English. Women were excluded if they were currently pregnant or within 6 weeks of birth. Fourteen women who actively requested to be part of the study met the eligibility criteria. Participants were aged between 26 and 42, all were educated to tertiary level and were relatively affluent. One woman was from Germany, one white American, one black American and one had been raised in Australia. All other participants were Caucasian of British origin. The 14 women had used 21 different CAM modalities between them (see Table 1).

A leaflet outlining the study was provided and a consent form was signed by participants. However, in narrative research it is important to gain informed consent as the research proceeds as individual stories are constructed during interviews, thus neither the researcher nor the participants can anticipate what may be revealed.¹⁸ Consequently, consent was re-negotiated at each and every stage of the research process. Participants were informed they could opt out of the research at any time.

In-depth face-to-face interviews were carried out by MM on 2 occasions with 12 participants and on 3 occasions with 2 participants. The interviews took place at a location requested by the participants which was in all but one case in their homes. Most interviews lasted about 1.5 h, the longest 3 h, the time was adjusted according to the needs of the participants, and all included the question: 'Tell me about the complementary therapies you used during pregnancy or birth'. The second or third interview served as an opportunity for women to either continue telling their story or as an opportunity to question and seek clarification. Transcripts of the interviews were shared with participants and this often stimulated further discussion and clarification. Support services were available through a 'Births reflection' service if required by participants.

Interview data were transcribed verbatim and data analysis was conducted with the intention of revealing the motivations, experiences and meaning of CAM use. Analysis focussed on holistic interpretation of individual narratives, the identification of themes across narratives, and the socio-cultural influences in the narratives. Supervisor and peer review of the themes also took place and served to enhance trustworthiness of data analysis and interpretation. The findings which focus on the theme of holistic health are presented and discussed. Permission to undertake the study was granted by the University Ethics Committee. To protect anonymity participants chose their own pseudonym.

3. Findings

3.1. Pregnancy, the body and CAM: a search for physical wellbeing

All participants' narratives revealed how the physical changes of pregnancy impacted on their daily lives. Clarissa found massage helped her cope:

'From the massage I felt I got a lot for me personally, for my body to be treated. It really helped with reducing fluid, stiff legs, aching legs and my back.' (Clarissa)

A number of participants experienced distressing side effects of pregnancy. Alison found much relief from her symptoms with massage and chiropractic:

'I suffered terribly when I was pregnant, twitchy leg syndrome, twitches and twitches and massage really did help. I used to go for a full body massage and she would spend ages draining my calf muscles and thigh muscles and for the next couple of days it would be better. It was a murderous side effect of pregnancy. Then I developed appalling sciatica. So I went to see (chiropractor) and she cured my bad back and sciatica.' (Alison)

Stephanie sought acupuncture for nausea and was convinced it had a 'real effect'. Star gained relief from nausea and vomiting with reflexology and from headaches with cranio-sacral therapy. Many continued treatments throughout pregnancy and judged the worthwhile nature of CAM by the relief they gained from their symptoms.

The connection between bodily experiences during pregnancy and emotional wellbeing was also evident in participants' narratives. Rose described how constant back pain 'gets you down' but with the help of chiropractic treatment she 'felt great during pregnancy'. Rachel practised meditation and shiatsu to help her 'be aware of her body' but recognised the impact these practices had on her emotional wellbeing.

'I think because it's a hands on therapy, having that touch on the body helps you to be in your body. Often before a treatment I might have had lots of worries or concerns going on in my head so part of the shiatsu treatment definitely helped me with all those thoughts.' (Rachel).

Participants intuitively sensed this connection between physical wellbeing and their emotions. They noted by attending and seeking help for their physical symptoms emotional wellbeing was enhanced as Alexandra describes:

'I put on 5 stone in pregnancy, I felt really low and couldn't sleep anymore, I just hated it. I was huge. I was so big, you can't move, you can't walk, you have backache and I couldn't turn over in bed, oh it was awful. I went for hypnotherapy and that really helped me get on top of those feelings' (Alexandra).

Many of the participants felt the advice they received from health professionals was limited. Although Rose was referred by her midwife for physiotherapy she found this did little to help her back pain. Many also felt there was little opportunity to talk to midwives about their concerns. Alexandra's experience highlights this point:

'The midwives they were often running late when it was my turn. They are like, blood pressure is OK, no sugar in your urine, right OK, is there anything else and you know they just want to hear no or fine and then you are out again. There were often times when I just wanted to talk to someone but never felt I could because there was just so much time pressure on them.' (Alexandra)

Participants recognised the temporal pressures midwives faced and were concerned 'not to bother them too much' (Rachel). Thus, it

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