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REVIEW

Midwives' support for Complementary and Alternative Medicine: A literature review

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Received 24 September 2010; received in revised form 9 December 2010; accepted 9 December 2010

KEYWORDS

Alternative medicine;
Complementary
medicine;
Midwife;
Maternity;
Pregnancy;
Literature review

Summary

Objective: There is evidence that the use of Complementary and Alternative Medicine by childbearing women is becoming increasingly popular in industrialised countries. The aim of this paper is to review the research literature investigating the midwives' support for the use of these therapies.

Method: A search for relevant research published from 2000 to 2009 was undertaken using a range of databases and by examining relevant bibliographies. A total of thirteen studies were selected for inclusion in this review.

Results: The findings indicate that the use of Complementary and Alternative Medicine is widespread in midwifery practice. Common indications for use include; labour induction and augmentation, nausea and vomiting, relaxation, back pain, anaemia, mal-presentation, perineal discomfort, postnatal depression and lactation problems. The most popular therapies recommended by midwives are massage therapy, herbal medicines, relaxation techniques, nutritional supplements, aromatherapy, homeopathy and acupuncture. Midwives support the use of Complementary and Alternative Medicine because they believe it is philosophically congruent; it provides safe alternatives to medical interventions; it supports the woman's autonomy, and; incorporating Complementary and Alternative Medicine can enhance their own professional autonomy.

Conclusions: There is considerable support by midwives for the use of Complementary and Alternative Medicine by expectant women. Despite this enthusiasm, currently there are few educational opportunities and only limited research evidence regarding CAM use in midwifery practice. These shortfalls need to be addressed by the profession. Midwives are encouraged to have an open dialogue with childbearing women, to document use and to base any advice on the best available evidence.

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Introduction

'Complementary and Alternative Medicine refers to a broad collection of therapeutic practices and products that are not considered part of conventional medicine'.¹ The National Centre for Complementary and Alternative Medicine (an American based organisation) categorises Complementary and Alternative Medicine (CAM) into five major domains: whole medical systems; mind–body medicine; biologically-based; manipulative and body-based practices; and energy fields.¹ The generic term 'CAM' encompasses a range of diverse therapies which vary widely in regard to evidence of safety and efficacy, and acceptance within the community (Ref. 2, p.2). Women are the highest consumers of CAM in the general population³ and many continue their use during pregnancy.^{4–6} Midwives have a growing interest in CAM and their place in the maternity setting.⁷ However some authors question the appropriateness of these therapies in midwifery practice.^{8,9}

The overall aim of this review is to examine existing research that explores the use of Complementary and Alternative Medicine in midwifery practice. Specifically this review sought to determine the prevalence for CAM use by midwives and the associated motivating factors. The paper begins with an outline of the literature search strategy. This is followed by an overview of the research literature on the topic where the study characteristics and limitations, in addition to the results, are assessed. The discussion then considers the findings and concludes with recommendations for midwifery practice.

Literature search strategy

A search of literature published from 2000 to 2009 was undertaken on AMED (Allied and Complementary Medicine Database), Medline, CINAHL (Cumulative Index to Nursing, Allied Health Literature), Proquest and Sciencedirect, Maternity and Infant Care and Cochrane databases. Articles were also identified by examining bibliographies, relevant texts and searching the Internet using the Keywords: maternity; midwifery and pregnancy; cross-referenced with; complementary medicine; alternative medicine; acupuncture; herbal medicine; aromatherapy; massage; natural medicine and homeopathy. Selection of articles was limited to those published in English language. This report focuses on research-based studies that investigate midwives' support for the use of Complementary and Alternative Medicine. Some of the retrieved articles were excluded because they were commentaries or clinical studies.

An overall synopsis of the 13 papers reviewed, reveals that five used a survey tool to collect quantitative data,^{10–14} five used interviews (primarily) to collect qualitative data^{15–19} and three reported on findings from a survey instrument that collect both quantitative and qualitative data.^{12,20,21} The seven papers that reported findings which related predominately to the prevalence of CAM use in midwifery practice are summarised in Table 1. The six papers that explored midwives' motivations for CAM use are summarised in Table 2.

Results

Study characteristics and limitations

The surveys reveal a substantial number of midwives support the use of CAM in practice. However making comparisons between these studies is sometimes difficult due to methodological inconsistencies. To start with, not all of the researchers describe the instrument used. When sufficient information on the tool is given, it becomes apparent that there are considerable differences in how the CAM definition is operationalised; some researchers collected data on a wide range of possible therapies while others used a restricted list. For example, Wiebelitz¹³ concentrated specifically on the use of phytotherapy, hydrotherapy, acupuncture and homeopathy, however other common CAM therapies, such as massage and dietary supplements, are not made explicit. On the other hand, the instrument used by Bayles¹⁴ contained a list of indications and the participants were asked to identify any CAM therapies they had recommended during the preceding year; this resulted in an extensive and diverse inventory including 'sexual intercourse' and 'prayer'.¹⁴ Other studies exploring complementary medicine use in the general population have also included these activities.^{22,23} However incorporating such a wide range of possibilities under the CAM rubric is not only debatable, but also problematic when making judgements in relation to other studies. There is also some confusion relating to how the various CAM therapies are categorised *within* some studies. The study conducted by Hastings-Tolsma and Terada,¹² for instance, classifies ginger *root* under the heading of 'herb' but ginger *capsules* are listed as 'pharmacologic and biologic treatments'. Other inconsistencies amongst the surveys result from how the variables are defined. For example both Allaire¹⁰ and Bayles¹⁴ found a most participants (93.9% and 100% respectively) recommended and/or referred women for CAM treatments. These studies have included recommendation and/or referral as one variable. However, the practice of midwives recommending CAM is quite different from referring women to a qualified practitioner; it is an important distinction which should be made explicit.

Other inherent limitations of the quantitative studies result from the use of self-administered questionnaires. Although they allow the researchers to collect data in a relatively standardised and efficient manner, the tool is limited by the ability of participants understanding of CAM and their willingness to recall and report use. In addition, sample size, response rates and variations in study characteristics (such as participant selection criteria), will affect the findings. A case in point is the German study¹³ that confined data collection to midwifery schools; in other settings, midwives may respond quite differently. Hence, the participants may not be representative and the findings may be skewed.

Limitations are also evident within the six qualitative studies examined in this review. The results from these papers provide useful insights into midwives' understandings and motivation for CAM use however, the qualitative data reflects the local situation and therefore cannot be generalised to other areas. It should be noted that, while midwifery practice shares some common ground, the various health

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