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## CLINICAL ARTICLE

## Use of and attitudes toward complementary and alternative medicine among obstetricians in Israel

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## ABSTRACT

**Objective:** To examine attitudes toward and use of complementary and alternative medicine (CAM) by obstetricians during pregnancy and childbirth. **Methods:** Between 2010 and 2011, obstetricians from 7 medical centers (n = 170) in Israel completed questionnaires examining the use and recommendation of CAM treatments during pregnancy and childbirth. Attitudes were examined via the CAM Health Belief Questionnaire (CHBQ). **Results:** Over half of the participants (58.8%) reported using at least 1 CAM treatment, and nearly two-thirds had recommended or would recommend CAM to pregnant patients. By contrast, use of CAM during childbirth was recommended by only 26% of respondents. The total CHBQ score was moderately high (mean ± SD, 40.4 ± 7.30; possible range, 7.0–70.0), indicating an overall positive attitude toward CAM. Female board-certified specialists answered more favorably regarding attitudes toward CAM (P = 0.004). The structural validity of the CHBQ was examined using varimax rotation factor analysis, which produced a 3-factor solution explaining 63.1% of the variance. **Conclusions:** Most obstetricians exhibited positive attitudes toward CAM and recommended its use during pregnancy, but did not support CAM use during childbirth. This discrepancy might be partly due to the involvement of Israeli obstetricians in predominantly high-risk cases of childbirth requiring intervention.

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## 1. Introduction

The use of complementary and alternative medicine (CAM) is prevalent among female patients during their reproductive years [1–3], and as many as 70% of women present to obstetricians reporting either the use of CAM or consultation with CAM practitioners [4–7]. Most patients using CAM believe that these treatments are effective and safe [1]. Medical professionals, including obstetricians, are frequently unfamiliar with CAM [8–10], and many hold negative views regarding this practice [11]. A large proportion of patients who use CAM do not disclose this practice to physicians, either because they expect a negative reaction or because they are not asked [4,5,7,12].

In countries such as the United States, United Kingdom, Australia, and New Zealand, perinatal care, including care during childbirth, is managed primarily by primary care obstetricians and family physicians, [13–15]. Obstetricians practicing in these countries have been found to have positive attitudes toward CAM, and many recommend CAM therapies to their patients [16,17]. It is not clear, however, how obstetricians in these countries feel about CAM during childbirth.

In Israel, pregnancy is monitored almost exclusively by community-based obstetricians, usually in a primary care clinic affiliated with 1 of the 4 government-financed health funds. Childbirth, by contrast, nearly always occurs in government-authorized medical centers and is managed almost exclusively by nurse-midwives. Cases of high-risk pregnancy in the community are managed at specialized clinics, where pregnancies are closely monitored until childbirth. Hospital obstetricians intervene almost exclusively in high-risk or complicated births, and in pre-scheduled cesarean deliveries. As a result, pregnancy and childbirth in Israel are managed by 2 different obstetricians: 1 in the community and 1 in the hospital.

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There is little research available on the attitudes of obstetricians toward CAM, and to our knowledge no studies have examined this issue among obstetricians in Israel. The aim of the present study was, therefore: (1) to examine the use of CAM by obstetricians and gynecologists in Israel during pregnancy and childbirth; (2) to examine the psychometric properties of the CAM Health Beliefs Questionnaire (CHBQ) [18], a study tool developed for this purpose, when used among obstetricians and gynecologists; and (3) to document the attitudes of obstetricians and gynecologists in Israel toward the principles of CAM by means of the CHBQ.

## 2. Materials and methods

In a survey-based study, a convenience sample of hospital-based obstetricians and gynecologists (board-certified specialists or residents) were recruited from 7 medical centers in southern, central, and northern Israel between August 1, 2010, and May 31, 2011. Authorization for the study was granted by the Institutional Review Board (IRB) of each participating medical center. Signed informed consent was not required because completion of the questionnaire indicated agreement to participate. The study questionnaire was prefaced by a statement to the effect that completion of the questionnaire was to be conducted in an anonymous and entirely voluntary manner. No incentive for completing the study questionnaire was offered.

The 7 study centers were university-affiliated public hospitals serving a diverse population from both a cultural and a socioeconomic perspective. The obstetric-gynecologic residency in Israel is a 6-year program, of which at least 18 months are spent in obstetric training and another 18 months are spent in combined gynecology and obstetric practice. Once certified, specialists can choose to focus their practice in obstetrics or other fields, and most work at least part-time in community-based clinics.

Participating obstetricians completed a questionnaire asking for information regarding demographics (age, country of birth, and marital status) and professional training (medical school and residency). Respondents were asked to state what percentage of their workload was allocated to hospital-based practice and what percentage to the community. Respondents were also asked to define themselves professionally as an obstetrician, gynecologist, or combined obstetrician–gynecologist.

Use and recommendation of CAM to patients was evaluated via the CAM Needs Assessment tool, which is a list of 14 CAM treatment modalities chosen from the most commonly used modalities included on a list of 40 therapies published by the National Institutes of Health (NIH) National Center for Complementary and Alternative Medicine [19]. Respondents were asked whether they had ever used or were currently using any of the treatments listed, and whether they would recommend or would consider recommending these treatments to patients.

Attitudes toward CAM were examined via the CAM Health Belief Questionnaire (CHBQ) [18]. The CHBQ asks respondents to score their agreement with 10 statements. Scores range from 1 (“absolutely disagree”) to 7 (“absolutely agree”), whereby scores 1–3 reflect disagreement with the statement; 4 reflects a neutral stand; and 5–7 reflect agreement with each statement. Three of the items are negatively worded statements (items 6–8), which once reverse-coded are used to calculate the overall CHBQ score. A high overall CHBQ score reflects a more positive attitude toward CAM. Permission for use of the CHBQ was granted by the developers of the tool, and a validated Hebrew translation used for the present study [20].

Participants were asked to score 3 statements regarding the recommendation of CAM during childbirth on a scale of 1 (“absolutely disagree”) to 7 (“absolutely agree”). The first question asked whether respondents would encourage the use of CAM during childbirth; the second asked whether they would recommend delivery without the use of conventional analgesia (medication or epidural

anesthesia); and the third asked whether they supported the practice of “natural” childbirth.

In a previous study, an exploratory factor analysis of the CHBQ assessment tool was conducted among nurse-midwives [20]. In the present study, a confirmatory factor analysis was performed using varimax rotation with a set eigenvalue of 1.

Study data were entered into an Excel 2007 database (Microsoft, Redmond, WA, USA) and analyzed via SPSS version 19.0 (IBM, Armonk, NY, USA). Data were first analyzed by using univariate statistics for all background variables. Bivariate statistics were then used to examine associations between selected items. A *P* value of less than 0.05 was considered to be statistically significant.

## 3. Results

In total, 170 obstetricians completed the questionnaire: nearly two-thirds of the participants were male, over three-quarters were born in Israel, almost all were married, and nearly half were under the age of 40 years (Table 1). Almost two-thirds of respondents (63.5%) were board-certified specialists in obstetrics and gynecology. More than 80% reported attending medical school in Israel, and over 90% had also undergone specialist training in Israel. Nearly two-thirds of respondents (64.5%) reported that they spent at least half of their time in hospital-based obstetric medicine.

Over half of the respondents (56.8%) reported previously or currently using at least 1 CAM treatment (Table 2), the most popular being massage, followed by acupuncture and herbal medicine. Four or more CAM modalities were reported to be used by 17.8% of respondents. Nearly three-quarters reported that they would recommend the use of CAM to pregnant patients, the most popular being massage, followed by biofeedback and acupuncture. Nearly two-thirds had recommended or would consider recommending at least 1 CAM treatment, of which more than one-quarter would recommend 4 or more treatments. Less than half reported not using or never having used any CAM treatment, and one-third would not recommend any of these treatments to patients.

**Table 1**

Background information of the study obstetricians (n = 170).

Demographic characteristics	Number (percentage)
Male	111 (65.3)
Female	59 (34.7)
Age group, y	
20–29	5 (2.9)
30–39	72 (42.4)
40–49	39 (22.9)
50–59	33 (14.4)
> 60	19 (11.2)
Country of birth	
Israel	133 (78.2)
Outside Israel	37 (21.8)
Family status	
Married	151 (88.8)
Single, divorced, widowed	19 (11.2)
Medical training	
Current specialty status	
Board-certified specialist	108 (63.5)
Resident	62 (36.5)
Country of medical training	
Israel	141 (82.9)
Other	29 (17.1)
Country of obstetrics training	
Israel	161 (94.7)
Other	9 (5.3)
Division of work	
> 50% of hospital work in obstetrics	107 (64.5)
> 50% of community-based work in obstetrics	49 (32.2)
Self-definition as obstetrician or ObGyn	119 (75.3)

Abbreviation: ObGyn, obstetrician–gynecologist.

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