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Midwives' personal use of complementary and alternative medicine (CAM) influences their recommendations to women experiencing a post-date pregnancy

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ABSTRACT

Complementary and Alternative Medicine (CAM) have increasingly been used by pregnant women with a steady rise in interest by midwives. Literature describing CAM and self-help options midwives recommend to women experiencing a post-date pregnancy is sparse. This study aimed to investigate if Australian midwives' personal CAM use impacts on discussions and recommendations of CAM/Self-help strategies.

Methodology/design: A survey of a national midwifery association midwifery members (n = 3,552) was undertaken at a midwifery conference (October 2015) and via e-bulletins (November 2015–March 2016). The self-administered survey included questions on what self-help and CAM strategies midwives discuss and recommend to women with a post-date pregnancy, midwives' confidence levels on discussing or recommending CAM, midwives' own personal use of CAM.

Findings: A total of 571 registered midwives completed the survey (16%). Demographics (age, years as a midwife, state of residence) reflected Australian midwives and the midwifery association membership. Most respondents discuss (91.2%) and recommend (88.6%) self-help/CAM strategies to women with a post-date pregnancy. The top five CAM recommended were Acupuncture (65.7%), Acupressure (58.1%), Raspberry Leaf (52.5%), Massage (38.9%) and Hypnosis/Calm birthing/Hypnobirthing (35.7%). Midwives were more likely to discuss strategies if they personally used CAM (p < .001), were younger (p < .001) or had worked less years as midwives (p = .004). Midwives were more likely to recommend strategies if they used CAM in their own pregnancies (p = .001).

Conclusion: Midwives' personal use of CAM influenced their discussions and recommendations of CAM/self-help strategies to women experiencing a post-date pregnancy. This study has implications for inclusion of CAM in midwifery education curricula.

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Statement of significance

Problem or issue

Little is known about midwives' personal use of complementary and alternative medicine (CAM) and the impact this

has on midwives' discussion and recommendation of CAM/self-help strategies to pregnant women with a post-date pregnancy.

What is already known

CAM is increasingly used by pregnant women. Referral practices and/or professional use of CAM by midwives during pregnancy varies between studies.

What this paper adds

Evidence that most midwife survey respondents discuss and recommend self-help/CAM strategies to pregnant women at

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term. Midwives who are younger, less years as a midwife, and have personally used CAM are more likely to discuss and recommend self-help/CAM with pregnant women experiencing a post-date pregnancy.

1. Introduction

Women are taking proactive measures when experiencing a pregnancy past the due date by using self-help and complementary and alternative medicine/techniques to stimulate uterine contractions and induce spontaneous labour.^{1–5} Post-date pregnancy is a pregnancy continuing past the expected date of birth (40 weeks gestation).⁶ Self-help strategies are natural options administered or ingested by the pregnant woman enabling them to actively participate in their own care. Self-help strategies require time and commitment from the woman as the options may take several days to produce results.⁷ Systematic reviews of the self-help strategies of sexual intercourse, ingestion of spicy foods or castor oil found little evidence to support their use in post-date pregnancy, however nipple/breast stimulation appears beneficial in reducing the number of women not in labour after 72 h.^{8–10}

Complementary and Alternative Medicine (CAM) is difficult to define as more techniques become mainstream however, a current definition is “a group of diverse medical and health care systems, practices and products that are not generally considered part of conventional (western) medicine” (p.1).¹¹ The CAM techniques used by women vary with limited research to support their use.^{7,12} Specific herbs such as evening primrose oil,¹³ raspberry leaf^{14,15} and blue cohosh¹⁶ as well as date fruit^{17,18} have been examined to determine their effect on labour induction and contractions. Other CAM modalities investigated to stimulate uterine contractions and induce labour include homoeopathic remedies,¹⁹ reflexology,²⁰ shiatsu/acupressure^{21–23} and acupuncture.^{24,25}

Women have identified health professionals such as midwives, nurses, general practitioners and obstetricians as a source of information about CAM and self-help strategies during pregnancy and for labour induction.^{1,3} In the past 15 years, there has been a

marked increase in the number of international studies on the referral practices and/or professional use of CAM by midwives and nurse-midwives during pregnancy and/or labour.^{13,26–29} Research suggests midwives are highly likely to offer CAM options to women due to midwives holding a view of CAM as an alternative aid to reduce medical intervention, to empower women in their care and as a means of increasing women's autonomy.^{13,26,30}

None of the afore mentioned studies consider the midwives' own personal use of CAM or how personal use might influence what is offered to women. During our previously published study it was apparent that midwives who personally used CAM were more likely to discuss and recommend CAM to pregnant women.³¹ There is a scarcity of studies examining health professionals' personal use of CAM with only one study identified of Australian nurses' personal use of CAM.³² As such, there is a significant gap in the literature regarding midwives' personal use of CAM and the relationship with self-help and CAM options midwives recommend to pregnant women, especially in a post-date pregnancy.

2. Method

2.1. Participants

The population invited to participate in this study were registered midwives who were current members of the Australian College of Midwives (ACM) in all states and territories of Australia (n = 3552) and who received the weekly ACM e-bulletin, since this provided an accessible, national sampling frame (pers. comm. ACM May 2017). The sample size required for the study to have sufficient statistical power i.e. 5% margin of error and 95% confidence was calculated at 375 participants.³³

2.2. Recruitment

Following University Ethics Committee approval (UTS HREC 2015000614), the research invitation was distributed via two methods. Since recent online surveys inviting Australian midwives

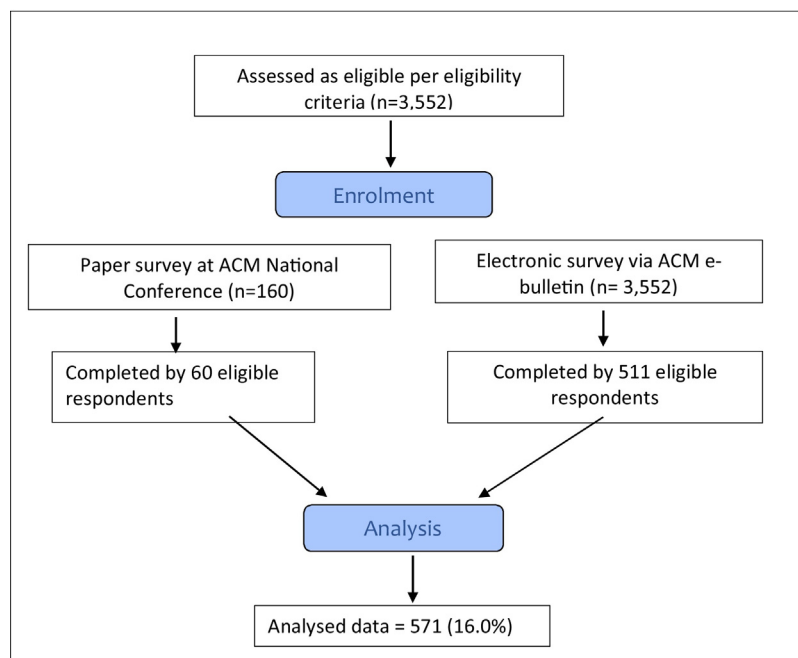


Fig. 1. Flowchart of eligible respondents.

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