COMPLEMENTARY THERAPIES - FURTHER INFORMATION

BACKGROUND
Surveys suggest that 1:3 people have used complementary therapies, two thirds of these being women (Feder et al 1993, 2001; Dooley 2006). It is thought that up to 55% of pregnant women use natural remedies, many of them wanting to use them in labour (Tiran 2006; Pinn and Pallett, 2002).

The Nursing and Midwifery Council 2008 (NMC) permits trained midwives to administer complementary therapies as part of their normal practice if it is in the best interest of the mother and with her full consent (NMC 2004). Midwives must be able to justify their actions in relation to complementary therapies, using all the available contemporary evidence, and should not use these therapies at the expense of normal midwifery care priorities.

There are a number of midwives at West Middlesex who have undertaken training to practise aromatherapy, moxibustion and reflex zone therapy. This prepares them to practise the principles of the complementary therapy and apply them to the pregnant, labouring and newly delivered woman, within the institutional setting and whilst in the employment of the trust. It is not essential for midwives to be fully qualified practitioners of a therapy, so long as they have undertaken training which relates to the use of selected techniques or therapies to midwifery practice.

CONSENT
Midwives must provide mothers with adequate information with which to make an informed choice about receiving complementary therapies, based on all the available evidence and research. This should include the benefits of receiving the treatment, possible side effects and the actions of the treatment. The consent will be received in the form of verbal consent.

INDICATIONS FOR THE USE OF COMPLEMENTARY THERAPIES IN MATERNITY
- To provide relaxation, for the relief of anxiety, fear, tension and stress in pregnancy, labour or early postnatal period.
- To offer alternative options for helping mothers to cope with pain and discomfort in late pregnancy and labour, including contractions, backache, nausea, tiredness and constipation.
- To provide additional choice for situations that may require medical intervention or attempt to prevent the need for medical intervention, such as induction of labour.
- To aid recovery from birth and adaptation to parenthood, to relieve pain and discomfort, stress and tension in order to facilitate breastfeeding and reduce the impact of postnatal depression.

SUITABILITY TO RECEIVE COMPLEMENTARY THERAPIES BY A MIDWIFE
- Women from 37 weeks pregnant
- Singleton pregnancy, longitudinal lie
- Normal situated placenta with no history of third trimester haemorrhage
- Blood pressure within normal limits (diastolic 90 mmHg or below)
- Amniotic fluid volume within normal limits
- No major medical conditions
- Healthy baby; no intrauterine growth restriction or fetal distress
- Newly delivered mothers with no medical contraindications
- Mothers who have given informed consent
CONTRA INDICATIONS TO COMPLEMENTARY THERAPY BY A MIDWIFE

• Epilepsy - absolute contraindication to all therapies (be cautious of using oils if other people in the room are epileptic)
• Cardiac, renal or hepatic disease
• Pre existing insulin dependent diabetic mellitus
• Severe asthma or other respiratory conditions
• Pre existing thyroid disorders
• Pathological anaemia, 9gdl, or any thrombo-embolic or coagulation disorders and people on anti coagulants
• Infectious conditions or unexplained pyrexia
• Transverse, oblique or unstable lie
• Placenta praevia
• Recent or current antepartum haemorrhage
• Hypertension with diastolic > 90 mmHg
• Poly or oligohydramnios
• Multiple pregnancy
• Immediate post operative period
• Caution if had prostaglandin within last 24 hours
• Caution in prolonged active labour greater that 24 hours

REFERENCES

