

CAM Approaches in Comprehensive Midwifery Practice – A Future Vision

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ABSTRACT

Complementary and alternative medicine (CAM) comprises a very wide group of therapeutic practices that are not habitually used by conventional or allopathic health professionals. CAM refers to a broad set of health care practices that are not integrated into the dominant health care system. CAM is attracting more and more attention within healthcare. The list of alternative medicine practiced today in the West includes homeopathy, naturopathy, herbal medicine, acupuncture, chiropractic, massage therapy and aromatherapy. Many of these are used by midwives to help keep the birth process natural and at the same time aid the women they help without the use of toxic medications or surgical interventions. A national survey (Mitchell et al., 2006) of the use of CTs in the maternity services found that the most frequently provided therapies in the 34% of units offering CTs to women were massage, aromatherapy, reflexology and acupuncture, and that these were in the main provided by midwives. Midwives have a demonstrated history of working collaboratively with CAM professionals. It is the responsibility of the midwife to recommend CAM therapies with adopting proper training and supportive system.

Keywords: alternative, complementary, conventional medicine

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INTRODUCTION

Complementary and alternative medicine (CAM) – which is typically labelled as being outside of conventional medicine – contains of a wide-ranging spectrum of interferences that aim to endorse health and happiness and to indulge illness. More than 70% of the world's populations rely on some form of CAM for health care, mainly as a compliment to standard care or as a second-line treatment after trying first-line alternatives. The use of CAM is particularly mutual among women of generative age, and many of these patients seek out nonmedical conducts and interferences. There have been some benefits reported for women's use of CAM for reproductive health, and recent studies have shown that several different CAM

strategies could be beneficial as adjuncts to the conventional medical management of reproductive disorders in women [1].

CAM refers to a broad set of health care practices that are not integrated into the dominant health care system. It has been estimated that as many as 87% of women use CAM during pregnancy, childbirth and puerperium [2]. According to the World Health Organization, 80% of health care in developing countries is comprised of indigenous traditional health practices rather than Western biomedicine (World Health Organization, 2012 [3]).

A projected 5.75 million people a year in the United Kingdom go to realize a balancing specialist for treatment. Ten

million per year use some sort of CAM and about £1.6 billion is spent per year on CAM. As many as 90% of people who use complementary healthcare access it outside of the UK National Health Service (NHS) [2]. In a USA survey of certified nurse midwives in 2000, 94% of midwives reported recommending some form of CAM to their clients for the purpose of labor analgesia, augmentation and induction. This growth in the use of CAM in maternity care presents midwives with new challenges [3].

Midwives should not incorporate CAM into their practice without obtaining a post registration qualification which is recognized by the appropriate professional body, thus enabling the midwife the right to practice a particular therapy, and registration in the area of Alternative Medicine.

WHAT IS COMPLEMENTARY MEDICINE?

The Oxford English Dictionary quotes, ‘it is a medical treatment that falls outside the possibility of technical medicine and may be used together with it in the behavior of disease and ill health [4].

The Cochrane Database describes CAM as, ‘the diagnosis, treatment and/or prevention which complements mainstream medicine by contributing to a common whole, by satisfying a demand not met by orthodoxy or by diversifying the conceptual frameworks of medicine [4].

Chez and Jonas defined CAM as knowing the relation between a person’s body, mind and spirit and generating a more rounded method to patient care [5].

As defined by the NCCAM, “Complementary and alternative medicine is a group of diverse medical and health care systems, practices, and products that

are not presently considered to be part of conventional medicine” (NCCAM, 2012, p. 1) [2].

Complementary therapies are those used in conjunction with conventional therapies. For example, yoga used as an adjunct to conventional therapies.

Alternative therapies: Alternative therapies are used instead of conventional or main stream therapies, e.g., acupuncture.

Does CAM Have Any Regulations

- Regulation needs to be addressed. In the USA CAM is controlled state by state. The World Health Organization has newly published guidelines for the evaluation of herbal medicine [6].
- In the UK the House of Lords recently reviewed CAM therapies and recommended clearer regulation of acupuncture and herbal medicine.
- Patients want and need to be protected from unqualified complementary practitioners and inappropriate treatments. There is always cause for concern. All health care practitioners, however, have a legal duty of care towards their patients whether they are practicing a therapy that is statutorily regulated or voluntarily regulated. This means that any physician has a responsibility not to harm patients and if a patient does suffer destruction due to a physician’s negligence, the physician can be sued in a court of law by the patient [7].
- Regulation policy in India: Indian board of alternative medicine (IBAM) (Kolkata) is the government registered organization, internationally recognized and the largest institution of alternative medicine in India. Offering distance learning courses includes Naturopathy, Medicinal Herbalism, Reflexology, Reiki Therapy to students from all over the world.

Common Reason Approaching CAM Therapies

- CAM treated the person as whole [2].
- Desire to do everything possible.
- To feel hope and gain control.
- Enhance the immune system and fight against disease.
- Manage symptoms and reduce side effects.
- Help the client to make decision making in matters related to their health.
- Improves quality of life [2].

Tiran and Mack (2000) suggest that the use of CTs may help women to cope with the physiological changes of pregnancy [8] or they may offer women an opportunity to gain an insight into the spiritual and empowering aspects of childbirth that the medical model may not (Mitchell et al., 2006)[9]. Many women have feared (Melender, 2002), anxiety and depression around the time of pregnancy and birth are commonly reported (Brockington, 1998) – women may also turn to CTs in an effort to cope with these feelings [10, 11].

Midwives and CAM

The NMC (2002) provides principles through which midwives can safely incorporate CTs into clinical practice, and there are examples in the literature of their successful integration into midwifery practice.

The use of CAM sideways with midwifery is very common, since theoretically, CAM chains normal birth and improves midwifery care. It is also used to avoid medical interventions, although most would say that the use of CAM during labor and delivery is, in fact, a type of intervention. It isn't predictable medical interference because it does not usage drugs or tools to interfere with the birth procedure.

Midwives learn about CAM and its use through alternative medicine schools,

courses and workshops, reading the literature and alternative medicine magazines. Connecting with other midwives who use alternative medicine, consulting with other health care professionals and learning from the internet. Programs related to CAM training and education is the primary sources of learning and information for midwives, and, even though most use CAM with their clients, they are also sensitive to those women who prefer not to use alternative methods [12].

A national survey (Mitchell et al., 2006) of the use of CTs in the maternity services found that the most frequently provided therapies in the 34% of units offering CTs to women were massage, aromatherapy, reflexology and acupuncture, and that these were in the main provided by midwives [9].

COMPLEMENTARY THERAPIES

Hypnosis

The word hypnosis originates from the Greek 'hypnos' meaning 'sleep'. In fact, it is not sleep but a state of focused concentration in which the patient can be relatively unaware, but not completely blind to her surroundings. During hypnosis, proposals may be complete, directing on lessening consciousness of pain, fear and anxiety. In 1990, Harmon et al. completed a randomized study showing shorter stage 1 labor, less medication and higher pain thresholds in the hypnosis group than in the control group. Hypnosis appears to decrease fear, tension and pain during labor and to increase the pain edge. It reduces the need for chemical analgesia. Patients have a greater sense of control over painful contractions. Hypnosis, therefore, can be considered as a helpful adjunct during the course of labor and delivery [13].

Biofeedback

Biofeedback uses monitoring instruments to provide visual or acoustic feedback to patients, i.e. physiological information of

which they are normally unaware. Duchene completed in 1989 a prospective randomized trial in which tension of the abdominal muscles was monitored. As uterine contractions occurred the women focused on relaxing the abdominal muscles. The reports of pain using VASs and verbal account scales presented meaningfully inferior pain values in the biofeedback group and fewer medication [14].

Yoga

Yoga, a method of Indian origin, proposes control of mind and body. Between the different types of yoga, 'energy yoga' can be applied to pregnancy and delivery. Through special training of living, it attains fluctuations in levels of awareness, relaxation, accessibility to the world and inward peace. According to professionals who use this technique for delivery, yoga shortens the duration of labor and decreases pain and reduces the need for analgesic medication [15].

Sophrology

The word sophrology arises from two Greek words, 'sos' synchronization or calmness and 'phren' conscience or spirit. This technique resulting from Indian yoga was introduced in Europe during the 1960s. Its purpose is to improve the control of body and spirit through three degrees of dynamic relaxation: concentration, contemplation and meditation. Functional to obstetrics, better switch of the distribution process is predictable. Patients separately report a high degree of fulfilment with this knowledge of lessening during prenatal classes and delivery [16].

Haptonomy

Derived from the Greek words 'hapsis' affectivity and 'nomos' knowledge, haptonomy can be defined as the science of affectivity. This approach was proposed by Frans Vedman in the Netherlands during the 1940s. Specific zones of

affectivity are reported to improve the contact between father, mother and baby and to help to share emotions. In practice, haptonomy is appreciated by couples during pregnancy, but it seems to be used erratically during labor, mainly because teams in charge of distribution are not always mindful of its existence. Practitioners expect a quicker and easier delivery as well as a better relationship between parents and newborn [16].

Music Therapy

Music addresses many of the physical and psychological needs of patients. In obstetrics, a slow and relaxing type of music may be used as a calming to endorse reduction during the early stage of labor. Music with a steady beat may be used as a stimulant to promote movement during the latter stages. The study conducted by Phumdoung and Good 110 primiparous women, during the energetic stage of labor, were assigned to a soft music group for 3 h ($n = 55$) or a switch group ($n = 55$). Dual VAS were used to measure the sensation of pain before starting the study and every three hours. The results indicate that in the music group women had significantly less sensation of pain ($P < 0.001$) [9].

Hydrotherapy

The use of hydrotherapy during labor, whether in a shower or a tub, is a proven means of relaxation and pain relief. The warm water stimulates the release of endorphins, relaxes muscles to decrease tension, stimulates large diameter nerve fibers to close gate on pain, and promotes better circulation and oxygenation [17].

ALTERNATIVE MEDICINE

The list of alternate medicine trained today in the West comprises homeopathy, naturopathy, herbal medicine, acupuncture, chiropractic, massage therapy and aromatherapy. Many of these are used by midwives to help keep the birth process

natural and at the same time aid the women they help without the use of toxic medications or surgical interventions.

Acupuncture

Acupuncture is well known Chinese practice. Acupuncture is based on the balance between Yin and Yang. Treatment is aimed at reconstituting the normal movement between these two opposites. The meridians are considered as energy channels. In this, needles are inserted at specific points to alter the body levels of chemical neurotransmitters and influencing the electromagnetic fields. This will help to relieve pain during labor and provide relaxation and reduce morning sickness. In 2002 Ramnero *et al.* in Sweden described a randomized, measured study in 90 parturients, 46 of whom established acupuncture during labor as an accompaniment or another to conventional insensitivity. Acupuncture significantly reduced the need for epidural analgesia (12% vs. 22%). Patients in the acupuncture group reported a significantly greater degree of relaxation compared with the control group [18].

Acupressure

Acupressure is a descendant of Chinese manipulative therapy in which points are stimulated by pressure, using hands, fingers and thumbs. Acupressure endorses the circulation of blood, the agreement of yin and yang and the excretion of neurotransmitters, thus upholding the normal meanings of the human body and attractive well being. Chung *et al.* is to determine the effect of L14 and BL67 acupressure on labor pain during the first stage of labor. A whole of 127 parturient women were casually allocated to three groups. Each group received only one of the following treatments: L14 and BL67 acupressure, light skin stroking or no treatment. There was a significant difference in decreased labor pain in the

first group compared with the two others [19].

Homeopathy

Homeopathy is a system of healing by Samuel Hahneman, a German physician, in the late 1700s. It involves the use of diluted substances that cause symptoms in their undiluted form. According to homeopathic theory, remedies stimulate the self-healing mechanism. The amount of medicine prescribed is so small that it often cannot be measured in molecular amounts [20].

Therapeutic Touch

The purpose of therapeutic touch in labor is to communicate caring and reassurance. Painful reductions of the uterus can be preserved by the request of pressure with the indicators to the woman's back, stomach, hips, thighs, sacrum or perineum. Anxiety is reported to be reduced in patients who receive reassuring touch. In a surveying study of 30 patients, 77% skilled 'less pain' when they were affected during labor, and 40% described less necessity for pain medication [21].

Massage Therapy

Touch and manipulation with the hands has been used in the practice of medicine since its inception. The value of touch and massage and its positive effects is well documented. Massage is supposed to have a physical basis, delaying pain instincts and motivating the release of endorphins, inspiring the large diameter nerve fiber to close the gate pain and arouse circulation with subsequent increased the tissue oxygenation [22].

Role of Midwives in CAM

- Approach CAM with nonjudgemental attitude and open communication.
- Close monitoring of the patient using CAM and proper documentation.
- Inform the patient and assist with decision making.
- Advocate that health system deliver patients with chances to select CT.

- Conduct and participate in research activities.
- Seek proper education, training and credentials if practicing CT/integrative therapies.
- Assisting patients to identify criteria to use in identifying competent therapists is another role for nurses.
- Refer a client to a regulated health professional or, if the therapy is unregulated, to a qualified CAM professional.
- Midwives have a demonstrated history of working collaboratively with CAM professionals. It is the responsibility of the midwife who recommends CAM therapies to.

Future Vision

The prevalence of CAM is high and will constantly increase with the health awareness of the population. The reasons for CAM utilization are complex and include the costs of traditional therapies, a desire for a more holistic approach to treatment, the integration of CAM in therapy decisions, and dissatisfaction with current therapies. Uniform nomenclatures, definitions of CAM, and therapy protocols would provide better transparency and understanding. More research would support the further integration of CAM into conventional medicine as the benefits of these therapies are continually identified and published in scientific journals. For example, a study published last year showed a significant reduction in blood pressure and heart rate after deep tissue massage [23]. Therefore, more education about CAM is needed to prepare students, the next generation of physicians, to meet the requirements of their future patients [24]. Policy on integrating complementary therapies into midwifery practice. policy makers should formulate CT committee. Numerous websites related to specific remedies contain information about therapists and what consumers can expect and may also help in identifying

practitioners in one's geographical area. Incorporate integrated medicine in all health care settings [25].

CONCLUSION

Complementary and alternative medicine can be defined as methods that are not currently part of the dominant or conventional medical system. CAM occurs because conventional medicine can be limited in its capability to deliver relief and to encounter patients' requirements. CAM and conventional medicine share the responsibility for applying evidence-based practice and for seeking scientific proof to justify a planned intervention, as well as the obligation to avoid harmful or useless practices.

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