



The Royal College of Midwives

Complementary and Alternative Therapies

Position Statement

Introduction

Over the last decade, public and professional interest in complementary and alternative therapies has grown (Tiran, 2005, Ernst et al., 2005). Many childbearing women are becoming increasingly interested in the use of complementary and alternative therapies during pregnancy, childbirth and the postnatal period. Some of these therapies are self-administered, while others are practitioner-administered. Therefore, knowledge of and appreciation of the risks and benefits of these therapies are an essential aspect of midwifery care.

Many of the organisations and individuals who promote complementary and alternative therapies in the UK are working to develop regulatory systems which will protect the public. The Prince's Foundation for Integrated Health and the Department of Health are in the process of developing a regulatory framework for complementary healthcare practitioners to ensure that they meet agreed standards of practice and competence. The aim is to protect the public and to enhance the status of practitioners. In addition, the Society of Homeopaths maintains a national register of qualified homeopaths.

The House of Lords Select Committee on Science and Technology's report, *Complementary and alternative medicine (2000)* places acupuncture, chiropractic, herbal medicine, homeopathy and osteopathy in group 1. This group is considered to consist of professionally organised alternative therapies, which have undergone more significant clinical trials. However, many complementary and alternative therapies are under-evaluated, some are not amenable to randomised control investigative methods and not all therapies are safe or appropriate for use during pregnancy and childbirth.

It should not be assumed that because a therapy is "traditional" or "natural" that it is safe. Complementary and alternative therapies should be treated with the same caution and degree of expertise as any other clinical intervention and subject to the same rigorous evidence-based evaluation.

RCM position

The RCM acknowledges that many women find the use of complementary and alternative therapies to be emotionally and physically helpful, and may use them for pain relief during childbirth and for healing purposes following birth.

The RCM respects the rights and informed choices of individual women to self-administer complementary and alternative medicines as appropriate or to seek advice and treatment from qualified complementary and alternative therapists.

The RCM believes that it is entirely appropriate for midwives to gain competence in new skills, in accordance with NMC requirements, so that they can offer women a wider range of choices during maternity care including non-invasive therapies.

RCM recommendations

The RCM recommends that:

Midwives who undertake to administer alternative therapies undergo an approved education and training programme and be competent to offer alternative and complementary therapies in line with NMC guidelines (NMC, 2006).

Midwives who are trained complementary and alternative therapists but are not the lead professional or named midwife for care of the woman ensure that they keep professional colleagues informed of the nature and extent of the therapies being given.

Midwives trained and competent to practise complementary therapies, who wish to do so on a private basis, should organise separate insurance cover. The RCM provides professional indemnity insurance for full members on the condition that the employer accepts liability for the actions of their employees (www.rcm.org/membership); including complementary or alternative therapies where the individual is undertaking such practice within the overall sphere of NHS midwifery practice and with the explicit knowledge and approval of her manager or supervisor.

Midwives who wish to practise complementary therapies on a private basis, outside of their NHS midwife work, ensure that there is no "conflict of interest" clause in their employment contract.

In situations where a qualified complementary therapist is involved in the care of the woman, the midwife ensures that the woman gives informed consent for information relating to her pregnancy to be discussed with the therapist.

Discussion and agreement take place with the woman about the circumstances in which a complementary therapist might be asked to cease treatment or when the need for conventional treatment becomes a priority.

Midwives obtain informed consent from the woman before administering complementary or alternative therapies.

Midwives who are not trained or competent to provide advice or care in complementary and alternative therapies refer a woman seeking information or advice to an appropriate expert.

Midwives with knowledge, skills and competence in these areas be involved with other experts in developing local policies and guidance.

References and related documents

Nursing and Midwifery Council. (2004) *Code of professional conduct: standards for conduct, performance and ethics*. NMC: London.

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Tiran D. (2005) Complementary therapies in maternity care: personal reflections on the last decade. *Complementary Therapies in Clinical Practice*. 11(1): 48-50

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First Published: 2003

Updated: April 2007

Review Date: April 2010