

Position Statement

Complementary Therapies
and Natural Remedies



THE ROYAL
COLLEGE OF
MIDWIVES

Promoting • Supporting • Influencing

Position Statement

Complementary Therapies and Natural Remedies

RCM Position

The RCM respects the rights and informed choices of individual women to self-administer natural remedies or to seek advice and treatment from independent qualified complementary practitioners. The RCM believes that it is appropriate for all midwives, at the point of registration, to have a basic understanding of the broad subject area of complementary therapies pertinent to maternity care and popular with women.

It may be appropriate for some midwives to gain specialist knowledge and skills of one or more complementary therapies, so that they can offer women a wider range of choices, particularly as a means of facilitating physiological birth. However, midwives must ensure that they set their use of complementary therapies firmly in the context of their Nursing and Midwifery Council (NMC) registration. They must adhere to local, national and international laws pertaining to both midwifery and to complementary medicine. They must also be aware of the specific health and safety issues within institutional settings such as maternity units and birth centres, where other women may be exposed to them.

Midwives must be able to justify their use of complementary therapies and/or the provision of advice, and act always in the best interests of mothers and babies (NMC Code 2018: 4) in line with best available evidence (NMC Code 2018:6). Women must give informed consent to receive complementary therapies (NMC Code 2018:4.2). Midwives must take account of the safety of themselves and others (NMC Code 2018:13.4) and reduce any potential for harm associated with their practice (NMC Code 2018:19), if necessary raising and escalating any concerns (NMC Code 2016:16.1). When using complementary remedies, such as aromatherapy oils or advising on herbal medicines, midwives must adhere to the parameters of *The Code* (2018) and national and international laws and directives on the administration and management of both conventional medicines and complementary remedies, especially herbal medicines, aromatherapy oils and homeopathic preparations (Tiran 2018;2014).

Complementary therapies and natural remedies should not be viewed as replacements for adequate monitoring and care by appropriately-qualified maternity professionals and should always be used in conjunction with conventional midwifery or obstetric care. It is therefore imperative that midwives have a basic knowledge and appreciation of both the benefits and the risks of these therapies and remedies so that they can provide accurate, comprehensive and safe information to women (NMC 2018).

Position Statement

Complementary Therapies and Natural Remedies

Background and Context

There are over 200 different complementary therapies, although only about 30 are commonly used in the UK. Complementary therapies may be manual, such as massage, reflexology or osteopathy, or act pharmacologically, notably aromatherapy and herbal medicine. Others are energy-based, including homeopathy and acupuncture, or psychological, for example hypnotherapy. Many complementary remedies are readily available to purchase over-the-counter for self-administration, including herbal teas, homeopathic medicines and aromatherapy oils.

It is estimated that between 25% and 70% of women now consult complementary therapists (Johnson et al 2016; Jones et al 2013; Guittier et al 2012) before and during pregnancy and childbirth. National regulation of complementary medicine is variable* and, apart from osteopathy and chiropractic, is not a statutory requirement. It should be noted that working with perinatal women is viewed by the complementary medical practitioners as a specialist post-qualifying area of practice. However, not all therapists are trained or insured to offer maternity therapies, particularly during labour.

It must be acknowledged that each complementary therapy and natural remedy has a distinct mechanism of action, with specific indications, contraindications and precautions and possible side-effects when used inappropriately. All complementary therapies and natural remedies should be treated with the same caution as any other clinical intervention. Midwives must be alert to any potential interactions when they are used concomitantly with conventional maternity care, especially pharmacological medications. For example, inappropriately-used aromatherapy oils, herbal teas and medicines and homeopathic remedies may cause miscarriage, hypertension, preterm labour, hypertonic uterine action and fetal distress (See Tiran 2014).

NICE guidance states that some complementary therapies should not be recommended because they are not based in evidence, but women can be supported in their choice to use them (NICE 2017a,b). While there is a growing body of evidence on the benefits and efficacy of many therapies and remedies, midwives must also take account of formal trials and authoritative discourse on the possible risks and safety issues (see Tiran 2018). Midwives must be able to apply a comprehensive knowledge of the mechanisms of action of each therapy to the physiological and potential pathological changes that occur during pregnancy, labour and the postnatal period in order to practise safely.

RCM Recommendations

The RCM recommends that midwives take account of the following issues:

- Midwives using complementary therapies in their practice are accountable through *The Code: Professional Standards of practice and behaviour for nurses and midwives* (NMC 2018).

Education and training:

- Midwives who undertake to administer complementary therapies or to advise women on natural remedies must obtain adequate and appropriate education and training that specifically enables them to practise *within the context of their NMC registration* and local clinical guidelines. While it is not essential to be fully qualified in the therapy, midwives who possess a full complementary therapy qualification must be able to apply the principles of the therapy to its use during pregnancy and birth.
- Midwives who are not fully qualified but who have completed a midwifery-specific accredited short course on a particular aspect of a complementary therapy must be able to balance the benefits and risks of using it in midwifery through a comprehensive knowledge of the mechanism of action, indications, contraindications, precautions, side effects and complications, as well as the legal, ethical, professional and health and safety implications.
- Complementary therapy courses should be taught by midwives who are fully qualified in the therapy and insured to teach it and who also have extensive experience of implementing and using the therapy within midwifery practice. "Cascade training" of colleagues by midwives who are not fully qualified in the therapy and who do not have experience of using it in their own practice is inappropriate, and may jeopardise the wellbeing of mothers, babies and staff, or compromise their own and other midwives' NMC registration.
- All midwives using complementary therapies or advising women on the use of natural remedies must ensure that their knowledge and skills remain contemporary and evidence-based through regular updating and reflection on both the therapy and its application to midwifery practice.

Position Statement

Complementary Therapies and Natural Remedies





*Statutory professional regulation is required for osteopaths, and chiropractors as for medicine. They are regulated respectively by the General Osteopathic Council and General Chiropractic Council.

The Professional Standards Authority (PSA) hold accredited registers for the following CAMs:

- Acupuncture,
- Aromatherapy,
- Complementary therapies,
- Craniosacral therapy,
- Hypnotherapy,
- Reflexology,
- Reiki,
- Shiatsu,
- Yoga therapy.

These practitioners are registered with the Complementary and Natural Healthcare Council (CNHC) and with the Federation of Holistic Therapies (FHT). Other associations that hold a register with the PSA are: British Acupuncture Council, Society of Homeopaths and National Hypnotherapy Society.

References

Guittier MJ, Pichon M, Irion O, Guillemin F, Boulvain M 2012 Recourse to alternative medicine during pregnancy: motivations of women and impact of research findings. *J Altern Complement Med.* 18(12):1147-53

Hall HG, Griffiths DL, McKenna LG 2011. The use of complementary and alternative medicine by pregnant women: a literature review. *Midwifery.* 27(6):817-24

Jones C, Jomeen J, Ogbuehi O. 2013 A preliminary survey of the use of complementary and alternative medicines in childbearing women. *Evidence Based Midwifery* 11:128-131

Johnson PJ, Kozhimannil KB, Jou J, Ghildayal N, Rockwood TH 2016. Complementary and alternative medicine use among women of reproductive age in the United States *Womens Health Issues.* 26(1):40-7

Kennedy DA, Lupattelli A, Koren G, Nordeng H. 2013 Herbal medicine use in pregnancy: results of a multinational study. *BMC Complement Altern Med.* 12;13:355

NICE 2017a Antenatal care for uncomplicated pregnancies CG62 Viewed online at <https://www.nice.org.uk/guidance/cg62>

NICE 2017b Intrapartum care for healthy women and babies CG190 Viewed online at <https://www.nice.org.uk/guidance/cg190>

NMC 2019 Standards of Proficiency for Midwives. Accessed online at <https://www.nmc.org.uk/globalassets/sitedocuments/standards/standards-of-proficiency-for-midwives.pdf>

Sibbritt DW, Catling CJ, Adams J, Shaw AJ, Homer CS 2014 The self-prescribed use of aromatherapy oils by pregnant women *Women Birth.* 27(1):41-5

Tiran D 2014 *Aromatherapy in Midwifery Practice* Singing Dragon London

Tiran D 2018 *Complementary Therapies in Maternity Care, an evidence-based approach* Singing Dragon London

Consensus statement: Complementary and alternative therapies (2018) New Zealand College of Midwives.

Nursing & Midwifery Council. (2018). The code: Professional standards of practice and behaviour for nurses, midwives and nursing associates. London: Nursing & Midwifery Council. viewed online at <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf>

