



# POSITION STATEMENT

COMPLEMENTARY  
THERAPIES  
AND  
NATURAL  
REMEDIES



*The Royal College of*  
**Midwives**

# POSITION STATEMENT

# COMPLEMENTARY THERAPIES AND NATURAL REMEDIES

## RCM POSITION



**The RCM acknowledges that many women seek to self-administer complementary therapies and natural remedies, or seek advice and treatment from practitioners.**

All midwives, at the point of registration, should have a basic understanding of the benefits and risks of complementary therapies and natural remedies, even though they may not be directly involved in administering or advising on them.

Complementary and natural remedies should be treated with the same caution and degree of expertise as any other clinical intervention. They should be used in conjunction with conventional midwifery and obstetric care, and not viewed by mothers or midwives as a replacement for adequate monitoring and care by appropriately qualified maternity professionals.

It is 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. However, they must take care not to overstep the boundaries of professional accountability. Midwives who are using these therapies in their practice should have gained the necessary knowledge and skills through recognised training programmes.

The administration of complementary therapies and/or provision of advice on their use must be in the best interests of the mother and baby, and midwives must be able to justify their use in terms of currently available evidence (NMC 2013).

# THE RCM THEREFORE RECOMMENDS THAT:

- Midwives should ask women directly about their use of complementary or natural therapies. It is important for maternity care staff to be aware of their use, to avoid adverse reactions and/or interactions with conventional care and pharmaceutical preparations.
- Midwives caring for women who choose to consult independent practitioners of complementary therapies and natural remedies should encourage women to ascertain that the practitioners are adequately trained and insured to work with pregnant women.
- Safe and effective policies should be developed based on the best available evidence with clear parameters of practice.
- There should be educational opportunities to enable midwives to become better informed about these therapies in order to share this information with women.

## BACKGROUND

**The system of regulation and registration of complementary therapists in the UK is voluntary self-regulation. Whilst the Complementary and Natural Healthcare Council has been set up with government support to establish and maintain a national register for**



**practitioners, the NMC regulates the practice of nurses and midwives who practise complementary therapies. Midwives practising complementary therapies are accountable through [The Code: standards of conduct, performance and ethics for nurses and midwives](#).**

It has been estimated that as many as 87% of women use complementary therapies and/or natural remedies during pregnancy, childbirth and postnatally (Hall et al 2011), either self-administering substances such as aromatherapy essential oils, herbal, homeopathic and Bach flower remedies, or through consultation with practitioners, including acupuncturists, reflexologists, osteopaths and hypnotherapists.

Surveys report that many midwives are currently using some form of complementary therapy in their practice (Pallivalappila, Stewart et al. 2013, Ernst and Watson 2011). This growth in the use of complementary therapies in maternity care presents midwives with new challenges. Knowledge of and appreciation of the risks and benefits of these therapies have become an essential aspect of midwifery care (Ernst and Watson 2011, Kenyon 2009). Midwives enthusiasm for complementary therapies presents risks of overstepping the boundaries of professional accountability, amongst midwives who have not undertaken relevant training (Kenyon 2009).

Many complementary and natural remedies continue to be under-evaluated and some are not amenable to randomised control investigative methods. However there is evidence that some therapies are not safe or appropriate for use during pregnancy and childbirth (Steel et al 2012) An assumption that 'natural' products are safe during pregnancy is unsubstantiated (Chitty, 2009). It appears that some midwives are not aware of the potential for adverse effects. Each therapy has its own underpinning theory, and it is essential to understand the mechanism of action, indications, contraindications and precautions, side-effects and complications relating to each therapy or remedy used by, or advised on, within midwifery practice. Midwives must ensure that they can justify their use of complementary therapies and natural remedies in respect of the physiopathology of individual mothers. This particularly applies to those therapies which have a pharmacological action which may interact with prescribed medications, including aromatherapy essential oils and herbal remedies.

Sources of evidence on these therapies can be found in the [Health A-Z index](#), [The National Institute for Health and Care Excellence \(NICE\)](#), [Cochrane Library](#), [National Centre for Complementary and Alternative Medicine \(NCCAM\)](#)

# REFERENCES AND RELATED DOCUMENTS

- Adams, J., C. W. Lui, et al. (2011). "Attitudes and referral practices of maternity care professionals with regard to complementary and alternative medicine: an integrative review." *J Adv Nurs* 67(3): 472-483.
- Chitty, A., 2009. "Review of evidence; complementary therapies in pregnancy." *NCT New Digest* 46, 20–26.
- Ernst, E. and L. K. Watson (2012). "Midwives' use of complementary/alternative treatments." *Midwifery* 28(6): 772-777.
- 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
- Kenyon, C. (2009). "Risk management standards in midwifery are no substitute for personal knowledge and accountability." *Complement Ther Clin Pract* 15(4): 209-211.
- Nursing and Midwifery Council. (2013) Complementary and alternative therapies <http://www.nmc-uk.org/Nurses-and-midwives/Regulation-in-practice/Regulation-in-Practice-Topics/>
- Nursing and Midwifery Council. (2008) *The Code: Standards of conduct, performance and ethics for nurses and midwives*. NMC: London. <http://www.nmc-uk.org/Documents/Standards/4/The-code-A4-20100406.pdf>
- Nursing and Midwifery Council. (2007) *Standards for Medicines management*. NMC: London [http://www.nmc-uk.org/Documents/NMC-Publications/1/238747\\_NMC\\_Standards\\_for\\_medicines\\_management.pdf](http://www.nmc-uk.org/Documents/NMC-Publications/1/238747_NMC_Standards_for_medicines_management.pdf)
- Pallivalappila, A. R., D. Stewart, et al. (2013). "Complementary and Alternative Medicines Use during Pregnancy: A Systematic Review of Pregnant Women and Healthcare Professional Views and Experiences." *Evidence-Based Complementary and Alternative Medicine*
- Steel, A., J. Adams, et al. (2012). "Utilisation of complementary and alternative medicine (CAM) practitioners within maternity care provision: results from a nationally representative cohort study of 1,835 pregnant women." *BMC Pregnancy Childbirth* 12: 146.
- Tiran, D. (2009). "Challenging current trends in maternity complementary therapies." *Complement Ther Clin Pract* 15(4): 190-191.
- Tiran, D. (2010). "Complementary therapies and the NMC." *Pract Midwife* 13(5): 4-5.



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