



Midwifery managers' views about the use of complementary therapies in the maternity services

Julie Williams*, Mary Mitchell

Faculty of Health and Social Care, School of Maternal and Child Health, University of the West of England, Glenside Campus, Blackberry Hill, Stapleton, Bristol BS16 1DD, UK

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Summary The burgeoning interest in complementary therapies (CTs) in the general population over the last decade has created a demand for CTs to be made available within the NHS. There are some excellent examples of midwives who have introduced CTs into clinical practice and who are providing an enhanced service to women as a result [Budd S. Moxibustion for breech presentation. *Complement Therap Nurs Midwifery* 2000; 6(4): 176–9; Tiran D. Complementary strategies in antenatal care. *Complement Therap Nurs Midwifery* 2001; 7: 19–24; Ager C. A complementary therapy clinic, making it work. *RCM Midwives J* 2002; 5(6): 198–200; Burns E, Blamey C, Ersser S, Lloyd AJ, Barnettsson L. *The use of aromatherapy in intrapartum midwifery practice: an observational study*. Oxford: OCHRAD; 1999]. Overall, however, service provision remains patchy and ad hoc with little evidence of a robust integration into the maternity services.

This article presents the qualitative findings from a national survey of the heads of maternity services in England. They were asked to indicate their views and perceptions about the benefits, promoters and constrainers in relation to CT integration within the maternity services. Our findings show that overall, views are positive, with increasing consumer satisfaction, promotion of normal childbirth and a reduction in medical intervention being seen as the main benefits.

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Introduction and background

The last decade has witnessed an enormous growth in the use of complementary therapies (CTs) in the general population¹ and this has created a con-

sequential demand for CTs to be available within the NHS. There is some evidence of this demand being met, particularly within the midwifery services: a survey amongst different NHS professional groups identified that midwives reported the highest rate of CT use, with 34% claiming to use some form of CT in clinical practice.²

This is encouraging, as the philosophies and principles of CTs fit well with the midwifery philosophy of care, emphasising the links between

*Corresponding author. Tel.: +44 117 3288562;
fax: +44 117 3288411.

E-mail addresses: julie.williams@uwe.ac.uk (J. Williams),
mary.mitchell@uwe.ac.uk (M. Mitchell).

the mind, body and spirit and recognising the significance of the therapeutic relationship. Pregnancy and childbirth are normal physiological events, but represent a time of social change and psychological adaptation that can put increasing pressure on women and their families. CTs may help women to cope better at this time.³ In addition the use of CTs may assist women in becoming in tune with their bodies and offer them the opportunity to gain an insight into the spiritual, empowering and celebratory aspects of childbirth which the medical model of childbirth does not. Moreover, the House of Lords⁴ support the introduction of CTs into the NHS, whilst a legislative framework exists that provides a set of principles through which midwives can safely incorporate CTs into practice.⁵

The evidence from units where CTs have already been successfully integrated into midwifery practice confirms their benefits. These units report benefits for women, midwives and the maternity services. Budd⁶ reports an increase in cephalic version with moxibustion. Demands from the women themselves exceeded Tiran's⁷ capacity to meet their needs when an antenatal clinic offered CTs only 1 day a week. Ager⁸ reports on the establishment of a service in Northampton offering massage and nutrition sessions, which has proved so successful that it is being expanded to include shiatsu and yoga. Burns et al.⁹ conducted an observational study of the use of aromatherapy in labour in the John Radcliffe Hospital in Oxford. Their findings reveal a positive evaluation from the mothers and midwives using the service. In addition, rates of pharmacological pain relief have fallen since the introduction of the service. Kimber¹⁰ reports favourable results from an established massage programme where midwives and partners are taught specific massage techniques for supporting women in labour. However, the integration of CTs into the maternity services has remained haphazard and patchy, with the evidence for their use being largely of an anecdotal nature.

If there is to be a move away from such haphazard provision to a more robust integration of CTs into midwifery practice, it is important to explore the views and perceptions of those involved in their implementation. In the UK, surveys of GPs have identified that a significant proportion of them view CTs favourably.¹¹⁻¹³ There are, however, no reported studies on the perceptions of midwives to CTs, or their views about integration within the maternity services, despite the fact that there are a growing number of midwives undertaking qualifications in these therapies.¹⁴ Conversely, Tiran¹⁵ cautions that an over-enthusiastic approach to the implementation of CTs by midwives who may not

fully understand the therapies they are using is a cause for concern. These confounding issues have created a situation where a great deal of uncertainty exists about the factors that both constrain and promote their use. A need to explore the extent of use, and the perceived value of CTs within the Maternity services thus appeared necessary, and it was upon this basis that our research study was designed.

The aim of the research was to conduct a national survey in England of the use of CTs in the maternity services and the attitudes of heads of midwifery towards the integration of CTs into the maternity services. The quantitative data in relation to the extent of CT use in the maternity services is reported elsewhere; this paper is specifically aimed at exploring the qualitative data gained from our study in relation to the views of midwife respondents about the integration of CTs into midwifery practice.

Research methods

A semi-structured questionnaire was developed using a theoretical framework derived from the literature. The questionnaire included both open and closed questions relevant to 5 specific areas of investigation: demographics, extent of CT use, perceptions of the value of CTs and factors that both promote and constrain the integration of CTs into midwifery practice. The questionnaire was tested through a peer review process and piloted by four midwifery managers who were not involved in the main study. The questionnaire included additional space for all questions in order to encourage respondents to give fuller and detailed explanations if they wished. Ethics approval was obtained through the Central Office for Research Ethics Committees (COREC). The local research ethics committees of each trust were also notified of this survey.

Population and sample

The questionnaire was sent to the Heads of Midwifery (HOMS) in all NHS maternity units in England as it was considered that the managers would be knowledgeable about the use of CTs in their departments. A total of 221 questionnaires were mailed to the Heads of Midwifery in this number of maternity units. The respondents, however, included not only midwifery managers, but also many other types/grades of midwives

whom the HOMS had invited to respond because of their specialist interest in CTs. One hundred and sixty-seven completed questionnaires were received, and 67 of these included detailed qualitative information. Many respondents wrote at length, both in the space provided for the open questions and on additional sheets. The following results are drawn from the 60 respondents who provided the most information surrounding three main issues, namely, the benefits, constrainers and promoters of CTs in practice. It was evident that respondents had taken a considerable amount of time to write about the issues affecting their services in relation to the integration of CTs into midwifery practice.

Data analysis

The qualitative data was subjected to thematic and content analysis. The guidelines described by Fielding¹⁶ for coding and analysing qualitative information within a survey questionnaire were followed. To enhance trustworthiness and consistency, both researchers viewed the data separately and then together to identify the common themes that emerged. The analysis and write-up were also subject to a peer review process. Three major themes, each with their own sub-categories were identified.

Theme 1: The benefits ascribed to CTs

1.1. Benefits for childbearing women

Midwives commented on the perceived benefits that CTs could offer to pregnant and childbearing women. Many of these comments were related to the concept of choice: this fits readily with issues surrounding women centred care and the philosophy of midwifery practice.^{3,17}

Complementary therapies offer women choice especially in addition to medical care. (115)

The benefit of choice in this respect was often cited as being a less interventionist form of care, and thus an approach that encourages normality. It is also a perspective which fits with the concept of holistic care to which midwives aspire. A midwife who had been providing hypnosis for childbirth cited the benefits in promoting normality and enhancing postnatal recovery as follows:

Increased satisfaction in childbirth, shorter labour, reduced uptake of pain relief, increased

success in breastfeeding and reduced post delivery complications. (6)

In addition, offering women choice was perceived by the midwives as increasing feelings of individual control and empowerment in pregnancy and labour:

CTs offer choice and enable women to take control of their pregnancy also offers non-invasive ways in which women can complement their health. (108)

Midwives reported very positive feedback from women when CT services are provided. A midwife from a unit that offers reflexology cited examples of how this therapy is used when the medical profession has nothing to offer:

offers an alternative when the medical profession suggest “put up with it” or have an induction of labour. (15)

Providing CTs for women was seen to improve the physical and mental health of clients. This has obvious benefits for the clients but also impacts on service provision and illustrates how mutual benefits arise when women’s needs are met:

CTs improve physical and mental wellbeing, reducing the number of visits and inpatient stays. (159)

1.2. Benefits for midwives

Midwives also described in detail how the provision of a CT service impacts on their job satisfaction and ways of working. Providing a complementary therapy service for clients enhances midwives’ practice in a number of ways:

Complementary therapies extends the midwives repertoire, therefore gives midwives confidence in themselves in a more general way. Seems to promote pride in the service. (101)

Comments were also received in relation to the importance midwives give to providing services that place the woman at the heart of the service and promote normality:

Midwives enjoy the positive feedback from clients and the normality which CTs provide within childbirth. (126)

In addition when CTs are provided to staff they in turn benefit:

providing a massage service for staff makes them feel valued. (166)

We have funded a CT service for staff with R&D money and now have reduced sickness in the department. (206)

This quote underlines the impact that offering a CT service to midwives might have upon retention and sickness figures. Given the concern that such rates cause to NHS trusts and the government, managers would do well to look to the possibility of providing such services for both midwives and other staff.

Overall, midwives have noted these benefits and have been proactive in bringing about changes in service delivery. However, it was also evident that midwives faced many constraints in their efforts to provide complementary therapy services.

Theme 2: Factors which constrain the integration of CTs into the maternity services

The demand for CTs exceeding the ability of the service to provide them raised a number of issues for midwives, which were felt to act as constraining factors in relation to their use in the maternity services.

2.1. Lack of resources

Many midwives cited the lack of available resources to fund either the implementation of the service or further development of an existing service. For most, CTs were not viewed as a priority:

A lack of resources in the greatest inhibitor to CTs. Staff are under a great deal of pressure to provide normal service and would feel very pressurised if they had to include anything else. (76)

Offering what can be seen as an “extra” in a directorate which has an establishment well below birth rate plus is not seen as a priority. (133)

This deficiency in resources was noted in funds, staff training and in relation to concerns over providing an equitable service:

We already have trained staff, support from other professional colleagues and venue but no funds to run a clinic. (159)

We have midwives trained in acupuncture, reflexology and Indian head massage but because we cannot provide 24 hours service our trust does not offer anything. (76)

Thomas et al.¹⁸ also discuss the challenge of funding and providing equitable resources but suggest that attitudes of those who hold the purse strings are influential in determining priorities in service delivery.

2.2. Influence of the organisation and colleagues

Respondents also felt that this inability to provide an equitable service was one reason cited by Trust boards and colleagues as a reason for not implementing CTs:

I am trained in acupuncture but not supported by PCT as we cannot provide a 24 hour service so unable to practice. (3)

In addition bureaucratic demands significantly impact on the ability of an organisation to be responsive to consumer demands as this quote illustrates:

There are ad hoc provisions but mostly women arrange someone privately and we occasionally provide honorary contracts but these are tricky as we are required to do police checks, etc. for anyone providing service, this causes significant delays and sometimes misses the birth deadline. (61)

There also seemed to be a poor understanding of the benefits that could be ascribed to CTs and a general lack of knowledge surrounding these issues:

Medical profession very unsupportive—“ban” CTs. (203)

However, these attitudes were also found amongst the midwifery profession:

Obstetrician in the unit generally sceptical and blocking progress, also some midwives don't see it as a priority (trying for 2 years to set up a service). (99)

Midwives have found these constraining factors frustrating and stalling in their initiatives to develop CTs services:

...some units are flying ahead whilst others like ours are stuck in the mud, so much depends on knowledge power and the beliefs of those who hold purse strings, not giving up however. (99)

2 years have been working on setting up a service however bureaucracy and lack of consensus blocking our progress very frustrating. (98)

2.3. Lack of an evidence base surrounding CTs

There may be many reasons behind this scepticism. Perhaps one of the main reasons behind these attitudes is the lack of research evidence, disagreement in the literature and a lack of clarity surrounding issues of training, expertise and regulation of complementary therapists. This is certainly a theme that emerged in the midwives responses:

Lack of evidence from RCT in efficacy and safety. (77)

Lack of multi-centred research project. (126)

Indeed the lack of research evidence is widely quoted as being one of the main barriers to the implementation of CTs into the NHS.⁴

A further constraining factor is the lack of regulation and training of CT practitioners. The House of Lords report⁴ recommends the formation of a single regulatory body for each therapy group. This is in progress for some therapies, such as reflexology and aromatherapy, but overall, progress is slow as disparate groups learn to work together and compromise.¹⁹

An additional issue is how to choose between them, who is best qualified to offer sound and safe services. (67)

difficult to determine which training/qualification ensures practitioner competent to provide therapies. (77)

Even expert groups fail to agree on the value of CTs. A recent example of this is the antenatal guidelines developed by NICE,²⁰ which demonstrates a lack of knowledge of CTs through the inclusion of conflicting information and dismissive accounts of the lack of evidence in relation to safety of CTs in pregnancy:

The antenatal NICE guidelines was (sic) detrimental to the development of this important service. (96)

NICE guidelines are very dismissive of CTs. (87)

However, it was evident that in many instances midwives were able to provide CT services despite these constraining factors. There were many examples given of the factors that enabled midwives to implement CT services.

Theme 3: Factors that promote the integration of CTs into midwifery practice

Midwives wrote enthusiastically about their services and how they had come about and the factors they felt were important to successfully integrate CT services into mainstream maternity care.

3.1. Committed individual and managerial support

Perhaps the factor that emerged most strongly was the need for a committed individual to drive the changes through:

Primarily developed by one midwife lecturer who specialises in CTs. (174)

An outstanding midwife with vision and persuasion, two more outstanding midwives who both had links with China—they went to China to train. (1)

It was evident that the skills needed for midwives driving these changes through were those associated with success in managing change, such as leadership, business planning and the ability to convince others of their vision.²¹ Additionally midwives needed the support of their managers:

proactive enthusiastic management, allocated time to promote and maintain the service. A named midwife with secretarial support, a good business plan. (126)

3.2. Demand from consumers and midwives

The respondents highlighted some of the driving forces that have led to the development and implementation of CT services:

Consumer pressure is fundamental to the delivery of our service. (160)

Consumer need/request and midwives' interest and development. (118)

It is reassuring that the demand from consumers is seen as important in the development and implementation of services.

The current context of midwifery and obstetric care has also contributed to the development of services. Government, professional and public concerns in relation to the rising caesarean rate and the need to promote normal birth has also been influential with many of respondents citing the

contribution that CTs have in relation to promoting normality as important:

We have formed a holistic midwifery group to promote normal birth using amongst others CTs, shiatsu and baby massage are in the planning stages. (147)

Growth of integrated birth centre, wanted to offer forms of non-pharmacological pain relief, encouraged hands on approach to care given by midwives, i.e. through massage. Promotes a calm relaxed environment with delivery rooms. (16)

3.3. Need for a wider support network

Many respondents addressed the need for wider support from professional bodies and the need for guidelines to assist with the challenges of integration. This possibly reflects the general lack of research evidence necessary to implement CT services into the NHS where efficacy and cost effectiveness are considered a priority in developing new service:

the use of CTs will require a clinical guideline to lay out the parameters of its use. This will need writing and satisfying to the trust. A national guideline would be most helpful (hoping to introduce an aromatherapy service). (129)

Support from RCM and NMC is essential for midwives providing the service. (209)

Certainly, the House of Lords report⁴ and the Kings Fund²² both advise that the Nursing and Midwifery Council (NMC), Royal College of Nursing (RCN) and Royal College of Midwives (RCM) should work together to provide agreed advice for nurses, midwives and health visitors who wish to incorporate CTs into practice. The need for multidisciplinary input and consumer involvement was also seen as relevant:

Guidelines, staff education forums, and consultant midwives with remit for normal birth are important. (34)

need a joined up approach with consultant and consumer involvement. (17)

This demonstrates the for need support from colleagues, and one way in doing this is to work together with the joint aim of providing services in response to consumer demands.

Discussion

The respondent group clearly documented the perceived benefits of providing a CT service for mothers, midwives and the maternity services. Overall, respondents were convinced of the benefits of CTs and felt strongly that they should be offered in the NHS. The main benefits cited of increasing consumer satisfaction, promoting normal childbirth and decreasing medical intervention fit well with key public health issues and the policy agenda.¹⁷ It also confirms the findings of other studies which suggest that the growth of CTs in the general population reflects a growing disillusionment with conventional medical practices²³ and the desire for holistic approaches.²⁴ Certainly, these benefits reflect the main impetus for developing CT services in relation to the maternity services. It is clear that when women benefit from improved quality of care both midwives and the service reap rewards. The findings of improved job satisfaction for midwives increases the likelihood that they will stay in the profession, particularly if they are able to incorporate their CT work into practice, thus reducing problems with recruitment and retention.²⁵ Indeed, Andrews²⁶ found that midwives with CT qualifications who were not able to incorporate their CT work into clinical practice were leaving the profession in order to practise privately.

If the benefits of providing CT services are to be realized, midwives need to be aware of the factors that impede implementation of CT. Resources will always be problematic, but with appropriate business planning, midwives may be able to demonstrate cost savings through promoting normal birth. Some units have already demonstrated lower rates of pharmacological analgesia by providing aromatherapy in labour⁹ and reducing caesarean sections by providing moxibustion for cephalic version.⁶ The need for committed individuals with skills in change management is thus evident and necessary in order to effect changes that have the potential to support normality within childbirth.

Although the respondents have positive attitudes to CTs it seems that midwives face unfavourable attitudes in relation to the formal provision of CTs. In the main, these attitudes come from medical colleagues and Trust Boards. This finding is not reported by other studies, which on the whole, demonstrated positive attitudes towards CTs from GPs, and physicians.^{13,18,27} Although research has not yet explored the attitudes of obstetricians, this study shows that midwives must be prepared to challenge some prevailing attitudes to CTs.

Nevertheless, midwives should adopt a critical approach towards CTs and their integration into the

maternity services. CTs have a persuasive appeal and are perhaps viewed by many as innocuous and unlikely to cause harm.²⁸ Evidence from this study suggests that many midwives subscribe to this view. For example, aromatherapy is the second most common CT offered; yet there are important safety issues to be aware of when providing this therapy to pregnant women. This supports Tiran's¹⁵ assertions that over enthusiasm from midwives may be a cause for concern and that caution is required when implementing new therapies. A further cause for concern is the fact that the midwives who are the principle providers of CTs within the maternity services provide their CT mainly through informal mechanisms and ad hoc provision.

In addition, ad hoc provision raises the issue of equity, and the respondents who cited constraining factors in the development of services acknowledge this. This is certainly a challenging issue and should be given due consideration, especially since the NSF¹⁷ standards set out clear guidelines for the development of services which are equitable and accessible to all.

Conclusion

This article, drawn from our national survey of maternity units in England, sought to explore the attitudes of Heads of Midwifery towards the integration of CTs into the maternity services. The results demonstrate that overall, attitudes are favourable towards the integration of CTs into the maternity services with the main benefits being cited as increasing consumer satisfaction, promotion of normal childbirth and a reduction in medical intervention. These in themselves may become the driving forces in developing CT services. Moreover, the need for committed and motivated individuals capable of dealing with unfavourable attitudes and resistance to change is evident. Since the provision of CT services is seen to offer tangible benefits to both mothers and midwives, we urge all midwives to strive for recognition of the need for a formal provision which can be evaluated for effectiveness and safety. There is no doubt that the benefits of CT provision can contribute overall to the quality and cost effectiveness of the maternity services.

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