



# ***Expectancy Review***

## **Complementary Therapies in Maternity Research Round-up**

Welcome to Expectancy's new monthly newsletter with a summary of recent research and review papers for midwives, doctors, therapists and other health professionals interested in the safe, evidence-based use of complementary therapies in pregnancy and childbirth.

Subscribers receive a monthly online newsletter with references & a brief summary of 10 papers reviewed plus sources of further information. Some issues will have general references of relevance, whilst others will explore a specific theme, eg nausea and vomiting in pregnancy. *Expectancy Review* is suitable for midwives, obstetricians, health visitors, therapists, NCT teachers, doulas and, of course, for expectant mothers wishing to find out about the evidence for both the success and safety of complementary therapies in pregnancy and childbirth. It will normally be emailed on the first day of each calendar month.

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## COMPLEMENTARY THERAPIES IN MATERNITY CARE RESEARCH REVIEW JULY 2006

### 1 Aromatherapy & massage – antenatal anxiety

**Bastard J, Tiran D 2006** Aromatherapy & massage for antenatal anxiety: Its effect on the fetus *Complementary Therapies in Clinical Practice* 12(1):48-54

Anxiety during pregnancy triggers changes in the maternal hypothalamic-pituitary-adrenal axis which may affect fetal development & the infant's psychological development. This paper explores how midwives can use massage & aromatherapy to ease anxiety & improve short & long term outcomes for mother & baby, although more research is necessary to establish the efficacy & cost-effectiveness these therapies during pregnancy.

### 2 Hypnosis – pain relief

**Cyna AM, McAuliffe GL, Andrew MI 2004** Hypnosis for pain relief in labour and childbirth: a systematic review *British Journal of Anaesthetics*. 93(4):505-11

Meta-analysis of several studies related to the use of hypnosis in labour. Hypnosis appears to reduce the need for analgesia in labour but there is a need for well-designed studies to confirm the pain-relieving effects.

### 3 Acupressure – nausea and vomiting

**Heazell A, Thorneycroft J, Walton V, Etherington I. 2006** Acupressure for the in-patient treatment of nausea and vomiting in early pregnancy: a randomized control trial *American Journal of Obstetrics & Gynecology*. 194(3):815-20

Prospective single-blind randomised controlled study of 80 first trimester women with nausea, vomiting & ketonuria who used acupressure wristbands or placebo. There were no significant differences between the trial & control groups in either the use of anti-emetics and/or intravenous fluid replacement, nor in the median duration of in-patient stay.

#### 4 Shiatsu – induction

**Ingram J et al 2005** The effects of shiatsu on post-term pregnancy *Complementary Therapies in Medicine*. 13(1):11-5

Randomised controlled study of shiatsu massage taught to & self-administered by women who were post-dates, with the aim of exploring its effect on labour onset. Shiatsu was significantly shown to trigger spontaneous onset of labour (17% increase in shiatsu group).

#### 5 Herbal medicine – risks in labour

**Kuczkowski KM 2006** Labor analgesia for the parturient with herbal medicines use: what does an obstetrician need to know? *Arch Gynecol Obstet*. [online publication]

This paper, aimed at obstetricians and anaesthetists, discusses the potential problems of herbal remedies, self-administered by women in late pregnancy and/or during labour. The author expresses concern about the possible interactions with drugs, and about remedies which may adversely affect maternal blood pressure, cardiovascular function and coagulation mechanism, particularly in relation to the use of epidural and spinal anaesthesia.

#### 6 Herbal medicine use in pregnancy

**Maats FH, Crowther CA 2002** Patterns of vitamin, mineral and herbal supplement use prior to and during pregnancy *Aust N Z J Obstet Gynaecol* 42(5):494-6

Survey of 211 women to assess vitamin, mineral and herbal use before and during pregnancy 62% used both a vitamin or mineral supplement and a herbal preparation during the course of pregnancy. Folate (70%), iron (38%) and multivitamins (27%) were the vitamin and mineral supplements most frequently taken by pregnant women. Ginger (20%) and raspberry leaf (9%) were the most frequently used herbal preparations. Women relied on advice from friends and relatives in deciding to use herbal preparations.

#### 7 Reflexology – labour outcome

**McNeill J et al 2006** A retrospective cohort study exploring the relationship between antenatal reflexology and intranatal outcomes. *Complementary Therapies in Clinical Practice* 12(2):119-25

This study explored the impact of reflexology near term on labour outcomes, including onset & duration, pain relief & type of delivery. No significant difference between groups was shown, in respect of onset or duration of labour, but those who had antenatal reflexology appeared to require less Entonox™. Interestingly the forceps delivery rate was higher in the reflexology group. The findings should not be taken as being of particularly significant clinical value, since some women received only one session of reflexology at 39 weeks.

## 8 Hypnosis – pain relief

**Mehi-Madrona LE 2004** Hypnosis to facilitate uncomplicated birth *Am J Clin Hypn.* 46(4):299-312

Randomised controlled study of 520 pregnant women in 1<sup>st</sup> or 2<sup>nd</sup> trimester who received either hypnosis during pregnancy or attention-only, the latter being matched to a no-contact comparison group. Women receiving antenatal hypnosis had significantly better labour outcomes with less complications than women who did not, possibly due to prevention of negative emotional factors which may lead to a complicated birth outcome. There were minimal differences in outcome between the attention-only and no-contact groups. It was concluded that the routine antenatal use of hypnosis could improve obstetric outcome.

## 9 Complementary therapies – risk issues

**Tiran D 2006** Complementary therapies in pregnancy: midwives' and obstetricians' appreciation of risk *Complementary Therapies in Clinical Practice* 12(2):126-31


A report of an evaluative audit of midwives' and obstetricians' knowledge of and attitudes to complementary therapies in pregnancy in a unit with an antenatal complementary therapies clinic provided by a midwife, which revealed a generalised lack of knowledge and little understanding of the possible risks to mothers and their babies.

## 10 Ginger – nausea and vomiting

**Tiran D Budd S 2005** Ginger is *not* a universal remedy for nausea and vomiting in pregnancy *MIDIRS Midwifery Digest* 15(3):335-9

Many women resort to ginger as a natural remedy for “morning sickness” but sometimes find that it exacerbates the symptoms or triggers new ones such as heartburn. This review explores the reasons why ginger is not always appropriate or safe for pregnant women with nausea and vomiting, from both a conventional pharmacological and a complementary Chinese medicine perspective.

## Educational & Consultancy Services for Professionals

<p><b>All educational activities focus on safety, effectiveness, evidence &amp; accountability</b></p> 	<p>Courses &amp; study days can be run in your own institution &amp; content negotiated to suit local needs. Courses are University of Greenwich accredited, 30 credits, level 3, with 6 months' online support to prepare assignment (risk-benefit assessment)</p>
<p style="text-align: center;"><b>Implementing Aromatherapy in Midwifery Practice</b></p> <p>Prepares midwives to apply 15 essential oils &amp; basic massage techniques in the care of pregnant &amp; childbearing women &amp; explores the process of implementing essential oils safely into midwifery practice</p> <p><b>Forthcoming courses</b></p> <ul style="list-style-type: none"> <li>* Wed 9, Tues 15 &amp; Wed 23 August 2006, Wexham Park Hospital, Slough Berks (3 full days)</li> <li>* Mon, Tues &amp; Wed 9-11 October 2006, Cheltenham District Hospital Gloucs (3 full days)</li> <li>* Mondays 23 Oct – 13 Nov and 27 Nov – 18 Dec 2006 Maidstone Hospital Kent (8 sessions)</li> <li>* Mondays 15 Jan – 5 Feb, 19 &amp; 26 Feb and 19 &amp; 26 March 2007 Maidstone Kent (8 sessions)</li> </ul>	
<p><b>Reflexology Techniques in Midwifery</b></p> 	<p>Prepares midwives to use specific reflex zone techniques to help women during pregnancy, labour &amp; the puerperium, including relief of physiological discomforts in pregnancy, facilitation of labour progress &amp; relief of pain, retained placenta, breast feeding problems etc Please enquire for next course.</p>
<p>Explores the evidence &amp; practicalities of introducing moxibustion as an alternative to ECV, as well as covering how complementary therapies can be of use in the event of a Caesarean being necessary.</p>	<p style="text-align: center;"><b>Moxibustion &amp; Other Alternatives for Women with Breech Presentation</b></p> 
<p style="text-align: center;"><b>Other subjects available include</b></p> <p>General introduction to Complementary Therapies in Maternity Care; Natural remedies for Labour; Bach Flower Remedies for Pregnancy; Safety of Herbal Remedies in Pregnancy; Homeopathy in Maternity Care; Complementary Therapies for Infertility or Menopause. Please enquire for other subjects</p>	
<p style="text-align: center;"><b>NEW! Online Enquiry &amp; Mentoring Consultancy NEW!</b></p> <p>Online service to enable you to send confidential enquiries relating to specific clients, or general queries about issues regarding the safety of complementary therapies in pregnancy and childbirth. All information given is evidence-based &amp; intended as a guide only. Single patient enquiry £10 Information search £10. Annual subscription £45 (individuals); £365 (trusts / institutions)</p>	