



Royal College
of Midwives

Guidelines for midwives

complementary therapies

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complementary therapies

Introduction

The term “complementary therapies” covers over 200 natural therapies and remedies generally classified outside conventional healthcare systems. Complementary therapies (CTs) include manual techniques, such as massage or reflexology, or pharmacological remedies, notably aromatherapy oils and herbal medicines. Others are energy-based, including homeopathic remedies, acupuncture and moxibustion, or psychological, as with hypnotherapy.

Many natural remedies (NRs) can be purchased over the counter for self-administration, including herbal medicines and teas, essential oils and homeopathy. Each complementary therapy and natural remedy system has a distinct mechanism of action, with specific indications, contraindications and precautions, as well as possible side-effects and complications when used inappropriately.

It is estimated that between 36% and 70% of expectant and birthing parents' access CTs, either from independent practitioners or, more commonly, by self-administering NRs, often without the knowledge of their caregivers (Bowman et al 2018).

The National Institute for Health and Care Excellence (NICE) intrapartum guideline recommends that aromatherapy, acupressure and hypnosis should not be proactively offered, but if women wish to receive massage from their partner or use other CTs and NRs they should be supported in their choices (NICE 2014:1.3.10; 1.8.2; 1.8.3; 1.8.8).

Midwives should be aware of NICE recommendations and appreciate the variable evidence for effectiveness. It is paramount that they also take account of the growing evidence of possible risks and safety issues (see Tiran 2018).

Increasingly, midwives are introducing CTs into their care, notably to aid labour onset, progress and comfort. NHS midwives are covered by the RCM's medical malpractice insurance and their Trust/Board's vicarious liability insurance. Midwives working in private practice must have separate personal professional indemnity insurance and, if they are also employed by the NHS or other organisation, take steps to avoid any professional conflicts of interest. Midwives using CTs as part of maternity care must adhere to midwifery practice parameters defined by the Nursing and Midwifery Council (NMC).

These guidelines aim to ensure that midwives wishing to use/advise on CTs and NRs can do so safely, appropriately and effectively to enhance care and facilitate physiological pregnancy and birth. They aim to act as a means of protecting both expectant and birthing parents receiving CTs and the midwives providing or advising on various elements of natural therapies.

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The RCM position

The RCM respects the rights and informed choices of women and people who are expectant, labouring or newly birthed, to self-administer natural remedies, or to seek advice and treatment from independent, registered and insured complementary therapists.

CTs and NRs should never 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 CTs and NRs so they can provide accurate, comprehensive, safe and, where possible, evidence-based information to women (NMC 2018).

The RCM believes that all midwives, at the point of registration, should have a basic knowledge and understanding of the CTs and NRS pertinent to maternity care, and urges the Nursing and Midwifery Council to act to include this within pre-registration midwifery education. The acquisition of the in-depth knowledge and skills required by midwives wishing to incorporate CTs into their practice should be undertaken as post-registration learning. Midwives using CTs in their personal practice or advising women on self-administration of NRs are accountable through The Code: Professional Standards of practice and behaviour for nurses and midwives (NMC 2018) and must ensure that they set their use of CTs in the context of their NMC registration. Midwives must also adhere to local, national and international laws pertaining to both midwifery and to complementary medicine. They must also be aware of specific health and safety issues when using CTs within institutional settings such as maternity units and birth centres.

Guidelines

Education and implementation of complementary therapies in midwifery practice:

- Midwives wishing to use CTs in their practice must complete professionally and academically appropriate midwifery-specific training in each therapy. They require a comprehensive knowledge and understanding of the mechanisms of action, benefits and risks, indications, contraindications and precautions, side effects and possible complications relating to each therapy. Midwives must be able to apply the principles of each therapy to its specific use within midwifery practice and within the institution in which they work.
- Midwives must, where possible, practise or advise on CTs and NRs in line with contemporary evidence of both effectiveness and safety.
- Professional updating should be undertaken approximately every two years, specifically relating to changes in midwifery and complementary therapy practice and to relevant laws and directives.
- Cascade training of colleagues is not appropriate. Complementary therapy regulatory organisations require teachers to be qualified and experienced in the practice and theory of the therapy and qualified and

insured to teach it. Midwives must also have considerable experience of applying the principles of each therapy to its use within midwifery practice and comprehensive understanding of how the therapy fits with institutional demands, legal, professional and health and safety requirements.

- Midwifery managers are strongly advised to take steps to acquire a basic understanding of the principles of safe practice of each therapy used by staff so they can ensure midwives' practice is safe, effective, cost effective and evidence based.
- Student midwives and maternity support workers may, after basic skills training, use CTs such as massage only under the close supervision of an appropriately trained midwife trained and approved to use the therapy within the institution.
- Clinical guidelines, ratified and regularly updated, must include indications, contraindications, precautions for the therapy, possible adverse effects and how to deal with them and practical and logistical issues related to use of the therapy within midwifery practice, particularly in institutional settings.
- Regular audit of the CTs service is important to demonstrate its continuing value to the maternity services, women and staff, in terms of safe, effective and cost-effective clinical interventions.



Clinical issues:

- Midwives must take account of their own safety and that of others, women, their babies, other parents, all staff and visitors (NMC 2018:13.4). Midwives must take steps to reduce any potential for harm associated with their practice (NMC 2018:19), if necessary, raising and escalating any concerns (NMC 2018:16.1).
- Midwives must use CTs in accordance with relevant laws and regulations including the Health and Safety at Work Act 1974, the principles of medicines management set out by the Royal Pharmaceutical Society (RPS 2019), the Control of Substances Hazardous to Health (COSHH) Regulations 2002 and other local, national and international requirements, both in respect of midwifery and CTs practice.
- Midwives must ensure that any advice and information on CTs or NRs given to those seeking their care must be accurate, comprehensive, contemporary, evidence based and recorded in the maternity notes. Midwives who do not feel confidence to advise women, and people seeking their care, should seek guidance from relevant experts.
- Midwives should advise women wishing to consult independent therapists to check that practitioners have maternity-specific indemnity insurance. Midwives should advise independent practitioners/doulas accompanying women in labour that midwifery/obstetric care takes priority. In the event of complications occurring, CTs may need to be discontinued.



- Midwives' use of CTs must always be used as a clinical intervention only to be used in the absence of any medical or obstetric deviations from normal progress. The use of CTs simply to enhance the birthing environment is not appropriate unless the strategies used can be justified in terms of safety. CTs should never be used by midwives in the event of any pre-existing medical, obstetric or fetal pathology, and must be discontinued if deviations from normal progress occur.
- Midwives must be able to justify their use of CTs and/or the provision of advice and act always in the best interests of women and babies, in line with best available contemporary research evidence or authoritative discourse (NMC 2018:4; 2018:6). Midwifery responsibilities and the needs of the maternity services take priority.
- Midwives should enquire about and document pre-conceptual, antenatal or intrapartum use of CTs and NRs. Questions should be asked at the booking appointment, at the birth preparation appointment and at the first opportunity in labour. Should complications develop, it is wise to enquire again as injudicious, undisclosed self-administered NRs could complicate the clinical picture.
- Fully informed consent must be documented prior to the midwife's administration of any CTs (NMC 2018:4.2). Comprehensive contemporaneous records of CTs use, either by midwives, independent practitioners or self-administered must be documented in the maternity notes (NMC 2018:).
- CTs offered by midwives must be individualised to each woman and used only when clinically compatible with other care or treatment, including other self-administered NRs (NMC 2018:18.3)
- Midwives must be alert to any potential interactions when CTs are used concomitantly with conventional maternity care, especially pharmacological medications. Midwives must be able to differentiate between adverse reactions to CTs, physiological pregnancy symptoms and developing pathology.



Aromatherapy-specific issues:

- Aromatherapy – the use of pharmacologically-active essential oils (EOs), often combined with massage, is the most popular therapy used by expectant and birthing women and incorporated into midwifery practice. Specific clinical, health and safety and legal issues pertain to the use of EOs in relation to pregnancy and birth.
- Many EOs are unsafe in pregnancy. Midwives should advise expectant women to use EOs with extreme caution unless they have been prescribed by a qualified aromatherapist who is insured to provide pregnancy aromatherapy.
- EOs may be used in physiologically normal first stage of labour if desired but must be discontinued by the start of the second stage; they should not be used in the birthing room after the baby has been born.
- EOs must not be used in the antenatal ward or in the main delivery suite for those with medical, obstetric or fetal complications. EO use must be discontinued if a transfer from birth centre/home to delivery suite is required.
- EOs must not be added to the birthing pool at any time, nor to a bath if the woman's membranes have ruptured.
- In line with COSHH and medicines management regulations, the use of oil diffusers is completely contraindicated in maternity units/birth centres. Where women wish to use diffusers at home, midwives should advise minimal use, and to avoid exposing babies, young children, elderly or ill adults and pets to the chemical vapours.
- EOs must not be used for, or near, neonates: the chemical effects of inhaling aromatic vapours or absorbing oils via the skin can be toxic to the liver and brain and interfere with maturation of the immune system.
- Where midwives intend to provide EOs for pregnant women to use at home, they must ensure that an initial face-to-face consultation has been conducted, the oil blend has been individually prescribed and blended by an appropriately trained midwife and is accompanied by full written instruction for use and the relevant safety information.

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Published: December 2023

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