

Standard:	Complementary and Alternative Therapies
Approved By:	Council
Date Approved:	October 2010
Date to be Reviewed:	
Effective Date:	September 2016



GUIDELINES FOR THE USE OF COMPLEMENTARY and ALTERNATIVE THERAPIES for WOMEN for Midwives Practicing in Newfoundland and Labrador

The College of Midwives of Newfoundland and Labrador recognizes that complementary and alternative therapies such as homeopathy, herbology, aromatherapy, acupuncture, massage, osteopathy, chiropractic, reflexology, therapeutic touch, hypnotherapy, naturopathy, traditional cultural practices, and others, may be chosen by women receiving midwifery care.

Complementary therapies may be used in conjunction with mainstream treatments. For some women, alternative therapies, which for a long time have been accepted practices in other cultures, may be preferred to accepted western medical practice. These therapies are valued by some women for their effects on the progress of pregnancy, labour and the postpartum period.

Midwives should have a general awareness of common substances and procedures used in complementary and alternative therapies, and of the provincial regulations concerning their use. Complementary and alternative therapies should be treated with the same caution as any other clinical intervention and they should be subject to the same rigorous evidence-based evaluation.

Midwives should only provide care for which they are educationally prepared. Midwives who have successfully completed a program in complementary or alternative therapy must base the provision of this specialized practice upon sound principles, available knowledge and skill. Midwives must be personally accountable for their professional practice and keep up to date with both midwifery and the complementary therapy that they have studied and practiced.

Midwives who incorporate complementary therapies into the provision of midwifery care have the responsibility to provide sufficient, accurate, timely and impartial evidence-based information to women so that they may make informed choices. Midwives should clearly inform women regarding their knowledge and qualifications in the use of complementary therapies. As well, midwives should inform women that they have a right to seek care from other practitioners. As health care providers midwives should recognize the potential effect their opinions may have on the choices made by women.

The situation may arise when a woman wishes to receive a complementary or alternative therapy that the midwife believes may be inappropriate for use during pregnancy, labour, or the postpartum period and/or may be harmful to the fetus/neonate. In this instance, the midwife must discuss these concerns with the woman. Acting in the interests of the woman and/or the fetus/neonate and with the woman's knowledge, advice should be sought from a relevant expert practitioner. However, midwives have to respect the right of women to self-administer legal substances or therapy of their choice.

Midwives may find themselves working in conjunction with therapists who practice alternative or complementary therapy, who are not members of the midwives' team. In such cases midwives

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should ensure that a pregnant woman has consented to divulge information relating to her pregnancy. During pregnancy, discussion should take place and agreement reached with the woman as to when the services of the therapist may no longer be required. Such information should be recorded in the woman's records.

References

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