COMPLEMENTARY THERAPIES
FAMILIARITY AND USE BY
MIDWIVES AND WOMEN

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VOLUME 1
PLEASE NOTE

The greatest amount of care has been taken while scanning this thesis,

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Gurjeet Surinder Minhas

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ABSTRACT

This study is an exploratory study, descriptive in nature and investigates the familiarity and practices of midwives and women with regard to complementary therapies during pregnancy and labour.

The study was conducted in four major hospitals in Western Sydney, namely Nepean, Jamieson, Blue Mountains Anzac Memorial and Hawkesbury hospitals.

A questionnaire with twenty two open and closed ended questions was given to the total population of midwives working in the four city hospitals to determine the familiarity and practices of midwives working in these four city hospitals with regard to complementary therapies during pregnancy and labour. An interview was conducted with seven midwives to gain a deeper insight into the practices of midwives with regard to complementary therapies.

A second questionnaire with seventeen open and closed ended questions was delivered to women in these four hospitals, who were present in the antenatal and postnatal wards and clinics in order to find out their familiarity and practices of complementary therapies. An interview was conducted with six women to probe into the matter in greater depth.

The two questionnaires were analysed qualitatively using content analysis, and quantitatively using descriptive statistics. The Chi square analysis was used to determine if a relationship between the familiarity and use of each complementary therapy was existant. The interviews were analysed qualitatively using content analysis.

The findings showed that in the main the midwives and women were familiar and made use of four therapies, i.e. aromatherapy, massage, music and hydrotherapy. The midwives practiced without any significant training in these therapies. Hospital policies were almost non existant in relation to the practice of complementary
therapies and nurses often felt frustrated at not being able to implement complementary therapies.

The main issues that emerged from the study were the need for education for the midwives related to specific complementary therapies, hospital policies conducive to the practice of complementary therapies and research into the efficacy of the different complementary therapies. The women need further exposure to complementary therapies and education in the respective therapies if they are to feel empowered in dealing with the stress of their daily lives.
## TABLE OF CONTENTS
### VOLUME 1

**ACKNOWLEDGEMENT**

i

**ABSTRACT**

ii

**TABLE OF CONTENTS**

iv

**LIST OF TABLES**

xiii

### CHAPTER 1:

**INTRODUCTION**

1.1 Introduction to the study 1
1.2 Background 2
1.3 Personal perspective 5
1.4 The research statement 6
1.5 Purpose of the study 7
1.6 The research questions 7
1.7 Significance of the study 7
1.8 Operational definitions 8

### CHAPTER 2:

**LITERATURE REVIEW**

2.1 Introduction 11
2.2 Preamble 11
2.3 Definitions of complementary therapies 13
2.4 Familiarity of the public to complementary therapies 14
2.5 Familiarity of the medical profession to complementary therapies 16
2.6 Familiarity of the nurses and midwives to complementary therapies 18
2.7 Nurses use of complementary therapies 21
   2.7.1 Aromatherapy 22
   2.7.2 Herbal medicine 24
   2.7.3 Massage 25
2.7.4 Music
2.7.5 Reflexology
2.7.6 Therapeutic touch
2.7.7 Visual imagery
2.8 Midwives use of complementary therapies
  2.8.1 Acupressure
  2.8.2 Aromatherapy
  2.8.3 Herbal medicine
  2.8.4 Hydrotherapy
  2.8.5 Massage
  2.8.6 Music
  2.8.7 Reflexology
  2.8.8 Therapeutic touch
  2.8.9 Visual imagery
  2.8.10 Overview
2.9 Factors influencing the familiarity and use of complementary therapies by midwives
  2.9.1 Education in the complementary therapies
  2.9.2 Practice
  2.9.3 Available information on the benefits of complementary therapies
  2.9.4 Stance of the nursing profession in relation to complementary therapies
2.10 Summary

CHAPTER 3
• METHODOLOGY
  3.1 Introduction
  3.2 Phase one
    3.2.1 Rationale for the use of the questionnaire
    3.2.2 Population
    3.2.3 Sample
    3.2.4 Development of the questionnaire
      3.2.4.1 Development of the midwives' questionnaire
3.2.4.2 Development of the women's questionnaire 52
3.2.5 Final format of the questionnaire 53
3.2.5.1 Final format of the midwives' questionnaire 53
3.2.5.2 Final format of the women's questionnaire 54
3.2.6 Data collection 56
3.2.7 Data analysis 56
3.2.7.1 Quantitative data 57
3.2.7.2 Qualitative data 57
3.3 Phase two 57
3.3.1 Rationale for the use of an interview 57
3.3.2 Population 61
3.3.3 Sample 61
3.3.4 Development of the interview schedule 61
3.3.4.1 The midwives' questions 61
3.3.4.2 The women's questions 62
3.3.5 Data collection 62
3.3.6 Data analysis 63
3.4 Validity and reliability 63
3.5 Ethical considerations 66
3.6 Limitations 67

CHAPTER 4:
THE MIDWIVES' VIEWPOINT
4.1 Introduction 68
4.2 Midwives responses to the questionnaire 68
4.2.1 Demographic information on respondents 68
4.2.2 Views of the midwives 73
4.2.2.1 Familiarity with complementary therapies 74
4.2.2.1.1 Understanding 76
4.2.2.1.1.1 Acupressure 77
4.2.2.1.1.2 Aromatherapy 77
4.2.2.1.1.3 Herbal medicine 78
4.2.2.1.1.4 Hydrotherapy 79
4.2.2.1.5  Massage  80
4.2.2.1.6  Music  81
4.2.2.1.7  Reflexology  82
4.2.2.1.8  Therapeutic touch  82
4.2.2.1.9  Visual imagery  83

4.2.2.1.2  Training  84
   4.2.2.1.2.1  Formal training received  84
   4.2.2.1.2.2  Future training desired  85

4.2.2.2  Practice of complementary therapies  86
   4.2.2.2.1  Perceived benefits of complementary therapies  87
      4.2.2.2.1.1  Benefits in pregnancy  88
      4.2.2.2.1.2  Benefits in labour  89
   4.2.2.2.2  Experience with complementary therapies  89
      4.2.2.2.2.1  Experience in nursing practice  89
      4.2.2.2.2.2  Experience in midwifery practice  91
   4.2.2.2.3  Recommended use  94
      4.2.2.2.3.1  Frequency of recommendation in pregnancy and labour  94
   4.2.2.2.3.2  Basis of recommendation  94
   4.2.2.2.3.3  Future perspective  94

4.3  Interviews with midwives  95
   4.3.1  The midwives: a description  96
   4.3.2  The midwives practice of complementary therapies  97
      4.3.2.1  Midwife as a complementary therapist  98
         4.3.2.1.1  Training  98
         4.3.2.1.2  Effect on midwifery practice  100
      4.3.2.2  Use of complementary therapies  101
         4.3.2.2.1  Use of complementary therapies in pregnancy  101
            4.3.2.2.1.1  Aromatherapy  101
            4.3.2.2.1.2  Herbal medicine  102
            4.3.2.2.1.3  Hydrotherapy  102
4.3.2.2.2 Use of complementary therapies in labour 104
  4.3.2.2.2.1 Aromatherapy 104
  4.3.2.2.2.2 Hydrotherapy 105
  4.3.2.2.2.3 Massage 105
  4.3.2.2.2.4 Music 107
  4.3.2.2.2.5 Visual imagery 108
  4.3.2.2.2.6 The Alexander technique 108

4.3.2.2.3 Use of complementary therapies in the post natal period 109
  4.3.2.2.3.1 Aromatherapy 109
  4.3.2.2.3.2 Massage 109
  4.3.2.2.3.3 Visual imagery 109
  4.3.2.2.3.4 The Alexander technique 110

4.3.2.2.4 Midwives interest in complementary therapies 110
  4.3.2.2.4.1 Aromatherapy 110
  4.3.2.2.4.2 Herbal medicine 111
  4.3.2.2.4.3 Massage 111
  4.3.2.2.4.4 Music and visual imagery 112
  4.3.2.2.4.5 Reiki 112
  4.3.2.2.4.6 The Alexander technique 113

4.3.2.2.5 Women's preference for complementary therapies 113

4.3.2.3 Experience with complementary therapies 114
  4.3.2.3.1 Paula 114
  4.3.2.3.2 Cathy 115
  4.3.2.3.3 Debby 116
  4.3.2.3.4 Clara 116
  4.3.2.3.5 Dicky 117
  4.3.2.3.6 Laura 118
  4.3.2.3.7 Nicki 118

4.3.2.4 Perceived effects 119
4.3.2.4.1 Benefits of complementary therapies

4.3.2.4.1.1 Adjunct to conventional medicine

4.3.2.4.1.2 Benefits for the woman

4.3.2.4.1.3 Enhancement of midwifery practice

4.3.2.4.1.4 Holistic, natural, in tune with our natural selves

4.3.2.4.2 Harmful effects of complementary therapies

4.3.2.4.2.1 Untrained therapist

4.3.2.4.2.2 Side effects

4.3.2.4.2.3 Dogmatic views

4.4 Summary

4.4.1 The questionnaires

4.4.2 The interviews

123

CHAPTER 5:

THE WOMEN'S VIEWPOINT

5.1 Introduction

5.2 Women's responses to the questionnaire

5.2.1 Demographic information on respondents

5.2.2 Views of the women

5.2.2.1 Familiarity with complementary therapies

5.2.2.1.1 Understanding

5.2.2.1.1.1 Acupressure

5.2.2.1.1.2 Aromatherapy

5.2.2.1.1.3 Herbal medicine

5.2.2.1.1.4 Hydrotherapy

5.2.2.1.1.5 Massage

5.2.2.1.1.6 Music

5.2.2.1.1.7 Reflexology

5.2.2.1.1.8 Therapeutic touch

125

125

125

125

128

129

131

131

132

133

134

135

136

136

137
5.2.2.1.9 Visual imagery 138
5.2.2.1.2 Training 139
5.2.2.1.2.1 Formal training received 139
5.2.2.1.2.2 Future training desired 140
5.2.2.2 Practice of complementary therapies 140

5.2.2.2.1 Perceived benefits of complementary therapies 141
5.2.2.2.1.1 Benefits in pregnancy 141
5.2.2.2.1.2 Benefits in labour 142
5.2.2.2.2 Experience with complementary therapies 142
5.2.2.2.2.1 Experience in daily life 142
5.2.2.2.3 Recommended use 145
5.2.2.2.3.1 Frequency of recommendation in pregnancy and labour 145
5.2.2.2.3.2 Basis of recommendation 145
5.2.2.2.3.3 Future perspective 146

5.3 Interviews with women 147
5.3.1 The women: a description 147
5.3.2 The women's practice of complementary therapies 148
5.3.2.1 Preferences of the women 149

5.3.2.1.1 General practitioner or a complementary therapist 149
5.3.2.1.2 Pharmaceutical Benefits Scheme, should complementary therapies be available? 151

5.3.2.2 Use of complementary therapies 152
5.3.2.2.1 Use of complementary therapies in pregnancy 152
5.3.2.2.2 Interest in training for various complementary therapies 153

5.3.2.3 Experience with complementary therapies 155
5.3.2.3.1 Experience in aromatherapy 155
5.3.2.3.2 Experience in herbal medicine 157
5.3.2.3.3 Experience in massage 157
5.3.2.3.4 Experience in music 159
5.3.2.3.5 Experience in visual imagery 160
5.3.2.3.6 Unique experience with complementary therapies 160

5.3.2.4 Women's views on complementary therapies
162

5.3.2.4.1 Perceived benefits and reasons for preference of complementary therapies over conventional medicine 162

5.4 Summary
164
5.4.1 The questionnaires 164
5.4.2 The interviews 165

CHAPTER 6:
DISCUSSION AND CONCLUSION 166
6.1 Introduction 166
6.2 Familiarity and use of complementary therapies 166
6.3 Issues in the use of complementary therapies in the future 170
6.3.1 Issues for midwives 171
6.3.2 Issues for the women 175
6.4 Strengths of the study 176
6.5 Limitations of the study 176
6.6 Reflections on the study 177
6.7 Recommendations for future research 177

REFERENCES 179
APPENDICES:

APPENDIX 1  Extended definitions of complementary therapies  189

APPENDIX 2

2.1 Information sheet for midwives' questionnaire  196
2.2 Trial questionnaire for midwives  197
2.3 Final questionnaire for midwives  208

APPENDIX 3

3.1 Information sheet for women's questionnaire  221
3.2 Trial questionnaire for women and final questionnaire for women  222

APPENDIX 4

4.1 Letters sent to the hospitals and ethics committees  232
4.2 Letters of approval  236

APPENDIX 5

5.1 Midwives' responses to understanding of complementary therapies  241
5.2 Analysis of midwives' responses to understanding of complementary therapies  254

APPENDIX 6

6.1 Women's responses to understanding of complementary therapies  271
6.2 Analysis of women's responses to understanding of complementary therapies  282

APPENDIX 7  Use of complementary therapies  294

A. General nursing  B. Midwifery practice

APPENDIX 8  Therapies used in the daily life of women  302

APPENDIX 9  Interviews

9.1 Information sheet and consent form for midwives  307
9.2 Information sheet and consent form for women  308
9.3 Example of an interview with a midwife  309
9.4 Example of an interview with a woman  313
APPENDIX 10

10.1 Results of chi square analysis for midwives 316
10.2 Results of chi square analysis for women 325

LIST OF TABLES

Table 2.1: Potential uses of reflexology in pregnancy and child bearing 36

Table 4.1: Demographic data of midwives involved in the study 71
Table 4.2: Ethnic background of the midwives 72
Table 4.3: Ethnic background of the midwives' mothers 72
Table 4.4: Influence of the midwife's ethnic background on the use of complementary therapies 73
Table 4.5: Influence of the midwife's mother's ethnic background on the use of complementary therapies 73
Table 4.6: The midwives' views of complementary therapies, grouped under the two foci and categories defined as part of the analysis of the questionnaire experiences 74
Table 4.7: Sources from which the midwives first heard of complementary therapies 75
Table 4.8: Midwives; familiarity with complementary therapies 75
Table 4.9: Midwives; understanding of complementary therapies 76
Table 4.10: Midwives' understanding of acupressure 77
Table 4.11: Midwives' understanding of aromatherapy 78
Table 4.12: Midwives' understanding of herbal medicine 79
Table 4.13: Midwives' understanding of hydrotherapy 80
Table 4.14: Midwives' understanding of massage 81
Table 4.15: Midwives' understanding of music 81
Table 4.16: Midwives' understanding of reflexology 82
Table 4.17: Midwives' understanding of therapeutic touch 83
Table 4.18: Midwives' understanding of visual imagery 84
Table 4.19: Percentage of midwives trained in complementary therapies 85
Table 4.20: Formal training of midwives in relation to complementary therapies 85
Table 4.21: Midwives' interest in future training on complementary therapies
Table 4.22: Midwives' perception of the influence of using complementary therapies on nursing practice
Table 4.23: Midwives' perceived benefits of complementary therapies in pregnancy
Table 4.24: Midwives' perceived benefits of complementary therapies in labour
Table 4.25: Midwives' experience of using complementary therapies in nursing practice
Table 4.26: Midwives' experience of using complementary therapies in midwifery practice
Table 4.27: Results of chi square analysis for midwives' familiarity and use of complementary therapies
Table 4.28: The frequency of midwives' recommendations of complementary therapies in pregnancy and labour
Table 4.29: The basis of midwives' recommending complementary therapies
Table 4.30: Midwives' perception of recommending complementary therapies in the future
Table 5.1: Demographic data of women involved in the study
Table 5.2: Ethnic background of the women
Table 5.3: Ethnic background of the women's mothers
Table 5.4: Influence of the women's ethnic background on the use of complementary therapies
Table 5.5: Influence of the women's mother's ethnic background on the use of complementary therapies
Table 5.6: The women's views of complementary therapies, grouped under the two foil and categories defined as part of the analysis of the questionnaire experiences
Table 5.7: Sources from which the women first heard of complementary therapies
Table 5.8: Women's familiarity with complementary therapies
Table 5.9: Women's understanding of complementary therapies
Table 5.10: Women’s understanding of acupressure
Table 5.11: Women’s understanding of aromatherapy
133
Table 5.12: Women’s understanding of herbal medicine
Table 5.13: Women’s understanding of hydrotherapy
Table 5.14: Women’s understanding of massage
Table 5.15: Women’s understanding of music
Table 5.16: Women’s understanding of reflexology
Table 5.17: Women’s understanding of therapeutic touch
Table 5.18: Women’s understanding of visual imagery
Table 5.19: Percentage of women trained in complementary therapies
Table 5.20: Formal training of women in relation to complementary therapies
Table 5.21: Women’s interest in future training on complementary therapies
Table 5.22: Women’s perceived benefits of complementary therapies in pregnancy
Table 5.23: Women’s experience of using complementary therapies in labour.
Table 5.24: Women’s experience of using complementary therapies in daily life.
Table 5.25: Results of chi square analysis for women’s familiarity and use of complementary therapies.
Table 5.26: The frequency of women’s recommendation of complementary therapies in pregnancy and labour.
Table 5.27: The basis of women recommending complementary therapies.
Table 5.28: Women’s perceptions of recommending complementary therapies in the future.
Table A 5.2.1 Midwives’ understanding of acupressure
Table A 5.2.2 Midwives’ understanding of aromatherapy
Table A 5.2.3 Midwives’ understanding of herbal medicine
Table A 5.2.4 Midwives’ understanding of hydrotherapy
Table A 5.2.5 Midwives’ understanding of massage
| Table A 5.2.6 | Midwives’ understanding of music | 263 |
| Table A 5.2.7 | Midwives’ understanding of reflexology | 265 |
| Table A 5.2.8 | Midwives’ understanding of therapeutic touch | 267 |
| Table A 5.2.9 | Midwives’ understanding of visual imagery | 268 |
| Table A 6.2.1 | Women’s understanding of acupressure | 282 |
| Table A 6.2.2 | Women’s understanding of aromatherapy | 283 |
| Table A 6.2.3 | Women’s understanding of herbal medicine | 285 |
| Table A 6.2.4 | Women’s understanding of hydrotherapy | 287 |
| Table A 6.2.5 | Women’s understanding of massage | 288 |
| Table A 6.2.6 | Women’s understanding of music | 290 |
| Table A 6.2.7 | Women’s understanding of reflexology | 291 |
| Table A 6.2.8 | Women’s understanding of therapeutic touch | 292 |
| Table A 6.2.9 | Women’s understanding of visual imagery | 293 |
| Table A 10.1.1 | The relationship of familiarity of the women and their use of acupressure | 316 |
| Table A 10.1.2 | The relationship of familiarity of the midwives and their use of aromatherapy | 317 |
| Table A 10.1.3 | The relationship of familiarity of the midwives and their use of herbal medicine | 318 |
| Table A 10.1.4 | The relationship of familiarity of the midwives and their use of hydrotherapy | 319 |
| Table A 10.1.5 | The relationship of familiarity of the midwives and their use of massage | 320 |
| Table A 10.1.6 | The relationship of familiarity of the midwives and their use of music | 321 |
| Table A 10.1.7 | The relationship of familiarity of the midwives and their use of reflexology | 322 |
| Table A 10.1.8 | The relationship of familiarity of the midwives and their use of therapeutic touch | 323 |
| Table A 10.1.9 | The relationship of familiarity of the midwives and their use of visual imagery | 324 |
| Table A 10.2.1 | The relationship of familiarity of the women and their use | |
of acupressure

Table A 10.2.2  The relationship of familiarity of the women and their use of aromatherapy

Table A 10.2.3  The relationship of familiarity of the women and their use of herbal medicine

Table A 10.2.4  The relationship of familiarity of the women and their use of hydrotherapy

Table A 10.2.5  The relationship of familiarity of the women and their use of massage

Table A 10.2.6  The relationship of familiarity of the women and their use of music

Table A 10.2.7  The relationship of familiarity of the women and their use of reflexology

Table A 10.2.8  The relationship of familiarity of the women and their use of therapeutic touch

Table A 10.2.9  The relationship of familiarity of the women and their use of visual imagery
CHAPTER 1

INTRODUCTION

There is no doubt in my mind that the significant proportion of the 4 million children and youths in the United States who are afflicted with mental and neurologic dysfunction are the victims of obstetric medications administered with the very best of intentions to the mother during labour and birth. (Haire, 1982).

1.1 Introduction to the study

Midwives are empowered with helping the childbearing woman and are always assisting to extend the life process in human beings. This begs the very important question "What is Life?" The modern concept of life being an energy field, was first put forward by Harold Saxton Burr, an anatomy lecturer, who established that "there was an energy field substanding the physical body which acted as a mould or template for the growth of physical tissues and organs. The energy field was found to be disturbed before clinical pathology manifested" (Burr, 1972).

This concept has been supported by Becker (1985) and Reid (1989). This view confirms that if a deviation from health is to be rectified or the very process of giving birth to another living being is to be enhanced, the only methods employed should deal with the energy body. Artificial intrusive and instrumental methods which are unnatural and incompatible with the human body do not seem appropriate. We find the answer in complementary therapies, which embody the principles of energy healing and energy balancing.

Thus it is of vital importance to look into the practices of the modern midwife in relation to the use of complementary therapies.

This study addresses this world view by investigating the familiarity and practice of midwives and women of child bearing age, in relation to
complementary therapies. This research has been conducted in Western Sydney, using a quantitative/qualitative descriptive approach.

This chapter includes a background to the study, followed by a personal perspective on complementary therapies. Then the purpose of the study is explained, followed by the research questions. The significance of the study and the operational definitions are explained at the end of this chapter.

1.2 Background

Complementary therapies have now caught the public eye. The focus of complementary therapies is on the holistic care of the individual with a particular emphasis on client involvement. Complementary therapies recognise the interdependence of the physical, social, environmental, cultural and spiritual aspects of health. There is increasing evidence that nurses in the United Kingdom are now interested in various complementary therapies and their use in nursing practice. Emslie, Campbell & Walker (1996) reported that awareness of the therapies was high among nurses, with one in three respondents having already used some sort of complementary therapy. Studies by Dale & Comwell (1994) and Stevenson (1994), highlighted the efficacy of aromatherapy, while studies by Meek (1993), Ferrel Torry & Glick (1993) proved the benefits of massage on general hospital and cancer patients. The effects of therapeutic touch on practitioners and recently bereaved recipients was demonstrated by Quinn & Strelkauskas (1993).

Mothers and midwives are looking to complementary therapies to avoid the risks of drugs to the unborn child, to provide more natural advice for the relief of common discomforts of pregnancy and the post natal period, and to seek alternative forms of pain relief in labour (Tiran & Mack, 1995). In response to this urgent and pressing need, the Manchester College of Midwifery and Nursing was the first college in the United Kingdom (UK) to start post registration professional registration courses in aromatherapy, reflexology and now in therapeutic touch (Fulhorneyer, 1995). In Australia, courses are
available through private institutions and several undergraduate nursing courses include complementary health options, such as the Health Sciences Department at Royal Melbourne Institute of Technology and Monash University's Caroline Chisholm School of Nursing, both in Victoria (Bennett, 1995).

In the light of the above research, it is evident that complementary therapies have come to stay, as more and more people are becoming aware of their potential benefits. There appears to be an increasing interest in complementary therapies in Australian nursing practice as evidenced by the conferences organised in 1995, such as:

1. The second New South Wales "Nurses and Natural Therapies" conference held in May;
2. The New South Wales Nurses Association 50th Annual Conference held in July;
3. Royal College of Nursing; Australia.' 'Pathways to Healing. Enhancing Life Through Complementary Therapies' conference in Canberra in September;
4. Holistic Nurses Association of Australia conference 'Partnerships in Ancient Healing' in October;
5. Complementary therapies in midwifery workshop held in Croydon Park in Sydney in May 1997;
6. Complementary therapies—increasing the experience of Nursing workshop held in Brisbane in December 1997.

Nurses are in an ideal situation to practise and implement complementary therapies into the clinical setting and there is tremendous potential for complementary therapies in the clinical setting (Rankin-Box, 1991). Beverley Taylor (1995) in the booklet developed by the Royal College of Nursing, Australia (RCNA) states "Nurses can be encouraged to raise research questions
relating to the use of complementary therapies for funded and unfunded projects connected to their postgraduate studies and/or in their practice" (p.58).

There is an increasing recognition of the limitations of the reductionist and disease oriented approach which dominates traditional western health care (Norton, 1995). The reasons put forward for the growing popularity of alternative therapies include the unpleasant side effects of some conventional treatment regimes, patients' growing scepticism about orthodox medicine, a wish to have more choice about treatment and to assume greater control of their own health (Trevelyan & Booth, 1994). One of the greatest agents of change in complementary health has been the consumer. There is a significant and powerful demand for a diversity of health care modalities in Australia (Bennett, 1995).

Midwifery is one area to incorporate complementary therapies, largely in response to consumer demand (McCabe, 1995). Midwifery is suited to natural therapies due to concerns for both mother and baby regarding use of drugs and technological interventions. Complementary therapies include hydrotherapy, massage, aromatherapy, music/sound therapy, acupuncture, breathing techniques, reflexology and shiatsu (Spiby, 1993). Evans (1990) introduced reflexology for patients in a maternity unit. Massage, aromatherapy, music therapy and acupressure are used in midwifery at the Williamstown and in the Freemasons hospitals in Melbourne, Australia (Bennett, 1995). In Australian nursing practice there is anecdotal evidence that aromatherapy is being applied via massage, inhalations and hydrotherapy, for purposes such as inducing relaxation, altering moods and reducing drug intake (Bennett, 1995).

Recent studies by Groer, Mozingo, Droppleman, (1994) showed that "a ten minute back massage can have an appreciable effect on a patient's biochemical healing process, not only by alleviating anxiety, but also by stimulating the production of antibodies (s-IgA)" (p.3).
It is evident that midwives have an important role to play in the use of complementary therapies, whether it is being sufficiently well informed to indicate to patients how they might benefit from a particular treatment or undertaking training in a particular therapy in order to offer it to patients. The midwife will then be in tune with the increasing consumer demand for genuine choice in health services.

It is of paramount importance to know the trends related to complementary therapies and their practice in Australia. This thesis will ascertain the midwives’ and women’s familiarity and use of complementary therapies in the Western Sydney area.

1.3 Personal perspective
My personal philosophy affects the way I view life and the research process. I am an Indian midwife and received my Bachelors and Masters in Gynaecological and Obstetrical Nursing education in Bombay (the most developed city in India) and later moved to Jallandhar (a smaller city in comparison) where I practised as a midwife and midwife educator. This movement helped me gain an insight into both the advanced facilities and basic amenities available for the labouring woman. This type of exposure along with personal health setbacks were responsible for developing an insatiable interest for knowing and practising complementary therapies myself.

I had been an asthmatic for the past eight years and had tried a large number of allopathic medications with no long term benefit whatsoever. A family friend suggested I should come over and meet her brother in law who had arrived from Canada. The friend was an uneducated old lady and did not know exactly what her brother in law’s qualifications were, but she was so enthusiastic in her praise that she put him up on a pedestal and claimed that he performed miracles. I was taken in by her infectious enthusiasm and decided that a visit to her brother in law was a top priority for me. A unique experience awaited me. The brother in law was an expert in Applied Kinesiology and Iridology and a reiki practitioner too. In short he was a complementary therapist! He
tested the energy fields of my body with his hands and told me that I had a problem in the chest and right arm. I was absolutely floored, and wondered how he could have possibly known that I had hurt my arm as there was no visible sign of the injury and he did his testing at a distance of two to three inches away from my body! The therapist then proceeded to energise the areas of the chest and arm, again with the help of his hands which he held at the same distance. As I drove back home, I started singing as I felt elated and had not been able to sing for many years because of my asthma. I received three more treatments along with prescriptions of homoeopathic remedies, which I conscientiously took as prescribed by the therapist. The asthma regressed substantially and set me thinking on new lines. I held a new perspective now and was convinced that the human being is indeed an energy body and responds to energy treatments better than the allopathic system of medicine I had been taught to believe in right from my childhood (my father is a medical specialist and it was drilled into me that all other systems were bogus!).

Being a midwife it struck me with a great force that the process of childbirth is an unique event in that one energy being is created out of another and only energy interventions would be suitable at this time. It set me thinking about midwives and their practices and I wondered how many of them used complementary therapies and whether women were aware of them and did the women prefer them? These questions gained momentum when the University of Western Sydney offered me a scholarship to pursue my Masters in Nursing (Hons) studies, and I left my husband and three children in India and arrived in Sydney all set to pursue the complementary therapies situation of the midwives and women here in Australia.

1.4 The research statement

It is clear that complementary therapies are widely used in midwifery in many countries, especially England and Northern America. Australia is beginning to recognise them as an important adjunct to nursing. Women too have become
more aware of complementary therapies as they look towards non orthodox ways of combating their health problems and easing the birth process.

This study begins to address this issue by surveying the midwives employed in and women attending the hospitals in Western Sydney to find out their familiarity and practice of relevant complementary therapies such as acupressure, aromatherapy, herbal medicine, hydrotherapy, massage, music, reflexology, therapeutic touch and visual imagery.

1.5 Purpose of the study

The purpose of this study was to determine the familiarity and practice of a group of midwives and women of childbearing age, with regard to complementary therapies in Western Sydney.

1.6 The research questions

The research questions posed for this study were:

In relation to the midwives:

1. How familiar are midwives with complementary therapies?

2. What are midwives' practices of complementary therapies in their nursing and midwifery practice?

In relation to the women:

3. How familiar are women with complementary therapies?

4. What are women's practices of complementary therapies in their daily lives and during pregnancy and labour?

1.7 Significance of the study

Australian society is heading towards non orthodox therapies, largely in response to its dissatisfaction with modern medicine due to drug reactions and side effects. Midwives in particular are responding to the women's needs and to their own needs for professional satisfaction by incorporating a variety of complementary therapies into their nursing practice. This study will throw
light on the actual familiarity and practices of midwives, and will be helpful in the following ways.

1. Nurse policy makers will be provided with data on the potential efficacy of complementary therapies and this may influence them to allow for practice of complementary therapies in the clinical area in an approved fashion.

2. Midwife educators would consider if complementary therapies should be included in the postgraduate program.

3. Short term courses relevant to midwifery practice could be formulated based on the current need.

4. Midwives will be able to enhance their midwifery practice and gain more professional satisfaction. Comparison with their nursing counterparts in other countries would show the Australian midwives whether they are in step with others.

5. Women will be able to voice their opinions on complementary therapies and this information can be used in the future to enhance the practice of midwifery.

1.8 Operational definitions

Acupressure: A system of applying pressure with the finger or knuckle over pressure points located along meridians, which are the pathways by which energy flows through the body (Owens and Ehrenreich, 1991).

Aromatherapy: The use of essential oils in various modes of treatment like massage, inhalation, ingestion.

Childbirth: In this study this term denotes those processes that result in the expulsion of the products of conception by the mother (Varney, 1980, p. 169).

Complementary: something which completes or makes perfect (Macquarie Student Dictionary, 1991, p. 217).

Complementary Therapies: Complementary therapy characterises an approach to care, rather than simply being the name for a small group of therapies that used to be called alternative' (McCabe, 1996, p. 9). This approach recognises the principles of complementarity as they apply to health, nursing, healing and
therapeutic interventions. Complementary therapies are understood as holistic therapies employed to promote health, healing and well-being. They may complement existing medical care or be utilised as alternative therapy according to the client's informed choice (R.C.N.A. 1997).

**Familiarity**: Familiarity is defined as 'closely acquainted' (The Websters New Dictionary, 1994, p.144). The knowledge of and perception of a concept are included in the meaning of this term.

**Herbal medicine**: The intake of herbs, flowers, fruits, roots, their juices, decoctions or essences constitutes the use of herbal therapy. The applications of lotions, creams or compresses made from herbs are also included. Herbs are useful in cases of heartburn, infections, anaemia, fatigue, pain and thus have an important place in managing problems related to pregnancy and labour.

**Hydrotherapy**: The therapeutic use of water, for example by external application, drinking of medicinal mineral waters or cleansing enemas (Vogel, 1991). Its most common application is in midwifery where hot and cold compresses, showers, baths and pools are widely used to promote relaxation.

**Massage**: Massage is 'rubbing and kneading the muscles, etc., as a curative treatment' (The Websters New Dictionary, 1994, p.238). This is a system of applying pressure, using different strokes with or without the use of oils in order to provoke a relaxing effect by improving the circulation and easing tension in a particular area of the body. It is useful in relieving aches and pains, and promotes relaxation in pregnancy and labour (Baldwin, 1991, p.16).

**Midwives**: In this study this term will be used to include certified midwives and student midwives.

**Music**: Music is 'the art of expressing or causing an emotion by melodious and harmonious combination of notes' (The Websters New Dictionary, 1994, p.254). This involves a range of techniques, varying from listening to music to active techniques like singing, vocalising, chanting and dancing. Sound waves affect the body-mind, demonstrating ability to change mood, evoke emotional responses, raise and lower blood pressure, reduce need for sedation and reduce pain and anxiety (Hicks, 1992).
Practices: Practice has been defined as 'do habitually or put into action' (The Websters New Dictionary, 1994, p.294). In this study this term denotes the use in personal and professional matters.

Pregnancy: This is the time between conception and the onset of labour (taken from Olds, London and Ladewig, 1992, p.317).

Reflexology: Reflexology is 'a form of therapy practiced as a treatment in alternative medicine in which the soles of the feet are massaged' (The Websters New Dictionary, 1994, p.315). For the purpose of this study it is taken to mean a form of therapeutic massage performed on the feet or hands. It is useful in the reduction of pain and anxiety, and promotion of rest and sleep. A simple massage of the heels during the labour is found to reduce much of the pain (Tiran, 1996, p.34).

Therapeutic touch: Therapeutic touch is a healing intervention based on the assumption that the healer and the healee are connected in a reciprocal relationship with interconnected energy fields. Essential to this relationship is the intention of the healer to focus positively on the healing outcome for the recipient. It is a transfer of energy from one person to another with the hands as a focal point. This was first discovered by Dolores Krieger (1975).

Visual Imagery: The mind and body are so closely connected that our thoughts can affect our physical responses. "Visualisation are a creative means of developing imagination to positively transform any situations in our lives" (Gawain, 1978). Visual imagery helps us to deal with events in a positive way. For pregnant women, anxious about labour, visualising the birth of the baby with guidance from someone experienced, may help to encourage positive images. They can concentrate on feeling relaxed and imagining the baby sliding out of the birth canal gently and smoothly.

Women: Those women who are pregnant or have delivered a baby and are present in the hospitals.
CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

In order to provide the reader with an overview of literature related to complementary therapies, I will review the literature related to the definitions of the complementary therapies included in this study, the attitude of the public, medical and nursing professions, the use of complementary therapies by the nurses and midwives, and the factors influencing the familiarity and use of complementary therapies by the midwives. Finally I will provide a summary to demonstrate the need for this study.

2.2 Preamble

Out of the dissatisfaction and realised limitations of modern medicine, there is a world wide trend of patients seeking help elsewhere. Norton (1995) is of the opinion that

\begin{quote}
many nurses are currently challenging this dominant medical model and moving away from the practice of relieving specific symptoms, towards a philosophical approach which cares for the individual and significant family, with a holistic focus and emphasises shared decision making between patient and nurse (p344).
\end{quote}

The Australian Nursing Federation (ANF, 1993), supports the use of complementary therapies as deemed appropriate by client and nurse and believes that nursing embraces a concept of total health care which includes health promotion and healing. The RCNA and the ANF purport that complementary therapies are appropriate for nursing practice. The ANF suggests that the "complementary therapies listed as appropriate to nursing practice are acupuncture, acupressure, massage, hypnotherapy, reflexology and aromatherapy" (ANF 1993, cited in McCabe, 1995, p.7).
As well the RCNA (1997) in its Position paper states that:

_The basis of complementary therapy in nursing practice is the principle of complementarity which is derived from modern physics, that is, recognition that life is expressed as both physical being and energy field. This principle is incorporated into holistic nursing theory which recognises that nurses interact with persons at all levels - physical, emotional, mental, spiritual, social and environmental and that Complementary therapies as nursing interventions fit comfortably into holistic nursing theory and practice (p.3)._ 

This position statement recognises the principle of complementarity, which recognises the human being not merely as a physical entity, with a visible body, but assumes something more that is not visible to the naked eye. This is the energy field also associated with the spiritual realm. The diseased body is not treated by physical means, but can also be made well by energy exchanges which help the body to receive energy in cases where it is deficient and to give out energy in cases of excess (Reid, 1989). This is the fundamental principle of holistic nursing, which deals with the person or patient at all levels. Holistic nursing is employed in midwifery, as in all other areas of nursing and complementary therapies fit in perfectly with this basis of holistic nursing.

Modern medicine is based on the understanding of the body as a machine rather than as many interacting energy fields underlying all physical processes and organs. Development of modern medicine has allowed for the examination of parts often in isolation from the whole (Cassidy, 1994). Modern medicine is the present acceptable regime of treatment approved by government funding.

Complementary therapies on the other hand are not well known, shrouded in mystery at times and not fully researched. As Murray & Rubel (1992) suggested occasionally alternative medicine is beneficial and some remedies have been found to be effective in clinical trials. On the other hand they argued that alternative therapies may be directly harmful if they cause delay in conventional treatment. Further they may be toxic, expensive or fraudulent. They summarised that:
alternative practices represent a hodgepodge of beliefs and treatments. Many are well known, others are exotic or mysterious and some are dangerous (Murray & Rubel, 1992, p.61).

These authors go on to admit that some nurses and physicians use alternative methods in combination with conventional medicine.

The earlier confusion over the terms holistic, unproven, alternative is now replaced by similar views and the term complementary therapies in nursing has now emerged. In order to understand this terminology two definitions of complementary therapies are explored.

2.3 Definitions of complementary therapies
The British definition of complementary therapy is

Complementary Therapy is the use of therapies/interventions as adjuncts to orthodox treatments and care so that a more holistic approach to care is achieved (McCabe, 1996, p.6).

This definition recognises complementary therapies as something used in addition to conventional methods of treatment in an effort to achieve a holistic approach to the care of the patient.

The RCNA (1997) in its Position Statement has defined complementary therapies in the following manner.

Complementary therapies are understood as therapies used in holistic practice and derived from:
a) traditions of healing (eg aromatherapy, acupuncture, reflexology),
b) therapeutic use of self (eg humour, therapeutic touch, validation therapy),
c) physical therapies (eg massage, hydrotherapy) and
d) energy therapies (eg meditation, guided imagery, music therapy) (p.1).

This definition recognises complementary therapies as being used independently and having a holistic base. It accepts in its fold various methods of healing based
on physical and energy methods of healing, in addition to traditional methods and the therapeutic use of self. Examples of the therapies falling in the various sub groups, mentioned above, have been included in this definition.

The RCNA definition has been used for this study. The complementary therapies initially considered for this study were chosen to incorporate therapies from all the four different methods of healing described in the above RCNA definition (Extended definitions of each of these therapies are presented in the Appendix 1). Acupressure, aromatherapy and reflexology, have been taken from the traditions of healing. Hydrotherapy and massage have been taken from the physical therapies, music and visual imagery, have been chosen from the energy therapies and therapeutic touch from the therapeutic use of the self. Herbal medicine has been included because it is a therapy which is available in nature, and has been used since time immemorial to treat illness, long before other therapies came into vogue. Later during the process of this study other therapies emerged that were known and used by the respondents.

2.4 Familiarity of the public to complementary therapies.

The increase in interest in complementary therapies has been especially rapid in the last ten years. This growth of interest has led to an increase of research into the efficacy of complementary medicine and people's changing attitudes towards it (Sharma, 1992).

Three studies conducted in the UK to determine public views and opinions regarding complementary therapies have been used to determine the public attitude to complementary therapies.

The first UK study reviewed was conducted by Furnham & Vincent (1994), on the perceived efficacy of complementary therapies and orthodox medicine of the London public.
A questionnaire was distributed to the public and aimed to examine the efficacy of five different therapies, i.e. acupuncture, herbalism, homoeopathy, hypnosis and osteopathy. The study revealed that personal accounts of treatment appeared to be particularly important sources of information on complementary therapies and also highly valued at estimating its efficacy. Orthodox medicine was clearly seen, by the great majority of subjects, as being more effective in the treatment of most complaints especially in the treatment of major life threatening conditions. Complementary therapies were seen to be more effective in the treatment of minor and chronic conditions, though generally not superior to orthodox medicine. For some specific conditions, complementary therapies were seen as the most effective treatment, osteopathy and acupuncture were both perceived as valuable in the treatment of back pain, and herbalism was perceived as a valid treatment for fatigue and stress; hypnosis was seen as useful in the treatment of psychological problems, and seen as superior to orthodox techniques. This suggests that most people are not 'for or against' complementary therapies, but see it as useful in certain quite specific types of problem - especially those where orthodox medicine is seen as less effective. It was found that complementary therapies were indeed complementary to orthodox medicine and many ill people take the two together, unknown to their physician. There was no indication of 'blind faith' in complementary therapies as a panacea for all ills.

The second study reviewed included a questionnaire survey given to cancer patients attending the Royal London Homoeopathic Hospital in 1995 (Stevenson, 1995) revealed that 95% of the respondents had heard of the term "complementary therapies". This was because many had requested a General Practitioner referral owing to their existing interest in complementary therapies. The survey showed that many people were looking for help with stress and anxiety and relief from other psychological symptoms and considered complementary therapies to be more effective. The most commonly experienced therapies were homoeopathy, acupuncture, healing, dietary advice, massage, visualisation, relaxation and counselling.
Other therapies including reflexology and shiatsu, may offer as much benefit, but scored lower because they were less well known, understood or experienced.

The third study reviewed by Emslie, Campbell & Walker (1996), tested the London public opinion in a population survey of a random sample of Grampian residents. This survey examined views on complementary therapies in general and questioned people about the use of eight complementary therapies. The results showed that awareness of the therapies was high, with almost one in three of the respondents having already used some form of complementary therapy. Concerns were expressed about qualifications and registration of the therapists and the cost of the treatment. The reasons why people turned to complementary therapies were complex, but the primary reasons were to help with a chronic problem or to help relieve stress. The reassurance of a personal recommendation either from a friend or a health professional, and the knowledge gained from other people's experience, played an important role in the spread of awareness of complementary therapies.

These three studies showed the increasing trend of the public towards complementary therapies. The studies indicated that the public was not satisfied with orthodox medicine and was looking towards complementary therapies in conditions where orthodox medicine had no answer.

Following extensive searches of library data bases, no studies were found relating to the views of the Australian public towards complementary therapies.

2.5 Familiarity of the medical profession to complementary therapies.

The popularity of the complementary therapies appears to be more than just a discontent with the existing medical profession. An increasing number of medical practitioners also see complementary therapies as an avant-garde for new ideas about health and the body and there are signs that some of the principles of complementary medicine are being accepted within orthodox medicine. Various questionnaire studies have examined the attitudes of orthodox medical students
and practitioners and found high rates of interest and knowledge, and referral of patients to complementary practitioners (Reilly, 1983; Anderson & Anderson, 1988; Furnham, Flanna & Vincent, 1995). Reilly (1983) examined the attitudes of general practitioner trainees to complementary therapies, and found that a positive attitude emerged from the 86 respondents. This study could not be considered as representative of the whole medical profession as it looked at the trainees in a particular field (Reilly, 1983).

In a study of general practitioners in Oxfordshire, Anderson & Anderson (1988) found a high level of interest in, knowledge of, and referral of patients for complementary medicine; 12% had received training, and 42% wanted training in an alternative form of medicine; 16% were practising a form of complementary medicine and 59% had referred one or more patients to complementary practitioners in the previous year. This study showed a high level of interest in complementary medicine in general practitioners.

Furnham et al (1995) studied the attitudes of 186 medical students to five complementary therapies: acupuncture, herbalism, homeopathy, hypnosis, and osteopathy. He found that students had positive attitudes, despite the fact that they knew little of the therapies. The male students were more sceptical of the complementary therapies than the females.

The students recognised the holistic approach of complementary medicine and felt that complementary practitioners spent more time than doctors listening to their patients and agreed that a surprising number of patients claimed that complementary medicine was effective in curing them of their ills (Furnham et al. 1995). This study denotes a changing climate and is a positive step to the inclusion of complementary therapies in their medical practice.
In the UK complementary therapies have gained widespread acceptance and many doctors are prepared to refer patients to alternative practitioners for conditions resisting successful treatment by conventional medicine, 93% had already done so, according to a research done by Perkin (1994). The British Medical Association has issued guidelines on good practice in complementary medicine, and the National Association of Health Authorities and Trusts has allowed complementary therapies to be paid for and offered to patients by health authorities and trusts (1993).

In Australia the medical profession has not been so receptive to the inclusion of complementary therapies and up to 1995, only two universities, namely the Monash University’s Department of Community Medicine in Victoria and the University of Newcastle, New South Wales had introduced some options to learn about some complementary therapies like acupuncture, meditation, and naturopathy (Bennett, 1995). Easthope (1995) states that doctors in Australia have dealt with the threat of market competition and rival professional status by absorbing an alternative practice, such as homoeopathy, into their own system. They also seek to exclude alternative practices from funding by the government.

2.6 Familiarity of the nurses and midwives to complementary therapies

Nurses and midwives have always been on the lookout to increase their repertoire of knowledge and nursing skills. Complementary therapies fit in well and have a great deal to offer nurses and midwives in enhancing their professional development. When exploring complementary therapies it is important to know whether nurses and midwives think it is important to their practice.

A survey of nurses in the UK, who used complementary therapies showed that "almost half the group incorporated these techniques into their nursing practice more than 16 times or more during the past year" (Keegan, 1996, p.60). Another survey of 270 RN readers by Schmidt (1995), on the use of complementary therapies in their practice revealed that 20% used relaxation techniques, 17% prayer, and 9% music therapy.
These surveys suggest that nurses are applying their learning in their daily practice.

Owen invited the readers of *Nursing Times* to complete a questionnaire whereby she wanted to establish the extent to which nurses were already using complementary therapies and whether they were interested in undergoing training to extend their practice (1995). No follow up of this survey was found in the later issues up to the present time.

The RCN forum in UK (1994) conducted a survey of its members regarding complementary therapies and found that the main therapy in use was aromatherapy (48%) followed by massage, although respondents were often using more than one therapy at a time (Ersser, 1995).

In a recent study in the UK, Mack (1995) found that the use of complementary therapies in maternity care was usually midwife-led. They felt that the general philosophies of most of these therapies were sympathetic and belonged to midwifery practice. Many of the midwives practising complementary therapies were doing so with minimal support, in that they were having to provide this in their own time or with the support of their colleagues who covered their other duties. In some places, once the value of a therapy became established, then it became more accepted and in some cases was institutionalised. Lack of time was one of the major problems identified by the midwives. Many could not see how they could include therapies like massage, aromatherapy or reflexology into their routine practice. A few community midwives felt that it did fit well into postnatal visits, where the mother and baby were not experiencing major difficulties that required her attention.

The majority of midwives with some interest in complementary therapies wanted more teaching about them in their normal training. They believed that if they had more information they could give much more guidance to the women in their care, make some choices about pursuing training for themselves and support those women already receiving therapy outside the hospital system.
Some felt embarrassed by their lack of knowledge when women asked about non conventional treatments for frequently occurring problems of pregnancy. They were particularly interested in being able to suggest alternative treatments for such problems as nausea and vomiting, breast pain, backache and sleeplessness and appetite disturbance. They also wanted to be able to help women who were expressing anxiety and depression. Several midwives were aware of practitioners in their area and had consulted them personally for specific problems.

They were uncertain of whether they were covered by insurance in giving advice to their clients. There were some midwives who were not aware of many complementary therapies and assumed they were not being practised. Most of these midwives felt that there was no time or opportunity to learn or practice new skills and did not see a role for informing the mothers.

In Australia very few studies have been done to discover the views of the nursing profession towards complementary therapies. Luck (1993) investigated nurses in palliative care who worked in New South Wales, Australia and studied the nurses' perceptions, familiarity and use of complementary therapies in nursing practice. She used a questionnaire and found that nurses working in the palliative care were very keen to use complementary therapies in nursing practice. She found that very few nurses had formal training in any complementary therapy, yet a majority of nurses in her study had used complementary therapies in their nursing practice.

In another study by Arndt, Brown, Johnstone, Knight, Medhurst, (1995), Bachelor of Nursing (BN) post registration students at the Monash University were asked about their current utilisation of complementary therapies in their practice. Of 47 responses, 42 nurses (85%) indicated that they currently use complementary therapies in nursing practice.

A range of therapies was identified and these included acupuncture, aromatherapy, crystals massage, religious icons, music, relaxation, stress management and vitamin and mineral therapy. It was estimated by Ramsay, McCabe, Taylor (1995) that 25%
of the current membership of the complementary practitioner associations are registered nurses.

The increase in interest in complementary therapies by nurses indicates that they are keen to integrate these therapies in their practice and are interested in implementing total patient care (Rankin-Box, 1991, p.34). The nurse who is informed about the diversity of natural therapies available, is in tune with the increasing consumer demand for genuine choice in health services. The nurse who knows how to successfully access the diversity of treatments is even better off.

Although studies are available from the UK, none determining the familiarity and practice of either midwives or women with regard to complementary therapies were found in the literature pertaining to studies in Australia. This gave further impetus to the researcher in her determination to pursue a field which was gaining widespread recognition all over the world and yet had been so inadequately dealt with. The present study will definitely throw light on the present state of affairs with regard to complementary therapies and guide future researchers in this area of human healing.

In the next two sections we shall look at the nurses' general practice of complementary therapies and at midwives using the available literature.

2.7 Nurses use of complementary therapies

Nurses appear to be in an ideal situation to practice and implement complementary therapies into the clinical setting, and there seems to be "tremendous potential for complementary therapies in the clinical setting" (Rankin Box, 1991,p.55). Scholars like Quinn and Passant (1995) see the incorporation of complementary therapies, as a renaissance in nursing.

Complementary therapies (medicine) is a relatively new speciality, and nurses working in this field have a rare opportunity to be involved in widening the frontiers of care.
In the following sections, available literature will be reviewed and the nurses' use of the complementary therapies initially presented to the respondents in this study will be discussed with the help of examples from the available literature. Not all therapies were noted as used by nurses and thus acupressure and hydrotherapy are excluded in this section.

2.7.1 Aromatherapy

Aromatherapy is immensely popular with nurses and midwives. Its popularity stems from the ease with which nurses perceive that it can be incorporated within their practice (Trevelyan & Booth, 1994 p. 81).

Baldwin (1991) suggests that the use of aromatherapy in the clinical setting has increased significantly in recent years, and is one of the major complementary therapies that nurses wish to use in the clinical setting. Dunn (1990) studied the use of aromatherapy and massage on 126 patients in intensive care units. The findings on the effects on the physiological stress indicators or observed behaviours following any of three interventions (massage, massage using 1% lavender oil, or a period of rest) were not significant.

However 77% of the patients were able to complete self assessments of anxiety and mood levels and reported significant anxiety alleviation following aromatherapy. Dunn (1990) acknowledged the limitation of extending her findings to other settings. Dunn's study in the intensive care unit highlights how experiments can be usefully designed to evaluate the effects of complementary therapies used in nursing. This setting permitted access to the physiological data already being collected in the course of the patient's care, such as continuous blood pressure monitoring and heart rate measures.

Although the research design allowed the effect of massage with and without essential oils to be compared, it would seem legitimate to evaluate the effect of specific oils used in conjunction with particular massage techniques, since this is a commonly used way nurses use essential oils. This study reflects how some of
the problems of using experiments can be limited, such as standardising the
massage technique and oil dilutions and establishing appropriate controls. In this
study the species of the lavender used was not specified. The patients were asked
to complete self assessment forms and some of the patients may not have been in
a position to complete the forms either due to physical or emotional constraints,
and this could colour the findings. An assessment by the nurse with valid criteria
for assessing the anxiety levels, in addition to the one completed by the patient
would lend more credibility to the research.

Another significant study was done by Hewitt (1992), using a foot massage for 20
minutes with lavender oil. Her study suggested that this treatment could reduce
heart rate, respiratory rate, blood pressure, pain and wakefulness. The reductions
were more significant in patients who received massage with the essential oil than
with patients who received massage alone, or patients who had an undisturbed
rest of twenty minutes. This study is suggestive of the benefits of the oil used and
similar studies using oils for different conditions could go a long way in proving
the efficacy of aromatherapy regimes and their regular use in nursing practice.

A much quoted study by Buckle (1993) gives a clear indication of the effectiveness
of a particular species of lavender which was used in comparison with essential oil
from another species of the same plant. Using an innovative research design, Buckle
(1993) gave post- cardiotomy patients a 20-minute massage using oil extracted from
one of two different species of lavender. Both researcher and patient were blinded to
treatment allocation, thus circumventing the possibility that the massage technique
may vary depending on the oil used. If differences could be shown between the two
lavender oils, it would follow that the effects of the aromatherapy massage were due,
at least in part, to the pharmacological action of the essential oils entering the blood
stream, through the skin.

Buckle claimed that this was indeed the case and stated that the study "disproved the
hypothesis that aromatherapy ... is effective purely because of touch, massage or
placebo" (p.32). The problem here is that baseline measurements are not given, the
outcome measures used are not described and the statistical presentation is not clear. The study explored here shows that nurses are using aromatherapy and researching its use to a limited extent.

2.7.2 Herbal medicine

Nurses often use herbal remedies in their nursing practice. Herbal teas like peppermint, camomile and ginger have long been used for complaints of nausea and indigestion. Psyllium seeds are useful for constipation while raspberry leaves are useful in diarrhoea (Bullivant, 1996). Echinacea was used prophylactically instead of antibiotics in cases of infections of the respiratory tract (Mantle, 1996).

In the early part of this century, essential oil of tea tree was widely used as a germicidal agent in Australia and a trial by Buck Nidorf & Addino (1994) lends validity to the use of tea tree oil as an anti infective agent and proves that this oil could be used in nursing situations as an effective germicidal agent.

In the double-blind study, Buck et al (1994) randomised 117 patients with onychomycosis to 100% tea tree oil or clotrimazole, a standard anti-fungal agent.

Baseline assessments were similar in both groups. At the end of the six month treatment period 18% of subjects in the tea tree group had a negative culture as opposed to 11% of those using clotrimazole.

The people in general tend to use a lot of herbal remedies which have been passed down through word of mouth. Two nurses, Brown and Marcy, (1991) from Oregon, in the United States of America conducted some interesting research into the use of herbal remedies by the general public. One hundred adults were asked which of 50 listed herbs, they or members of their families had used for health purposes, and with what effect. Of the 50, 22 were each used by ten or more people; and all but three (dock, white ash and pennyroyal) were used by at least one person.
This research shows that herbal medicine is indeed a casualty of the new scientific age and many of the modern medicines have their origins in the plant kingdom. The findings of research in herbal medicine could be used by nurses in advising patients in matters related to health care.

2.7.3 Massage

Massage and therapeutic touch are frequently used in the care of the elderly, in intensive care settings, oncology units in the care of the dying, midwifery and neonatal care (Fromant, 1991). Groer et al (1994) in their study demonstrated an effect of massage on the immune system. In a randomised trial with healthy volunteers, mean levels of salivary immunoglobulin A (s-IgA) were measured before and after a back rub or rest period. Concentration of s-IgA increased from 28.2-45.5 mg/dl in the massage group compared to an increase from 24.9-29.1 mg/dl in controls (p=0.004). The rate of secretion of s-IgA also increased, although it just missed statistical significance.

Tutton (1991) reviewed research studies concerning the studies of massage and concluded, while physiological measurements of massage induced relaxation are inconclusive, the subjective responses of clients indicate an overall mood improvement and positive feelings of well being. Baldwin (1991) reported that "massage promotes relaxation, assists in pain relief and aids in establishing and maintaining a trusting relationship between the nurse and the client" (p.16). Massage had many beneficial effects like pain relief, relaxation, lowering of blood pressure, improving venous return and increasing nutrition to body cells (Fraser and Kerr, 1993). Although the available research literature was scarce, the different types of massage techniques and the universality of its use suggest the benefits that ensue after massage has been implemented.
2.7.4 Music

Music can effectively relax the individual if it is of his choice. Different melodies, songs and beats have influenced the emotions and thus the brain and body. This effect has been used successfully by McKern (1995) in the palliative care setting where she addressed sleep difficulties, pain, stress and tension. She tried to find out from the client what elements in nature specially appealed to that person, whether they related to mountains, ocean, air, gardens etc and chose a tape accordingly. O'Callaghan (1996) analysed case studies which showed that music used appropriately, could alleviate the pain experience in palliative care patients. Although there is plenty of literature on music as a therapy, no nursing literature was available. The use of music could very easily be incorporated in many nursing settings.

2.7.5 Reflexology

Reflexology or the massage of specific pressure points located on the hands and feet, is a specialisation of the science of acupressure. It has been used to correct disorders on the body by massaging the related areas in the hands and feet.

Reflexology has been useful in such diverse areas as relieving chest congestion, reducing pain and anxiety and promotion of sleep (Lockett, 1992). "It is useful in the reduction of pain and anxiety and promotion of rest and sleep" (Goodwin, 1994, p.60) and has been shown to significantly reduce pre menstrual tension in a study by Oleson & Flocco (1993). McKern a complementary therapist in palliative care made the following comments regarding reflexology, "Often my first approach will be to show them the art of foot massage and reflexology" (McKern, 1995, p.31). She presented this simply as a relaxation technique or even for symptom management, but it often lead to much more than the original simple intention as it encouraged heart felt communication which emerged when the people concerned had not been able to express their true feelings for a long time.
Nurse practitioners claim that patients often experience symptoms said to be associated with healing in complementary medicine - diarrhoea, sweating and increased passage of urine - in the first few days and weeks after the treatment. This is ascribed to increased activity of the elimination systems of the body and is seen as a positive sign. The patient is encouraged to eat lightly and drink plenty of fluids (McKern, 1995).

The basics of reflexology can be learned in a small number of lessons and is a relatively safe procedure, with few contraindications (although where caution is called for, the results of ignoring it can be serious) and it requires no special tools or equipment. It seems to have beneficial effects, judging by the occasional reports in the nursing literature as cited above, and a nurse can practice it on herself in order to be sure of its effectiveness.

2.7.6 Therapeutic touch

Therapeutic Touch (TT) is a therapy which combines the elements of Eastern philosophy, healing by "laying on of hands" and concepts found in a branch of physics dealing with quantum mechanics (Trevelyan & Booth, 1994, p.89). Through the use of touch therapy, nurses can be more aware and sensitive to the patients' needs and patients can be helped to relax and recover sooner, because of the activation of the nervous and immune systems' functions.

Milly (1993) looked at therapeutic touch and found it to be an integral part of nursing practice. She documented several studies wherein therapeutic touch reduced pain and anxiety, increased relaxation and comfort along with an increased immunocompetence and haemoglobin level.

Therapeutic touch is reported to increase the predominance of alpha activity in the brain wave pattern (Krieger, 1979) and cause a state of generalised relaxation similar to the relaxation response as described by Benson (1975).
Further development of this technique has been reported by Krieger (1987) who claims that a healing attitude of the nurse comes from focused inner awareness. This inner awareness requires that the healer focus on the intention or need to help another person. By first concentrating on being centred with all of one's energy directed in the present time (here and now) toward the intention of healing another, the nurse healer is then ready for intuitive and transcendent awareness. The healer then assesses the energy field of the healee by using the hands to search for a block in the healee's energy field.

Several nurses have conducted research on the effects of therapeutic touch as a healing modality in various populations (Heidt, 1981; Heidt (1990); Quinn 1992;). Heidt (1990) found a decrease in the state of anxiety and pain.

Heidt's study was a qualitative study of patients experience of therapeutic touch and helps us to understand the ways in which people interpret situations; these interpretations are significant since they relate to people's actions. A relevant area of concern would be to explore the relationship between the patient's interpretation of the nursing and therapy received and their experience of its effects. Such research may be useful in the development of appropriate outcome measures for evaluating the effects of complementary therapies which are patient centered and not confined to assessing the alleviation of symptoms, since these may be informed by documenting patient experience. Quinn (1992) taught this technique to elderly clients at a peer counselling center in California (USA). Analysis of both quantitative data and qualitative responses from the participants provided evidence that learning therapeutic touch resulted in healing among this population. Nurses reported that touching comforted patients by letting them know that nurses care about, accept and support them (Wright and Talton, 1995). In fact, Booth (1994) believes that therapeutic touch has special implications for nurses because they spend maximum time with the patient, are involved with the patient's care and well being, follow the body, spirit and mind model of caring and can tune in to the patient.
The above research studies show that therapeutic touch is based on the principle that all living things are energy fields, which in turn are part of a greater field; individual fields interact and a TT practitioner aims to use directed interaction to rebalance energy in a person they are treating. This method of healing does not require an extensive period of study and can easily be incorporated into nursing practice with wide spread benefits for the patient. It is in perfect accordance with the principles of holistic nursing and its practice could help to enhance nursing practice.

2.7.7 Visual Imagery

Visual imagery, or the imagination of desired scenes and conditions in the mind's eye has been used in a variety of settings in nursing. An example is seen in the study of McKern (1995) in the palliative care where she taught her patients colour visualisation for healing. She asked her client to think of a colour that represented healing and use the in-breath to draw in that colour to the parts of the body that needed healing or soothing. Similarly she asked her client to choose a colour that represented their pain, anxiety or fear and use the out-breath to discharge these tangible feelings to the outside (McKern, 1995). No other literature was found and this therapy needs to be explored further.

2.8 Midwives use of complementary therapies

Whilst nurses use complementary therapies in some aspects of their practice, it is important in the context of this study to explore their specific use by the midwives. The phenomenal increase in interest in complementary therapies for child bearing has been mainly due to consumer demand (Tiran, 1995). Midwives often receive requests for alternative advice for dealing with the physiological disorders of pregnancy and the puerperium, at a time when any drugs are contraindicated, and for ways of relieving pain in labour (Tiran, 1995).

The nine therapies initially investigated in this study have been reviewed for their use in midwifery practice and relevant examples are included for discussion of their effectiveness.
2.8.1 Acupressure

Acupressure, the use of pressure on different parts of the body, related to internal organs, has been used effectively for relaxation and pain control in labour (Tsuei, Lai and Sharma, 1977).

There are certain points that are forbidden for use during pregnancy because they have a descending direction of energy flow and are believed to activate descending motion, including that of the foetus. These points are used during labour, to ease pain and encourage contractions. A study at the University of Hong Kong found that electrostimulation of Large Intestine 4 (a point on the hand lying a finger breadth behind the web of the hand between the thumb and the first finger) and Spleen 6 (lying on the dorsal aspect of the leg just three fingers above the heel) were useful in inducing labour contractions and as an analgesic (Yip Pang, Chin & Sung, 1976, in Weiss, 1984). Dundee, Sourial, Ghaly and Bell (1988) used acupressure with success in a study on pregnant women with nausea and vomiting. Three hundred and fifty women in the first trimester of pregnancy were asked to press a true acupuncture point (known as p6 or pericardium 6, which lies three fingers above the wrist on the ventral aspect of the forearm), or a dummy point or merely to record levels of nausea. True acupressure was significantly more effective than either dummy acupressure or no intervention (p<0.0005). Severe or troublesome sickness was experienced by 56% of those in the control group, 36% of those in the dummy acupressure group and 24% of those in the p6 group.

Acupressure is helpful for problems like breathlessness, chronic cough, carpal tunnel syndrome, constipation, cramps, haemorrhoids, heart burn, increased frequency of micturition and vaginal discharge, insomnia, nausea and vomiting, oedema, headache and heartburn in pregnancy. In labour, it can provide analgesia, induce and accelerate labour contractions and combat exhaustion. It is useful in cases of retention of placenta, post natal depression, and insufficient breast milk (Tiran & Mack, 1995).
This therapy is available as an elective in some Australian nursing curricula and if the midwives learnt the use of specific pressure points, many problems related to the birthing process may be effectively sorted out without recourse to drugs and other obstetric interference.

2.8.2 Aromatherapy

Aromatherapy may be used to treat pregnancy disorders such as nausea and vomiting or insomnia, for pain relief in labour, postnatal constipation or depression (Rose, 1994). In the UK aromatherapy has been tried for perineal healing (Dale & Cornwell, 1994) and neonates (Isherwood, 1994).

Midwives at the Whelan Maternity Unit in the Mater Misericordiae Hospital on Sydney’s North Shore are offering aromatherapy for their mothers in labour and after childbirth. There is a program of instruction for the midwives in place and only those who have undertaken instruction and assessment can be actively involved in participating in such care. This is one of the first fully approved individual hospital programs for complementary therapies, and is included in the Hospital Policy and Procedure Manual. The midwifery team, under Melissa Drury, clinical nurse specialist, are conducting research into the use of aromatherapy and how much difference it makes for pain control during labour (McKern, 1996).

In pregnancy, aromatherapy is a useful aid for problems like insomnia, mood swings and cystitis. The most commonly used essential oils in labour as per the current literature include lavender, clarysage, bergamot, peppermint, germanium and tangerine (Burns & Blamey, 1994). In the light of the above examples, it is important that midwives using essential oils do so in an informed way, and that they undertake a recognised course of study as many oils are dangerous and the use of some is contraindicated in some conditions. The use of aromatherapy in the maternity area should be research based and midwives are well placed to investigate the efficacy of the essential oils.
2.8.3 Herbal medicine

Herbs have been used since time immemorial and a herbal remedy may be made from a combination of herbal remedies or from a single herb. Remedies may be in the form of infusions, tinctures, oils, flower waters, and various other preparations. Herbal medicine offers remedies for anaemia, urinary tract complications and insomnia (Stapleton, 1995a). Problems of the gastrointestinal tract respond well to ginger, peppermint and raspberry leaves.

Camomile flowers are useful for relieving nausea and morning sickness (Culshaw, 1994). Stapleton (1995b) recommends slippery elm in a powder form mixed with water or potato juice for the management of heart burn in pregnancy. The herb valerian, used as an aqueous extract has been shown to improve sleep (Schulz, Stolz & Muller, 1994) and herbs are useful in cases of heartburn, infections, anaemia, fatigue and pain (Tiran 1995). Cranberry juice is helpful in cases of cystitis and candida infections (Nazartio, 1995).

Exhaustion in labour can be relieved with raspberry leaf tea, while Ginseng root increases vitality and physical performance during long arduous labours (Bullivant, 1996). "Spinach, parsley and watercress are an excellent source of iron and help in anaemia, cabbage leaves are very useful in relieving engorgement and mastitis" (Bennett, 1993, p.298). Jasmine flowers were directly applied to the breasts to effectively suppress puerperal lactation (Shrivastav, George, Balasubramanium, Padmini, Thomas & Kanagasabathapathy, 1988). Jacka (1995) found that "herbs were of particular value in helping to eliminate waste through the normal channels and for balancing organ function" (p.12). The long history of the continuous use of plants for their medicinal properties has been repeatedly confirmed by anthropological and archaeological research (Majno, 1975) and thus has an important place in the management of problems related to pregnancy and labour.
Stapleton (1995b) has stressed the role of the midwife as a qualified herbalist, who can use her knowledge in relieving many health problems related to pregnancy and childbirth.

Thus the use of appropriate herbs both during pregnancy and labour could help in the relief of related health problems without recourse to drugs.

2.8.4 Hydrotherapy

Hydrotherapy - the therapeutic use of water in any form, spa, sauna, sitz bath, baths, showers, pools and drinking water, has been used in midwifery mainly in the form of pools or baths.

Under water deliveries are conducted successfully in some birthing centres in Belgium, California, London, Essex and Melbourne. Approximately 30 countries have centres where water births may be conducted (Tiran & Mack, 1995). The benefits of hydrotherapy during labour are well documented. "It is a form of pain relief known to decrease levels of adrenaline and increase the levels of natural pain relieving endorphins" (Jepson, 1989, p.74). In a London study of 300 underwater births, results showed that there were less epidurals and narcotics, less episiotomies, more second degree perineal tears and no other stated problems. Third stage was commonly physiological, (ie oxytocics were not utilised), and took place under water with "no complications" (Burns & Greenish, 1993, p.48).

In the U.K. midwifery innovators are developing services to meet these needs, such as 'aquarobic' antenatal classes (Plant, 1994). A recent review of all the provider units in England and Wales reported that there was no reason not to continue using water in labour and birth (Garland, 1995).

Underwater deliveries are said to be a common occurrence in Russia since the sixties but this is not well documented (Walker, 1994).

Vassie (1995) sent out questionnaires to investigate the use of underwater births to 230 hospitals and 100 independent practitioners in Australia. She added to the
positive experience with under water births and stated that there had been only one death in 652 under water deliveries.

Protocols for hydrotherapy in the antenatal and delivery period as well as one for staff education have been developed by Kildon (1996).

Thus it appears that water birth has much to offer as a means of relaxation and analgesia in labour and it offers an additional choice for mothers, allowing them greater freedom and control in the labour and delivery.

2.8.5 Massage

By rubbing, stroking, tapping and kneading, the midwife aims to relieve tension and alleviate pain in the woman's body. The following examples illustrate the use of massage during pregnancy and labour.

During labour abdominal effleurage and back massage are employed to reduce the pain. During pregnancy, discomfort, aches and pains can be relieved and positive attitudes developed with a relaxation response aided by massage. Tiran (1995) maintained that minor disorders like constipation are aided by a clockwise abdominal massage. Penny (1979) studied the use of touch and back rubs in 150 women undergoing labour. Over 80% experienced generally positive feelings towards touch during labour. Since anxiety, pain and tension are the major manifestations in pregnancy and childbirth, therefore, massage may be an effective strategy in their care. Tiran (1995) was of the strong opinion that "it might perhaps be appropriate to include a module on massage within basic midwifery education programmes, for so much of the midwife's work involves close physical, nurturing contact" (p.41). Nixon et al (1997) believe that "while there is a revival of interest in massage as a method of pain control there is limited research into the efficacy of massage and the conditions in which it has a therapeutic effect" (p.24). Although massage is extensively used during the labour process, research into its efficacy is sparse.
2.8.6 Music

The use of music for relaxation is a universal phenomenon. Its use during labour depends on the choice of the woman and is not always welcome.

Studies using music for its anxiety reducing properties with surgery patients have indicated that stress hormones were suppressed (Nichols & Humenick, 1988). Garrett (1994) found the sound of water, especially that of the sea and waterfall very relaxing. Sound waves affect the body, mind, demonstrating ability to change mood, evoke emotional responses, raise and lower blood pressure, reduce need for sedation and reduce pain and anxiety (Coughlan, 1994).

Trevelyan & Booth (1994) discussed studies where students from four childbirth educators, all of whom believed in the efficacy of music had used it often in the class. Seventy one percent of the music implementers reported being more relaxed during labour.

The classes these women attended paired music and relaxation practice, ie. music, relaxation, and breathing practice in class and encouraged couples to take their tapes with them to the birthing facility. These observations have great significance in the labour process and music of choice can be used to relax the woman and minimise the pain and discomfort due to the contractions.

2.8.7 Reflexology

During pregnancy mothers may seek help from a reflexologist for general relaxation, relief of stress, or to ease some of the physiological discomforts and Tiran (1996) is of the opinion that "the incorporation of reflexology into midwifery practice facilitates continuity of care and carer, rather than fragmenting it by referral to an outside agency" (p.34). In pregnancy it has to be used with caution, as particular areas on the feet are found to stimulate and enhance the uterine contractions. A simple massage of the heels during labour is found to reduce much of the pain.
Tiran (1996) is of the opinion that "reflexology could be the first option for induction in an attempt to reduce the costs and potential complications of amniotomy, prostaglandin or syntocinon inductions" (p.34). It has been used to treat various postnatal conditions including retention of urine, backache and tension headaches (Evans, 1990). Tiran (1996) has described the potential uses of reflexology in pregnancy and childbearing (see Table 2.1).

Table 2.1 Potential uses of reflexology in pregnancy and childbearing (modified from Tiran, 1996, p.34).

| Stress, anxiety, postnatal depression |
| Hypertension, pre-eclampsia |
| Constipation, ante- and postnatally and in the neonate |
| Nausea, vomiting in pregnancy or labour |
| Antenatal retention of urine with retroverted uterus |
| Postnatal retention of urine/ incomplete bladder emptying |
| Induction/ acceleration of uterine contractions |
| Pain relief in labour: to calm during the transition phase |
| Retained placenta due to non separation |
| Inadequate lactation: engorged breasts |
| Backache, neckache and headache following epidural anaesthesia |

Reflexology could be a valuable additional skill in the hands of midwives. The extra training required could be beneficial since their contact with patients puts midwives in a good position to practise hand or foot reflex therapy which would augment other forms of treatment.

2.8.8 Therapeutic touch

No documented study using therapeutic touch in pregnancy or labour was found, although studies that used physical touch as a therapy, have been reviewed. Touch can be interpreted in many ways, but is soothing when used in a stressful situation. A few examples are presented here.

Some maternity patients seek physical touch during this stage of uterine contraction in order to be reassured that there is someone with them at their side to enable them to maintain contact with reality (Autton, 1989). An exploration study was undertaken by Penny (1979) using interviews with 150 postpartum
women to determine their perceptions of touch they received during labour. Of the 150 women, 93 reported "positive feelings", 31 said "somewhat positive", 14 said "neutral" six said "somewhat negative" and six said "negative". A comforting reassuring touch seems therefore to have a quieting effect on the woman in labour who is facing the anxieties of the element of the unknown, the loneliness of pain, the threat to body image, dignity, privacy and self esteem.

Klaus & Kennell et al. (1986) undertook a controlled study of the effect of a supportive companion staying with women throughout labour. Continuous social support and touching of mothers during labour is a component of care in many societies. Compared with 249 women undergoing labour alone, 168 women, who had supportive female companions to reassure and touch them during labour, had significantly fewer perinatal complications, including caesarean sections, and fewer admissions to the neonatal intensive care. Thus it appears that touch can be an effective way to alleviate the mother's anxiety as well as to help her mobilise her resources in order to cope with her situation.

2.8.9 Visual Imagery

Visual imagery helps us deal with events in a positive way. For pregnant women, anxious about labour, visualising the birth of the baby with guidance from someone experienced, may help to encourage positive images. They can concentrate on feeling relaxed and imagine the baby sliding out of the birth canal gently and smoothly or they "can imagine the vulva as a flower bud opening up" (Tiran & Mack, 1995, p.105).

Samuels & Samuels (1979) suggest specific imagery techniques that involve the actual contracting of the uterus and dilatation of the cervix and clearly stress that these visualisations should not be used during pregnancy as theoretically they could start the labour process. They felt that during labour not only the stress-reducing aspects of imagery, but also the turning of negative images into positive thoughts, actions, and feelings may give the labouring woman and her partner a
sense of control and feelings of well being and pain relief. Studies dealing with
the efficacy of visual imagery during the labour process could not be found.

2.8.10 Overview
Unlike general nursing, the majority of clients in midwifery are well and
undergoing a normal life event, so are often more motivated to utilise natural
remedies, even though they may take longer to take effect than conventional
drugs. The autonomous nature of the midwife's role means that they are ideally
placed to incorporate complementary therapies into the normal care of
childbearing women, but the concept of midwives who specialise in
complementary therapies is very recent.

Though there is scattered information of individual midwife's use of specific
complementary therapies, there is no information on the use of complementary
therapies by Australian midwives. The current study is an attempt at beginning
this exploration by examining the familiarity and use of complementary therapies
by a group of midwives and pregnant women in one area health service in
Australia.

2.9 Factors influencing the familiarity and use of complementary
therapies by midwives
The use of complementary therapies by midwives may be influenced by a number
of factors including issues related to education in the therapies, practice, available
information on the benefits of complementary therapies and the stance of
professional bodies. A review of the literature relating to these factors is explored
in this section.

2.9.1 Education in the complementary therapies
If midwives are to incorporate complementary therapies into its practice, then
appropriate educational processes must be followed to ensure that practitioners
are fully conversant with theory as well as application of a therapy (Faltermeyer,
1995).
Vickers (1996) determined that there is a lack of consensus in training methods in the study of complementary therapies. He felt that practitioners can train in a number of different schools and these schools vary in the length and intensity of the course offered, the approach of the teaching and the method of qualifying. In addition, certain complementary techniques have sub-disciplines and competing styles. As a result, "practitioners doing essentially the same kind of work may have different qualifications and be registered by different organisations" (Vickers, 1996, p.13). Tiran (1995) is of the opinion that "it may be feasible to develop courses for midwives in such areas as acupuncture, shiatsu or hypnotherapy which would enable them to adopt specific components of the therapy for symptom relief in pregnancy, labour, the puerperium and the neonate" (p.42).

The need for nursing colleges to consider introducing complementary therapies into nurse education cannot be denied as the interest in complementary therapies grows (Nicoll, 1995).

A nurse teacher specialist in complementary therapies could work with clinical nurses and others interested or qualified staff, developing and maintaining a policy for safe practice in complementary therapies.

In order to overcome these hurdles the Exeter University in the UK was the first to offer a Masters in Philosophy course in complementary therapies and Manchester College of Midwifery and Nursing was the first to gain the English Nursing Board (ENB) approval for three branches of complementary therapies - aromatherapy, reflexology and therapeutic touch for post registration qualifications (Faltermeyer, 1995).

In Australia there are two courses available. The first university naturopathic course was initiated by nurses at the Southern Cross University in Lismore, N.S.W.
To meet a genuine demand for courses in complementary therapies the Royal College of Nursing, Australia in December 1997, has introduced a course - "Complementary Therapies as Nursing Interventions" which aims to provide the nurse with an overview of some complementary therapies appropriate to nursing practice. It can be completed at home at the nurse's own convenience with the help of a tutor and requires the completion of three assignments and 150 hours of study time. This is definitely a positive step towards the practice of complementary therapies in nursing.

Vickers (1996) also suggested that a lack of funding for the education of complementary therapies was a problem and generally speaking, the schools and registering bodies of complementary therapies do not receive state support and must survive on the fees they are able to generate. Without financial support the schools providing teaching and training in complementary therapies, depend on the fees generated by the students. This naturally increases the financial burden on the learner and dampens the enthusiasm to train in the complementary therapies.

The lack of consensus on the training period, subject matter and final registration leads to further confusion in the mind of the trainee. Without education the suggestion of Murray & Rubel (1992) that "alternative practices represent a hodgepodge of beliefs and treatments. Many are well known, others are exotic or mysterious and some are dangerous" (p.61) may well remain a reality.

2.9.2 Practice

In order for nurses and midwives to practice complementary therapies there are issues of standards of practice, modes of payment and hospital policies related to complementary therapies practice to be confronted.

Since there is no single governing body for all practitioners of complementary therapies, and at times there are several governing bodies for each therapy it is difficult to have uniform standards of safe practice of complementary therapies.
A single governing body for all practitioners of complementary therapies, would definitely be helpful in ensuring a uniform standard of practice by the complementary therapy practitioners.

The mode of payment needs to be addressed if complementary therapies practice is to survive. The practitioners must be paid directly by their clients for the services they provide. In addition to private practice, if medicinal preparations used in the complementary therapies were available on the national Pharmaceutical Benefits Scheme, they would be more cost effective for both the patient as well as the practitioner. As well, the practitioners cannot claim benefits under the Medicare scheme.

For midwives to practice complementary therapies, it is mandatory to have appropriate policies determining their practice. Maxine & McVey (1996) has outlined key issues central to policy development.

They are professional autonomy, accountability and responsibility, competency to practice, consent, consultation and collaboration, general management issues, documentation and insurance.

In the absence of such policies for practice, it is very difficult for the midwife to practice the complementary therapies. Because of the frustration felt by many of the nurses with limited independent decision making and subordination, combined with the need to practise their belief in holistic care, many nurses are leaving the clinical setting to become independent practitioners in complementary (natural) therapies. Many natural therapists in Australia are former nurses who are providing, diagnosing and prescribing care (McGregor, 1989 and Ramsey McCabe & Taylor, 1995).

2.9.3 Available information on benefits of complementary therapies

In order for midwives to practice complementary therapies they need authorised researched, validated information. Much information on the benefits of
complementary therapies coming from the literature is not research based because as Ersser (1995) states:

"There are difficulties in using and conducting research in complementary therapies mainly because orthodox medicine tends often to adhere firmly to the experimental trial as the only valid means of evaluating complementary therapies" (p.47).

It is the midwife's responsibility to be able to defend the care she provides and be able to justify her actions via a solid knowledge and research base. Therefore there is a need to examine other research approaches and the effect of the practitioner as well as the therapy.

Ersser (1995) cites the Royal College of Complementary Medicine (RCCM) Research Policy Committee report in relation to the use of research approaches for evaluating complementary therapies, "these included phenomenological description; illustrative case studies; conceptual and theoretical research; literature search and review, as well as the clinical trial" (p.48) and feels that clinical observations of the effects of therapies must be recorded meticulously and communicated to others. This work needs to address therapeutic effects as well as costings (Ersser, 1995). Norton (1995) comes up with another genuine problem faced by nurse researchers and feels that "persons cannot be measured and quantified in the same manner as cells, gases and physiological changes" (p.346). Complementary therapies focus on a holistic approach to health care and it would therefore be misleading to isolate specific factors and adopt a reductionist approach to research. This reductionist approach will not reflect the complexity of the whole person and is not appropriate for research into complementary therapies.

As seen in section 2.7, there are some research studies on the use of complementary therapies by midwives. However, there is a need for midwives to engage in further studies which examine ways of reviewing the effectiveness, safety and acceptability of practices for patients (Ersser, 1995) so that
practitioners will have a bank of information to use. It is important that research documents the harmful effects of complementary therapies too in order to ensure the safety of practice.

Teachers of nurses and midwives should encourage and participate in evidence-based research. Enkin, Kearse, Renfrew & Neilson (1995) inform us that the use of the enema just before delivery has been investigated and found to be bereft of the advantages attributed to it. This is an example to show that all nursing and midwifery techniques should be based on researched evidence. Hicks (1994) advocates the development of critical research reading skills in midwives as a way of bridging the gap between research and practice.

Large pieces of research may not be necessary to start with as Sofroniou (1993) suggests that small scale research studies often formed the basis for future work as they are helping to establish the research culture that has been lacking. He also supported the use of case studies as a legitimate way of demonstrating a change that has taken place. These studies do need to be published, however small, as they may be the stepping stones to more research undertaken in this field.

The present study is in line with the demand for such type of research and will be like a light in the dark in assessing the true situation with regard to the practices of both midwives and women in relation to complementary therapies.

2.9.4 Stance of the nursing profession in relation to complementary therapies

Midwives using complementary therapies need support from the nursing profession.

The present day stance will be discussed in relation to the situation in the United States of America, United Kingdom and Australia. In order to effectively practice these therapies, with appropriate legal authority, the responsible nursing bodies in each country must take a stand in regard to the practice of complementary therapies by the nurses and midwives in that particular geographic area.
In the USA, there has been a major surge of interest in complementary therapies since 1990, with the publication of journals like the *Holistic Nursing Practice*, *Journal of Holistic Nursing*, *Alternative Health Practitioner*, and *Alternative therapies in Health and Medicine*.

The Centre for the study of complementary medicine with special courses for nurses was started in 1982 (Hubble and Middleton, 1995) and the Council for research in complementary medicine was started in 1983 in the UK (Tiran, 1996). The council believes that the nursing profession must increase its research activity in the theoretical aspects of complementarity to increase knowledge and enhance understanding of the efficacy of complementary therapies. The *Complementary Therapies in Nursing and Midwifery*, published by Churchill Livingstone in the UK aims at providing regular information regarding these therapies and includes any research carried out in this area. In 1992, the UKCC (United Kingdom Code of Conduct) for the administration of medicines stated that the practice of complementary therapies should be based upon sound principles, available knowledge and skill. Since all nurses in the UK are bound by this code of conduct, the above statement influenced the practice of complementary therapies by nurses (Maxine & McVey, 1996).

Documented evidence of the complementary therapies movement in Australia began almost a decade later. Since 1993, there have been some major initiatives in Australia, in relation to the introduction of complementary therapies into nursing practice.

In 1993, the Australian Nursing Federation (ANF) developed a policy statement on Complementary and Alternative Therapies, and the Royal College of Nursing, Australia, as the national professional body for nursing, produced a discussion document in 1995, titled "Complementary Therapies in Relation to Nursing Practice in Australia". In March 1997, the RCNA issued a Draft Position Statement on "Complementary Therapies and Nursing Practice" which stated that "nurses are responding to their client's needs, and to their own needs for
professional satisfaction, by integrating into practice a range of therapeutic interventions" (RCNA Draft Position Statement, March, 1997) and invited comments on it by the members.

The latest development is the Position Statement, in December 1997, developed by the RCNA, (Australia) clarifying its stand on complementary therapies. The RCNA Australia, has finally taken a firm stand on its attitude to the nurses and midwives’ practice of complementary therapies, as is obvious in the following resolutions to:

1. Support the profession in its endeavours to integrate complementary therapies into nursing practice.
2. Encourage complementary therapies education providers to seek recognition of their courses through the College's accreditation program.
3. Encourage the discussion on the place of complementary therapies in nursing education and of healing frameworks into nursing theory.
4. Assist nurses, who may wish to include complementary therapies in their practice, to inform themselves as to their legal, educational, ethical and professional obligations (Position Statement, December, 1997, p.3).

The nursing profession has the responsibility to provide evidence for the efficacy of complementary therapies employed as nursing interventions and more recently a new research group "Nurses Investigating Nursing" has been set up in the Westmead Hospital, Sydney. The first research undertaken by the group headed by Michelle Casey was "The effect of raspberry leaf tea on pregnancy and labour" (personal communication, Casey, November, 1997). This is as an observational study and will be followed by a control group study on getting ethics approval.

The recent changes on the Australian scenario are a positive step in the direction of the implementation of complementary therapies by nurses and midwives.
2.10 Summary

There are a number of definitions of complementary therapies and the RCNA's definition has been used in this study.

Overall the general public is in favour of complementary therapies and there are some studies on nurses' and midwives' use of complementary therapies. There are a number of issues related to the midwives' use of complementary therapies. Issues related to education, practice, information on beneficial results available and the stance of the nursing profession in relation to complementary therapies have been discussed. Scattered studies on the nurses' and midwives' use over a range of therapies are available, as are the use of specific therapies but no studies which related to the midwife's general use of complementary therapies were found.

The time was ripe for this matter to be investigated and it was an excellent opportunity for the researcher to pioneer a study to investigate the familiarity and practices of midwives and women in a health setting in Australia.
CHAPTER 3

METHODOLOGY

3.1 Introduction

This chapter will provide an overview and discussion of the methodology and research design of the study, with details of the process of data collection and analysis. Key ethical, validity and reliability issues are identified and the methods used to address these issues are discussed.

This is a descriptive study in that it attempts to describe the present situation exactly as it is. As Cormack (1992) states the study is a description of:

*conditions that exist, practices that prevail, beliefs and attitudes that are held, ongoing processes and developing trends. The data obtained can be used to justify and assess current conditions and practice, or to make plans for improving them* (p.178).

Descriptive research has a value in exploring situations and provides a baseline from which further studies can be developed. Clifford & Gough (1990) are of the opinion that descriptive research tends to make up a large part of the research available to nurses and state that "the value of this approach is that it frequently opens our eyes to what is happening around us" (p.39).

Since the purpose of this study was to ascertain the midwives and women's views, familiarity and practice of complementary therapies, this research design was considered suitable.

Both quantitative and qualitative research data were collected. The study was conducted in two phases. In phase one, a broad view of the familiarity and practices of the midwives and women was gained using a questionnaire.
In phase two, an indepth exploration of the midwives' and women's practices with complementary therapies was achieved using audiotaped interviews.

In the following section, the design details of each phase will be described as well as the ethical considerations and the methodological limitations will be discussed.

3.2 Phase one

As indicated below, the questionnaire was perceived as the appropriate design tool and was used to gain a broad view of the familiarity and practices of the midwives and women with regard to complementary therapies.

3.2.1 Rationale for the use of the questionnaire

Burns & Grove (1995) describe a questionnaire as a printed self report form designed to elicit information that can be obtained through written or verbal responses on the subject. They felt that:

> Questionnaires tend to be used in descriptive studies designed to gather a broad spectrum of information from the subjects, such as facts about the events or situations known by the subject, or beliefs, attitudes, opinions, levels of knowledge, or intentions of the subject (p.282).

The questionnaire was considered an appropriate tool for phase one of the data collection in order to obtain the broad views of a number of midwives and women with regard to complementary therapies. The views of some researchers Cormack (1992), Wilson (1989) and Clifford & Gough (1990), lend support to the choice of the questionnaire as a valid tool in this phase of research:

> The questionnaire can be used to collect basic information: identifying whether or not certain events have occurred; whether people agree or disagree with specific views or attitudes; whether or not they would like to see certain events occurring in the future (Cormack, 1992, p.217).
Questionnaires are very effective for obtaining measurements of people's attitudes, perceptions and opinions (Wilson, 1989, p.336).

The use of questionnaires allows the researcher to gather facts or opinions related to a given topic (Clifford & Gough, 1990, p.79).

The use of the questionnaire offered many advantages in data collection. It was cheap to use, information could be collected anonymously, which in turn could generate objectivity in responses (Clifford & Gough, 1990). Burnard & Morrison (1994) stated that questionnaires offered a fairly straightforward way of collecting data, quickly and efficiently and large batches of data could be collected with them. Castles (1987) felt that they required less skill to administer and Hardey & Mulhall (1994) felt that the questionnaire avoided pressure to reply or reply quickly and they allowed the introduction of sensitive material, that might not be readily proffered in a face to face encounter. The advantages of a questionnaire were put to use by the researcher in the present study.

There were some disadvantages associated with the questionnaire. Clifford & Gough (1990) felt it was suitable only for the literate and numerate. This disadvantage was highlighted in the present study as most of the midwives and women who responded were educated. The questionnaire was checked for ease of understanding before use.

Another disadvantage of the questionnaire is the risk of non compliance by respondents and this can be a major source of frustration for the researcher.

To overcome this disadvantage the researcher introduced herself and explained the purpose of the study, in an attempt to catch the interest of the respondents. At times, there were personal visits made repeatedly to get the maximum respondents. This helped to overcome the problem noted by Burnard & Morrison (1994) who felt that the researcher had no personal contact with the respondents. They also felt that the questionnaire involved a forced choice of
response from the respondents and it was hard to deal with responses and if a respondent did not make their meaning clear, the researcher was not in a position to put in their own interpretation. At the present study, it appeared there was a tendency to look for the right answer in order to help the researcher. These were some of the problems that could not be dealt with adequately, although the use of the different types of questions did help to get a better reflection of the respondent's views.

A mix of both quantitative and qualitative methods was used in framing items in the questionnaire. Both closed and open ended questions were used in a process known as "triangulation" (Clifford & Gough, 1990 and Hardey & Mulhall, 1994). The dangers of response set bias, superficial answers and forced response were offset by the use of both open and closed ended questions as:

combination of both types are highly recommended to offset the strengths and weaknesses of each (Polit & Hungler, 1991, p.283).

Thus the advantages of both open ended and closed ended questions was obtained. Hockey (1992) is of the opinion that open ended questions offer rich data but are hard to handle adequately, they are difficult to analyse since categories for analysis must be created and people trained to read the responses and code them into one of the categories. In order to explore the respondent's understanding of the different complementary therapies and their experiences with them, the open ended questions were best suited as Hardey & Mulhall (1994) felt that:

if the study focus is the exploration of a process or the formulation of issues, open ended questions are most useful (p.84)

The closed ended questions took less time to complete and encouraged the compliance among the respondents. Burns & Grove (1995) feel that the advantage of closed ended questions is that:
response from the respondents and it was hard to deal with the ambiguity of responses and if a respondent did not make their meaning clear, then the researcher was not in a position to put in their own interpretation. At times in the present study, it appeared there was a tendency to look for the right answer in order to help the researcher. These were some of the problems that could not be dealt with adequately, although the use of the different types of questions did help to get a better reflection of the respondent's views.

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The closed ended questions took less time to complete and encouraged the compliance among the respondents. Burns & Grove (1995) feel that the advantage of closed ended questions is that:
Questions are presented in a consistent manner and there is less opportunity for bias than in the interview (p.282).

The questionnaire was prepared keeping in mind all the requirements of a good questionnaire and an attempt was made to reduce the drawbacks.

3.2.2 Population

The two populations studied were:

1. Midwives who are registered nurses (male and female) including the midwifery students undergoing their one year supervised employment, who are working full time or working in the major hospitals of Western Sydney, namely Nepean, Jamieson, Hawkesbury, and Blue Mountains hospitals.

2. Women attending the birthing services in the antenatal and postnatal wards of the above hospitals.

3.2.3 Sample

The sample consisted of 100 midwives and 100 women attending the hospitals, who volunteered to complete the questionnaire.

Midwives: The sample selection technique was purposive sampling. This included all midwives who were working in the three hospitals in the months from May to August 1997. Of those invited, sixty six midwives volunteers completed the questionnaires.

Women: The sample selection was purposive, only women who could speak and understand written English were invited to complete the questionnaires. Sixty women volunteers completed and returned the questionnaires.
3.2.4 Development of the questionnaire

The questionnaire was developed with the help of a similar questionnaires designed by: Owen (1995) who investigated nurses reading the *Nursing Times* with regard to their interest in complementary therapies, Stevenson (1995) who surveyed patients with cancer in relation to their use of complementary therapies, Luck (1993) who studied the perceptions, familiarity and use of complementary therapies in nursing practice, Furnham et al (1995) who surveyed medical student's attitudes to complementary medical therapies and Emilie et al (1996) who investigated complementary therapies in a local health care setting to find out if there was a real public demand.

3.2.4.1 Development of the midwives' questionnaire

Initially a questionnaire for midwives was designed with 19 open and closed ended questions. (Appendix 2.2). These questionnaires were trialled by a group of five midwives. The average time taken to complete the questionnaire ranged from ten to fifteen minutes for the midwives.

3.2.4.2 Development of the women's questionnaire

A questionnaire for women with 17 open and closed ended questions was constructed (Appendix 3.2).

The questionnaire was framed with help from the midwives' questionnaire and questions pertinent to the women were included. These questionnaires were trialled by a group of five women. The average time taken to complete the questionnaire ranged from eight to ten minutes for the women.
3.2.5 Final format of the questionnaire

The final format of the questionnaires emerged after they had been trialled on five midwives and five women and the necessary changes made.

3.2.5.1 Final format of the midwives' questionnaire

The final format of the questionnaire for the midwives (Appendix 2.3) was 22 open and closed ended questions designed to activate the emergence of themes.

The questionnaire for midwives needed the following additions:
Questions 19 and 20 which investigated the midwife's and her mother's ethnic background and the influence it had on the use of complementary therapies was added.

Question 21 was added and dealt with the country in which the midwife completed her General Nursing and Midwifery training as it was felt that this could influence the use of complementary therapies.

Questions 1 and 2 were asked in order to find out the midwives understanding of the different complementary therapies and to find out if they knew of any other complementary therapies.

Questions 3 and 4 were designed to investigate the in depth knowledge of midwives regarding complementary therapies. It aimed at finding out if they had undergone any training and its authenticity.

Question 5 aimed at finding out from where the midwife first heard about complementary therapies.

Question 6 and 7 were formulated to discover the midwife's experience of complementary therapies in any nursing field as well as in midwifery. This aimed at finding out specific experiences and their results.
Questions 8 and 9 were asked to find out the midwife's views of the benefits or harmful effects of the complementary therapies during pregnancy and labour.

Questions 10 and 11 were directed to investigate whether the midwives recommended complementary therapies and on what basis they did so.

Question 12 asked the midwives about the influence of complementary therapies on their nursing practice.

Questions 13 and 14 were aimed at finding out whether midwives were interested in using complementary therapies in the future and which therapies they were particularly interested in training for.

Questions 15 to 20 collected demographic data, while the last two questions, namely questions 19 and 20 explored the possibility of the midwife and her mother's ethnic background having any influence on her use of complementary therapies.

Question 21 dealt with the country in which the midwife completed her General Nursing and Midwifery training in order to explore the influence it had on her use of complementary therapies.

Question 22 asked each midwife if she was interested in participating in an interview to further share her experience and views on complementary therapies.

3.2.5.2 Final format of the women's questionnaire

No changes were required in the women's questionnaire. The final format of the questionnaire for the women (Appendix 3.2) was 17 open and closed ended questions designed to activate the emergence of themes.
Questions 1 and 2 were asked in order to find out their understanding of the different complementary therapies and to find out if they knew of any other complementary therapies.

Questions 3 and 4 were designed to investigate the in depth knowledge of women regarding complementary therapies. It aimed at finding out if they had undergone any training and its authenticity.

Question 5 aimed at finding out from where the women first heard about complementary therapies.

Question 6 was formulated to discover the use of complementary therapies in the woman's daily life.

Questions 7 and 8 were asked to find out the woman's views of the benefits or harmful effects of the complementary therapies during pregnancy and labour.

Questions 9 and 10 were directed to investigate whether the women recommended complementary therapies and on what basis they did so.

Questions 11 and 12 were aimed at finding out whether women were interested in using complementary therapies in the future and which therapies they were particularly interested in training for.

Questions 13 and 14 investigated the possibility of their own and their mother's ethnic background having influenced their use of complementary therapies.

Questions 15 and 16 were directed at finding out the woman's educational experience and their contribution to the work force.
Question 17 asked each woman if she was interested in participating in an interview to further share her experience and views on complementary therapies.

3.2.6 Data collection

Ethics clearance was first obtained from the two ethics committees i.e. the Wentworth Area Health Service Committee and the Jamieson Hospital Committee. Written permission was obtained from the Nursing Directors of the Nepean, Blue Mountains, Hawkesbury and Jamieson hospitals for conducting the research in these hospitals (Appendix 4).

The questionnaires for the midwives were either handed out at ward meetings or distributed personally, the researcher introduced herself and discussed the purpose of the study. This was done in order to ensure a higher rate of return. The information sheets and the questionnaires (Appendix 2) were given to those midwives who were willing to complete them. Consent was assumed when the questionnaires were completed. For those who were not present the questionnaires were left with the nurse unit managers. The researcher then collected the completed questionnaires and scheduled a time to collect the remaining questionnaires.

The questionnaires for the women were handed out individually to each woman after the researcher introduced herself and discussed the purpose of her study. Information sheets (Appendix 3) allowed the women to decide whether they wanted to complete the questionnaires and consent was assumed if they completed the questionnaires.

3.2.7 Data analysis

The descriptive approach described by Bush (1985) was used to analyse the results of the questionnaire. This approach states that the researcher does not manipulate any of the variables, instead the researcher is interested in describing what is. If the description compares two or more groups, the design
is descriptive comparative (Bush, 1985). In this study the findings of the midwives' group were compared to those obtained from the women's group.

3.2.7.1 Quantitative data
The quantitative data from the questionnaires were entered in SPSS, variables were collated, percentages calculated and the results tabulated. Chi square analysis was attempted to determine if there was a relation between the demographic characteristics and the responses of either the midwives or the women. Chi square analysis was used to determine any relation between the midwives' and women's familiarity and their use of the complementary therapies.

3.2.7.2 Qualitative data
The qualitative data from the questionnaires was transcribed, sorted into different categories that related to the different questions and dimensions of the study that emerged from the data and were confirmed by the literature review. The results were then presented numerically in a tabular form and some appropriate examples used to explain findings. The detailed responses are presented in the Appendices 5-8.

3.3 Phase two
This phase involved interviews with those midwives and women who were interested in sharing their experience with complementary therapies.

3.3.1 Rationale for the use of an interview
In order to overcome some of the drawbacks of the questionnaire, mainly superficial responses, omissions and forced choices and to gain an indepth exploration of the individual's experiences, the interview was seen as a useful adjunct to the questionnaire since "the interview is the most ubiquitous means of data collection" (Cormack, 1992, p.207).
The research interview has three main uses:

1. To explore a subject area, as a preliminary form of inquiry. In the exploratory interview you identify situations, events and their relationships to one another, which form the basis of hypothesis.

2. To collect data as part of the formal care of the study. The data collection interview measures a specific variable, or set of variables, usually by a set of questions or schedule.


In this study the third use highlighted by Cormack (1992) was the prime aim considered while conducting the interviews. The questionnaires were used as a baseline for reference and further clarifications were made through the interview.

Collecting information through direct face to face contact with the subject has advantages over self report questionnaires completed independently as:

- People are more likely to discard questionnaires or leave sections blank faced with an interview, the likelihood of a fuller response to all questions is more likely;

- Areas of uncertainty or ambiguity can be clarified, avoiding the misinterpretation and possible awareness of conclusions which might arise from the questionnaire;

- Some forms of interview allow the subject to expand on their response: this is rarely possible or likely in a self report questionnaire. The subject may talk expansively where he/she would not write lengthy responses; (Cormack, 1992, p.213).

All the above advantages were captured in this study, as the interviewee completed some of the blank spaces left while completing the questionnaire. Initially, the researcher clarified certain responses and some interesting topics were elaborately discussed at the time of the interview.
Other benefits of the interview cited by Wilson (1987, p.266) are:

- Interviews are more effective in getting at people's complex feelings or perceptions.
- On the spot explanation of the therapy used.
- Unstructured interviews particularly allow the researcher to discover the unexpected.

The benefits cited by Wilson (1987) seemed to be the ones discovered during the process of interviewing as the researcher succeeded in getting a clear idea of the interviewee's perceptions and explanations of the complementary therapies used. At times unexpected information related to complementary therapies was unearthed during the course of the interviews, eg. the use of the Alexander technique during pregnancy and labour.

Interviews can be structured or unstructured and can occur face to face or by telephone (Polit & Hungler, 1991). Hardley & Mulhall (1994) have stated that:

*Semi structured interviews use a list or guide to areas or subjects about which information is required. This list or schedule remains constant throughout a data gathering exercise and may contain standard probes* (p.69).

However there is no consistent wording or ordering of questions and the interviewer is relatively free to follow the course of any particular interaction, provided that the required information is collected. This allows the interviewer to follow issues that are not contained in the schedule, but which may be relevant to the research.

The consistency of areas covered enables the interviews to be compared and analysed more readily than is the case of the unstructured approach. It also offers the opportunity to develop an interview schedule in such a way that the same important issues can be approached from different perspectives. This can be an important check on the validity of the interview data. However it
demands skilled interviewers and the careful development of the interview schedule to be successful (Harley & Mulhall, 1994).

The interviews used in this study were semi structured with questions based on the responses in the individual questionnaire. Questions were added during the course of the interview in order to clarify the response of the interviewee in an attempt to explore in depth the personal experiences and views on various complementary therapies.

Interviewing is expensive in time and money because of the limited number of respondents that can be reached. Participants can be influenced by the interviewer's personal characteristics or by the way the interview is conducted. It is therefore necessary to establish interview guidelines to minimise bias when gathering data (Mateo & Kirchhoff, 1991). Other disadvantages observed by Wilson (1987) are as follows:

• *Subjects may be self conscious about being recorded on tape or about notes being taken about their replies.*

• *Open ended, non structured, or semi structured interviews are time consuming procedures for collecting data and similarly time consuming to analyse word by word, phrase by phrase.*

• *It is difficult to make conventional quantitative comparisons across interviews in the absence of an interview schedule that assures that all interviewees are asked the same questions with the same terminology* (p.266).

The researcher tried to maintain the advantages and minimise the disadvantages of making quantitative comparisons by using a similar set of questions for each interviewee. Detailed measures taken to minimise the disadvantages are explained in the data collection (Section 3.3.5).
3.3.2 Population
The population to be studied consisted of:

- Midwives working in the major hospitals of western Sydney, namely Nepean, Jamieson, Hawkesbury, and Blue Mountains hospitals.

- Women attending the birthing services in the antenatal and postnatal wards of the above hospitals.

3.3.3 Sample
Those midwives and women who were interested in sharing their views and experiences in more detail were asked to enter their names and telephone numbers in the questionnaire. Later on at a convenient date, time and venue, appointments were made by telephone and interviews conducted in the appropriate manner with an information sheet (Appendix 2 and 3) being given and a consent form duly signed by the interviewee. Seven midwives and six women were interviewed.

3.3.4 Development of the interview schedule
The results of the questionnaires provided the base for the formulation of the semi-structured interview schedule. A set of six questions were formulated for the midwives and the women.

Other questions added during interviews were based on the responses given by the interviewee in her questionnaire responses.

3.3.4.1 The midwives’ questions
1. Do you think the midwife should practice complementary therapies or should she leave it to a qualified complementary therapist?
2. What would be the effect on midwifery practice if the midwives integrated complementary therapies into their practice?
3. Describe the ways in which you have used complementary therapies for women during pregnancy, labour and the post natal period.
4. Please elaborate on the complementary therapies you are interested in.
5. Relate your personal and unique experience with complementary therapies.
6. What do you perceive as the benefits and harmful effects of complementary therapies?

3.3.4.2 The women’s questions
1. In which complementary therapies are you interested in?
2. Relate any unique experience you have had with any complementary therapy?
3. For which problems would you consult the general practitioner and for which problems would you visit a complementary therapist?
4. Why do you prefer complementary therapies to conventional medicine?
5. Elaborate on any complementary therapies you have used.
6. Would you like complementary therapies to be available on the National Pharmaceutical Benefits Scheme?

3.3.5 Data collection
The initial questions were planned in advance, based on the interviewee’s responses in the questionnaire and additional questions were asked in accordance to the response elicited during the interview. The result of the interview depends quite heavily on the interpersonal skills of the interviewer. The researcher tried to overcome the disadvantages of the interview and these are explained with a view to minimising them. The researcher introduced herself, explained the purpose of the interview and asked questions in a friendly, interested manner that put the interviewee at ease. The researcher maintained a low profile and tried her best to overcome the cultural barrier confronted when the respondents first met the researcher for the interview (they expected to meet an Australian and were a bit taken aback to see an Indian). Some of the interviews were conducted in the home setting whereas others
were conducted in a quiet hospital setting, so that extraneous noises did not disrupt the interview. The interview was fixed and confirmed on the telephone in order to avoid disappointment and ease the process. The interview schedule along with questions based on the interview were kept ready before the interviewee arrived. The researcher introduced herself and invited the interviewees for a cup of tea to make them comfortable. A few general questions and friendly talk helped to establish a rapport with them. They were then asked to read the information sheet (Appendix 3) and sign the consent form (Appendix 9). After the interview was conducted, the interviewees were thanked for their time and opinions.

3.3.6 Data analysis

Content analysis as described by Morse & Field (1996) was used as a guide to analyse the results of the interviews. Content analysis is analysis by topic, and each interview is segmented by these topics into categories. An interview segment that is separated from the interview may consist of a few lines or maybe more than a paragraph.

Codes identify the content in the interview and category labels are descriptive names for each group of data (Morse & Field, 1996). When the data for the interviews were analysed, the entire interview was read and several important topics were identified. These topics were given category labels. At first there were many categories identified, but later on they were reduced. The categories were used to form the basis of the descriptions presented. These will be elaborated in the next chapter.

3.4 Validity and reliability

According to LoBiondo Wood & Haber (1994) 'validity' refers to:

\[
\text{whether a measurement instrument accurately measures what it is supposed to measure. When an instrument is valid, it truly reflects the concept it is supposed to measure (p.368).}
\]
There are three kinds of validity that vary according to the kind of information provided and the purpose of the investigator. They are content validity, criterion related validity, and construct validity. Content validity represents the universe of content, or the domain of a given construct. The universe of content provides the framework and basis for formulating the items that will adequately represent the content. The researcher begins by defining the concept and identifying the dimensions that are components of the concept. Those items that reflect the concept and its dimensions are formulated.

In order to ensure content validity, the following steps have been taken:

i) three studies using similar questionnaires for investigating nurses’ practice of complementary therapies were reviewed. These were Trevelyan (1996), Owen (1995) and Luck (1993). Another study that surveyed patients with cancer and their use of complementary therapies was also reviewed (Stevenson, 1995).

Another study on the medical students’ attitudes to complementary medical therapies by Furnham, Hanna & Vincent (1995) was used as a comparison and questions formulated with the help of the related literature;

ii) the questionnaire was reviewed by two nursing experts in the midwifery area and this helped to ensure the content validity.

In order to ensure construct validity:

i) the questionnaires were trialled before the actual data collection started;

ii) the results of the trial and the evaluation of the respondents were used to make the necessary changes in the questionnaire construction.

Criterion-related validity indicates to what degree the subject’s performance on the measurement tool and the subject’s actual behaviour are related and construct validity is based on the extent to which a test measures a theoretical construct or trait (Lo Biondo Wood & Haber, 1994). It attempts to validate a
body of theory underlying the measurement or testing of the hypothesised relationships. Empirical testing confirms or fails to confirm the relationships that would be predicted among concepts and, as such, provides greater or lesser support for the construct validity of the instruments measuring those concepts. It was not possible to address this type of validity in the present study.

Reliability of a research instrument is defined by LoBiondo Wood & Haber (1994) as "the extent to which the instrument yields the same result on repeated measures" (p.373). Reliability is then concerned with consistency, accuracy, precision, stability, equivalence, and homogeneity. Stability is concerned with the consistency of repeated measures, equivalence focuses on comparing measurements made by two or more observers measuring the same event and is referred to as inter rater reliability and homogeneity examines the extent to which all items in an instrument measure the same construct (Burns & Grove, 1995).

It has been suggested by Wilson (1989) and Brink & Wood (1988) that descriptive analysis poses problems with validity and reliability. For these reasons efforts to ensure the reliability of the coding were made by the researcher by incorporating the following techniques:

i) coding several times and keeping rigorous checks on the record keeping;
ii) an independent researcher checked the relationship of codes to written responses in order to compare codes;
iii) use of verbatim accounts from the data to substantiate the categories identified by the researcher;
iv) use of both written questionnaires and audiotaped interviews to record and preserve the data collected;
v) the researcher's status position is clearly described in the context of this study (see Section 3.3.5);
vi) careful and full description of the context of the study;

vii) clear definitions and definite criteria for evaluating the responses have been described for each therapy evaluated;

viii) clearly defined methods of data collection and analysis.

The measures taken in this study to strengthen the validity and reliability allow the project to be compared with other relevant studies of a similar nature. However because the setting and individuals are unique, comparisons must be made with these constraints in mind.

3.5 Ethical considerations

The research proposal was sent to Wentworth Area Health Service Ethics Committee and the research project was approved at the first meeting. (Appendix 4).

The researcher then obtained permission from the Nepean, Hawkesbury and Blue Mountains Anzac Memorial Hospital by mailing the research proposal and fixing appointments on the telephone. Since Jamieson hospital had its own Ethics Committee, the researcher went through the procedure once again and was successful. (Appendix 4, copies of letters sent). Similarly copies of the research proposal were sent to the Auburn Hospital and Liverpool Hospital in order to obtain Ethics approval from the respective Ethics Committees but due to staff constraints at the time, access to these two facilities was not given.

Letters were written to the maternity managers and appointments fixed on the telephone, in order to determine the appropriate time for the distribution of the questionnaires.

The questionnaires for the midwives were either handed out at ward meetings or distributed personally, after a brief introduction by the researcher in which she introduced herself and discussed the purpose of the study. This was done in order to ensure a higher rate of return. The information sheets and the
questionnaires (Appendix 2) were given to those midwives who were willing to complete them. Consent was assumed when the questionnaires were completed.

The questionnaires for the women were handed out individually to each woman after the researcher introduced herself and discussed the purpose of her study. Information sheets (Appendix 3) allowed the women to decide whether they wanted to complete the questionnaires and consent was assumed if they completed the questionnaires. The respondents were asked not to write their names anywhere on the questionnaire, except in case they were ready for an interview. When relating to the interviewees, pseudonyms were used and these procedures ensured the confidentiality and anonymity of the respondents.

The data collected with the help of questionnaires and interviews having been kept in a locked cabinet during the study, and will be kept for a period of at least five years. The research has been conducted under the guidelines of the National Health and Medical Research Council (N.H. & M.R.C.).

3.6 Limitations

There are a number of limitations associated with the methodology. It was not possible to speak to all the staff at the institutions because there were three different shifts. The Director of one hospital refused permission to conduct the research and this led to a smaller sample than anticipated.

Another limitation of the method was that because of the small sample sizes and qualitative nature of many of the responses, no generalisations to a broader population can be made. However the study provides insight into an important emerging aspect of midwifery practice.
CHAPTER 4

THE MIDWIVES VIEWPOINT

4.1 Introduction
This chapter has been divided into two sections, one describing the midwives' questionnaire and the other the midwives' interview data. The findings from the questionnaire provide an overview of the midwives' familiarity and practice with complementary therapies. The second section based on the interviews of seven midwives, will lead the reader into a more indepth exploration of the midwives' practice of complementary therapies. At the beginning of each section a demographic profile of the midwives is presented to provide insight into the background of the midwives and understand their responses in a better way. Finally at the end of this chapter a summary of the findings from the questionnaire responses and the interviews, will be provided for the reader.

4.2 Midwives' responses to the questionnaire
One hundred questionnaires were distributed and 66 were returned, yielding a response rate of 66%. While Babbie (1973) regards 50% rate as adequate, Gay (1976) stresses that a return of at least 70% is necessary to draw conclusions from the data. Simon (1978) points out that a non-response is often a response of the non-respondents to the nature of the information required by the researcher. Overall the researcher felt that this response rate was quite reasonable. The reason could be the interest and awareness of complementary therapies experienced by the midwives.

4.2.1 Demographic information on respondents
Only descriptive statistics are discussed when attempting comparison of answers related to different demographic features, eg., education and ethnic background. Chi square analysis was not appropriate as the value of some cells was less than '5'.
The demographic details of the midwives are presented in Tables 4.1 and 4.2, and show that 97% of the population were female and 3% were males. The sample used in the study was fairly representative of the midwives population as the information from the Workforce Planning Committee of NSW Health (1995 Statistics, personal communication from Sandra Townsend on the 27th January) shows that the registered nurses profile (including certified midwives working in maternity and infant care) was 98.7% females and 1.3% males.

The majority of the respondents had more than five years of clinical nursing experience. As indicated in Table 4.1, a hospital certificate was the highest qualification for over 50% of the nurses in general nursing and for 80% in their speciality of midwifery. Australia was the country where almost 94% of the respondents underwent their general nursing and midwifery training.

Table 4.2 displays the ethnic background of the midwives and Table 4.3 displays the ethnic background of their mothers. The ethnic background of the midwives revealed that the majority considered themselves Australian. Four midwives did not respond to the question on ethnicity. Around 45% of the midwives' mothers had an Australian background.

Table 4.4 shows the ethnic influence of the midwife and Table 4.5 shows the ethnic influence of her mother on the midwife's use of complementary therapies.

The midwives did not feel that their ethnic background influenced their use of complementary therapies, only seven felt that it did influence their use of complementary therapies.

Among the reasons stated for the influence were: (a key code of R1 - R66 will be used when relating to the qualitative data from the respondents).
more exposure via culture (R13).

some complementary therapies are more common in certain ethnic groups (R26).

often not as accepted in this culture as say in the Chinese one (R12).

One respondent who was of German origin stated that:

German people have a greater awareness of natural remedies and preventative measures (R22).

Two of the respondents expressed similar views when they said that complementary therapies were experienced by them during their childhood.

I grew up with the use of complementary therapies (R39).

Herbs were in common use when I was a child (R56).

When asked whether their mother's ethnic background had any influence on the respondent's use of complementary therapies, most of the midwives were of the opinion that it did not influence their practice of complementary therapies. Only four answered in the affirmative, but did not give any reasons. The midwives' mothers were mainly Australian, but there was widespread ethnic variation in this group, with a minority from New Zealand, Asia, China, India and Ireland.
<table>
<thead>
<tr>
<th>Demographic characteristics</th>
<th>Number of midwives</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>64</td>
<td>97</td>
</tr>
<tr>
<td>Male</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Years of experience</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 - 3</td>
<td>3</td>
<td>4.5</td>
</tr>
<tr>
<td>3 - 5</td>
<td>5</td>
<td>7.6</td>
</tr>
<tr>
<td>More than 5</td>
<td>58</td>
<td>87.8</td>
</tr>
<tr>
<td>Midwifery qualifications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student midwife</td>
<td>7</td>
<td>10.6</td>
</tr>
<tr>
<td>Hospital certificate</td>
<td>50</td>
<td>75.7</td>
</tr>
<tr>
<td>Post graduate diploma</td>
<td>8</td>
<td>12.1</td>
</tr>
<tr>
<td>Masters degree</td>
<td>1</td>
<td>1.5</td>
</tr>
<tr>
<td>Nursing qualifications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital certificate</td>
<td>34</td>
<td>54.5</td>
</tr>
<tr>
<td>Post graduate diploma</td>
<td>8</td>
<td>12.1</td>
</tr>
<tr>
<td>Bachelors degree</td>
<td>24</td>
<td>36.3</td>
</tr>
<tr>
<td>General Nursing training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td>62</td>
<td>93.9</td>
</tr>
<tr>
<td>England</td>
<td>3</td>
<td>4.5</td>
</tr>
<tr>
<td>New Zealand</td>
<td>1</td>
<td>1.5</td>
</tr>
<tr>
<td>Midwifery training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td>62</td>
<td>93.9</td>
</tr>
<tr>
<td>England</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Scotland</td>
<td>1</td>
<td>1.5</td>
</tr>
<tr>
<td>South Africa</td>
<td>1</td>
<td>1.5</td>
</tr>
</tbody>
</table>
Table 4.2  Ethnic background of the midwives

<table>
<thead>
<tr>
<th>Midwives' ethnic background</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anglo Saxon</td>
<td>8</td>
<td>12.8</td>
</tr>
<tr>
<td>Asian</td>
<td>1</td>
<td>1.5</td>
</tr>
<tr>
<td>Australian</td>
<td>36</td>
<td>54.5</td>
</tr>
<tr>
<td>Caucasian</td>
<td>8</td>
<td>12.1</td>
</tr>
<tr>
<td>Chinese</td>
<td>1</td>
<td>1.5</td>
</tr>
<tr>
<td>English</td>
<td>3</td>
<td>4.5</td>
</tr>
<tr>
<td>German</td>
<td>2</td>
<td>3.0</td>
</tr>
<tr>
<td>Indian</td>
<td>1</td>
<td>1.5</td>
</tr>
<tr>
<td>Italian</td>
<td>1</td>
<td>1.5</td>
</tr>
<tr>
<td>New Zealander</td>
<td>1</td>
<td>1.5</td>
</tr>
</tbody>
</table>

Table 4.3  Ethnic background of the midwives' mothers

<table>
<thead>
<tr>
<th>Mother's ethnic background</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anglo Saxon</td>
<td>6</td>
<td>9.1</td>
</tr>
<tr>
<td>Asian</td>
<td>1</td>
<td>1.5</td>
</tr>
<tr>
<td>Australian</td>
<td>30</td>
<td>45.4</td>
</tr>
<tr>
<td>Caucasian</td>
<td>8</td>
<td>12.1</td>
</tr>
<tr>
<td>Chinese</td>
<td>1</td>
<td>1.5</td>
</tr>
<tr>
<td>English</td>
<td>8</td>
<td>12.1</td>
</tr>
<tr>
<td>German</td>
<td>2</td>
<td>3.0</td>
</tr>
<tr>
<td>Indian</td>
<td>1</td>
<td>1.5</td>
</tr>
<tr>
<td>Irish</td>
<td>1</td>
<td>1.5</td>
</tr>
<tr>
<td>Italian</td>
<td>1</td>
<td>1.5</td>
</tr>
<tr>
<td>Welsh</td>
<td>1</td>
<td>1.5</td>
</tr>
<tr>
<td>New Zealander</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
Table 4.4  **Influence of midwife's ethnic background on the use of complementary therapies (n=66)**

<table>
<thead>
<tr>
<th>Ethnic influence</th>
<th>Number of midwives</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>7</td>
<td>10.6</td>
</tr>
<tr>
<td>No</td>
<td>59</td>
<td>89.4</td>
</tr>
</tbody>
</table>

Table 4.5  **Influence of midwife's mother's ethnic background on the use of complementary therapies (n=66)**

<table>
<thead>
<tr>
<th>Mother's ethnic influence</th>
<th>Number of midwives</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>4</td>
<td>6.0</td>
</tr>
<tr>
<td>No</td>
<td>62</td>
<td>93.9</td>
</tr>
</tbody>
</table>

4.2.2 Views of the midwives

Questions 1 - 14 (Appendix 2.3) related to the midwives' views on complementary therapies.

For the purpose of this study 'view' is the conception, opinion and consideration of the midwife in relation to the use of complementary therapies. In order to provide a framework of discussion the views of the midwives will be described under two main foci:

1. Familiarity with complementary therapies
2. Practice of complementary therapies

These two foci are further divided into major and minor categories. This classification is depicted in Table 4.6.
Table 4.6 The midwives' views of complementary therapies, grouped under the two foci and categories defined as part of the analysis of the questionnaire experiences

<table>
<thead>
<tr>
<th>Foci</th>
<th>Major category</th>
<th>Minor category</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAMILIARITY WITH COMPLEMENTARY THERAPIES</td>
<td>Understanding</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Training</td>
<td>1. Formal training received</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Future training desired</td>
</tr>
<tr>
<td>PRACTICE OF COMPLEMENTARY THERAPIES</td>
<td>Perceived benefits</td>
<td>1. Benefits in pregnancy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Benefits in labour</td>
</tr>
<tr>
<td></td>
<td>Experience</td>
<td>1. Experience in nursing practice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Experience in midwifery practice</td>
</tr>
<tr>
<td></td>
<td>Recommended use</td>
<td>1. Frequency of recommendation in pregnancy and labour</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Basis of recommendation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Future perspective</td>
</tr>
</tbody>
</table>

4.2.2.1 Familiarity with complementary therapies.

For the purpose of this study the focus topic "familiarity" was seen as a recognition and understanding of each of the complementary therapies nominated in the study. Any formal training and interest in training for these therapies in the near future is also included in the meaning. Questions 1, 2, 3, 4 and 5 relate to this category (Midwives' Questionnaire Appendix 2.3).

Table 4.7 which depicts responses to Question 5 shows that the media was largely responsible for disseminating information on complementary therapies to most of the midwives, followed by information obtained from the nursing course, personal acquaintances and other sources. Patients were identified as the source of least information.
Table 4.7 Sources from which the midwives first heard of complementary therapies (n=66)

<table>
<thead>
<tr>
<th>Source</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% (n=66)</td>
</tr>
<tr>
<td>Media</td>
<td>34.9 (23)</td>
</tr>
<tr>
<td>Nursing course</td>
<td>21.2 (14)</td>
</tr>
<tr>
<td>Personal acquaintance</td>
<td>21.2 (14)</td>
</tr>
<tr>
<td>Patient</td>
<td>1.5 (1)</td>
</tr>
<tr>
<td>Other</td>
<td>21.2 (14)</td>
</tr>
</tbody>
</table>

Table 4.8 depicts the midwives' overall familiarity with the complementary therapies. Question 1 intended to discover which therapies the respondents knew about. The respondents could write the names of any other therapies with which they were familiar. Most of the midwives appeared to be familiar with aromatherapy, massage and music, and therapeutic touch was the least known therapy with only 25% respondents aware of it.

Three midwives claimed not to know of any of the mentioned therapies. Eleven midwives were aware of other complementary therapies and these include acupuncture, chiropractic, breathing techniques, kinesiology, polarity therapy, hot packs, F.M. Alexander technique, bach flowers, hypnosis, reiki.

Table 4.8 Midwives' familiarity of complementary therapies (n=66)

<table>
<thead>
<tr>
<th>Complementary therapy</th>
<th>Familiar Percentage % (n=66)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupressure</td>
<td>39.4 (26)</td>
</tr>
<tr>
<td>Aromatherapy</td>
<td>80.3 (53)</td>
</tr>
<tr>
<td>Herbal medicine</td>
<td>41.0 (27)</td>
</tr>
<tr>
<td>Hydrotherapy</td>
<td>57.5 (38)</td>
</tr>
<tr>
<td>Massage</td>
<td>83.3 (55)</td>
</tr>
<tr>
<td>Music</td>
<td>77.2 (51)</td>
</tr>
<tr>
<td>Reflexology</td>
<td>31.8 (21)</td>
</tr>
<tr>
<td>Therapeutic touch</td>
<td>25.0 (17)</td>
</tr>
<tr>
<td>Visual imagery</td>
<td>30.3 (20)</td>
</tr>
<tr>
<td>Other</td>
<td>16.6 (11)</td>
</tr>
<tr>
<td>None</td>
<td>4.5 (3)</td>
</tr>
</tbody>
</table>
4.2.2.1.1 Understanding

In exploring the midwives' familiarity it was important to assess their understanding of the different complementary therapies. The midwives were asked to write down their understanding of each therapy in brief. Table 4.9 gives a numerical representation of the midwives' understanding of complementary therapies. Section 4.2.2.1.1 to section 4.2.2.1.9 provides examples of the answers given by the midwives.

The midwives in general appeared to have an understanding of aromatherapy, massage, hydrotherapy and music, 62% of the sample had an understanding of acupressure, about half the sample of midwives had some understanding of herbal medicine, and very few understood reflexology and therapeutic touch. Very few had good knowledge answers of therapies except for aromatherapy and hydrotherapy. Almost half the midwives surveyed had an understanding of visual imagery. The detailed responses for each therapy are given in Appendix 5.1.

<table>
<thead>
<tr>
<th>Therapies</th>
<th>No answer</th>
<th>Incorrect answer</th>
<th>Some knowledge</th>
<th>Good knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupressure</td>
<td>19</td>
<td>28.7</td>
<td>9.1</td>
<td>56.0</td>
</tr>
<tr>
<td>Aromatherapy</td>
<td>7</td>
<td>10.6</td>
<td>4.5</td>
<td>51.4</td>
</tr>
<tr>
<td>Herbal medicine</td>
<td>26</td>
<td>39.4</td>
<td>6.0</td>
<td>33.3</td>
</tr>
<tr>
<td>Hydrotherapy</td>
<td>11</td>
<td>16.6</td>
<td>4.5</td>
<td>48.5</td>
</tr>
<tr>
<td>Massage</td>
<td>10</td>
<td>15.1</td>
<td>3.0</td>
<td>75.7</td>
</tr>
<tr>
<td>Music</td>
<td>16</td>
<td>23.5</td>
<td>3.0</td>
<td>68.1</td>
</tr>
<tr>
<td>Reflexology</td>
<td>40</td>
<td>60.6</td>
<td>3.0</td>
<td>31.8</td>
</tr>
<tr>
<td>Therapeutic touch</td>
<td>43</td>
<td>65.1</td>
<td>9.1</td>
<td>23.5</td>
</tr>
<tr>
<td>Visual imagery</td>
<td>35</td>
<td>53.1</td>
<td>1.5</td>
<td>16.6</td>
</tr>
</tbody>
</table>
4.2.2.1.1 Acupressure

The following criteria were used to analyse the responses in relation to acupressure.

0 - No Answer-
Nothing written.

1 - Incorrect Answer-
Anything other than pressure applied.

2 - Some Knowledge-
a. Being able to describe about pressure being applied on different parts of the body or
b. Knowledge about its working or
c. Knowledge about results obtained.

3 - Good Knowledge-
a. Knowledge about pressure being applied on different parts of the body and
b. Knowledge about its working and
c. Knowledge about results obtained.

No response was given by 28.7% of the respondents, 9% gave incorrect answers and 56% of the respondents had some idea of acupressure. Only 6% had the correct understanding of acupressure. Examples of each type of response is given here.

Table 4.10 Midwives' understanding of acupressure

| Incorrect Answer: Needles into skin (R 25). |
| Some Knowledge: Pressure to certain pressure points on the body (R 15). |
| Good Knowledge: Enhancement of body functions by pressure on certain meridian points (R 45). |

4.2.2.1.2 Aromatherapy

The following criteria were used to analyse the responses in relation to aromatherapy

0 - No Answer-
Nothing written.

1 - Incorrect Answer-
Anything that does not mention essential oils, eg oils or scents or aromas.
2. Some Knowledge-
   a. Knowledge about essential oils or
   b. Knowledge about any method of use or
   c. Knowledge about results obtained.

3. Good Knowledge-
   a. Knowledge about essential oils and
   b. Knowledge about different routes of administration and
   c. Knowledge about results obtained.

No response was given by 10.6% of the respondents, 4.5% gave incorrect answers and 51.4% of the respondents had some idea of aromatherapy. About 33.3% had the correct understanding of aromatherapy. Examples of each type of response are given here.

Table 4.11 Midwives' understanding of aromatherapy

<table>
<thead>
<tr>
<th>Incorrect Answer: Oils (R13).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some Knowledge: The use of essential oils for desired therapeutic effect (R25).</td>
</tr>
<tr>
<td>Good Knowledge: Inhaling herbal essences using oils, burners, baths, oils on cloth or clothing for relieving symptoms (R28).</td>
</tr>
</tbody>
</table>

4.2.2.1.3 Herbal medicine

The following criteria were used to analyse the responses in relation to herbal medicine.

0. No Answer- Nothing written.

1. Incorrect Answer- Anything that does not mention herbs, e.g. drinks, leaves.

2. Some Knowledge-
   a. Knowledge about herbs or
   b. Knowledge about any method of use, ingestion or
   c. Knowledge about results obtained.
3 - Good Knowledge-
   a. Knowledge about herbs and herbal medicine
   b. Knowledge about different routes of
      application and ingestion and
   c. Knowledge about results obtained.

No response was given by 39.4% of the respondents, 6.0% gave incorrect
answers and 33.3% of the respondents had some idea of herbal medicine.
About 21.2% had the correct understanding of herbal medicine. Examples of
each type of response are given here.

<table>
<thead>
<tr>
<th>Incorrect Answer: Drinks or drops (R51).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some Knowledge: Use of herbs for relaxation, stimulation (R33).</td>
</tr>
<tr>
<td>Good Knowledge: The use of herbs in the form of drops or infusions or topical</td>
</tr>
<tr>
<td>for the treatment of various ailments (R53).</td>
</tr>
</tbody>
</table>

4.2.2.1.1.4 Hydrotherapy

The following criteria were used to analyse the responses in relation to
hydrotherapy.

0 - No Answer-
   Nothing written.

1 - Incorrect Answer-
   Anything that does not mention use of water
   eg. water.

2 - Some Knowledge-
   a. Knowledge about water as a therapy or
   b. Knowledge about any method of use or
   c. Knowledge about results obtained.

3 - Good Knowledge-
   a. Knowledge about different methods of use and
      application and
   b. Knowledge about results obtained.

No response was given by 16.6% of the respondents, 4.5% gave incorrect
answers and 48.5% of the respondents had some idea of hydrotherapy. About
30.3% of the respondents had the correct understanding of hydrotherapy. Examples of each type of response are given here.

<table>
<thead>
<tr>
<th>Table 4.13 Midwives' understanding of hydrotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incorrect Answer: Water (R47).</td>
</tr>
<tr>
<td>Some Knowledge: Specially designed water therapies suited to individual needs (R30).</td>
</tr>
<tr>
<td>Good Knowledge: Use of warm baths or (showers) to enhance/induce relaxation at times of stress. Can also be used in rehabilitation to support the body (R45).</td>
</tr>
</tbody>
</table>

4.2.2.1.5 Massage

The following criteria were used to analyse the responses in relation to massage.

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No Answer- Nothing written.</td>
</tr>
<tr>
<td>1</td>
<td>Incorrect Answer- Anything that does not mention massage eg. very nice.</td>
</tr>
<tr>
<td>2</td>
<td>Some Knowledge- a. Knowledge about how massage works or b. Knowledge about any method of massage or c. Knowledge about results obtained.</td>
</tr>
<tr>
<td>3</td>
<td>Good Knowledge- a. Knowledge about different types of massage and b. Knowledge about results obtained.</td>
</tr>
</tbody>
</table>

No response was given by 15.1% of the respondents, 3.0% gave incorrect answers and 75.7% of the respondents had some idea of massage. About 6.0% of the respondents had the correct understanding of massage. Examples of each type of response are given here.
Table 4.14  Midwives' understanding of massage

<table>
<thead>
<tr>
<th>Incorrect Answer:</th>
<th>Very nice (R47).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some Knowledge:</td>
<td>Using gentle pressure with palms to relieve pain, eg. headache or to relax patient (R49).</td>
</tr>
<tr>
<td>Good Knowledge:</td>
<td>Muscular therapy by way of stroking, rubbing, kneading, percussion and vibration- relieves aches, pains, stress aids lymphatic drainage (R 8).</td>
</tr>
</tbody>
</table>

4.2.2.1.1.6  Music

The following criteria were used to analyse the responses in relation to music.

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No Answer-</td>
</tr>
<tr>
<td>1</td>
<td>Incorrect Answer-</td>
</tr>
<tr>
<td>2</td>
<td>Some Knowledge-</td>
</tr>
<tr>
<td>3</td>
<td>Good Knowledge-</td>
</tr>
</tbody>
</table>

- Anything that does not mention music, eg self explanatory.
- a. Knowledge about listening to music or
  b. Knowledge about results obtained.
- a. Knowledge about types of music, singing, instruments and
  b. Knowledge about results obtained.

No response was given by 23.5% of the respondents, 3.0% gave incorrect answers and 68.1% of the respondents had some idea of music. About 4.5% of the respondents had the correct understanding of music. Examples of each type of response are given here.

Table 4.15  Midwives' understanding of music

<table>
<thead>
<tr>
<th>Incorrect Answer:</th>
<th>Self explanatory (R49).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some Knowledge:</td>
<td>Background music allows concentration on other than current situation presented (R15).</td>
</tr>
<tr>
<td>Good Knowledge:</td>
<td>Use of various types of instrumental/melodic/voice patterns to stimulate various states of being eg. relaxation (R8).</td>
</tr>
</tbody>
</table>
4.2.2.1.7 Reflexology

The following criteria were used to analyse the responses in relation to reflexology.

0 - No Answer - Nothing written.
1 - Incorrect Answer - Anything that does not mention pressure on feet, e.g. study of the eyes.
2 - Some Knowledge - a. Knowledge about pressure points on the feet or
   b. Knowledge about results obtained.
3 - Good Knowledge - a. Knowledge about pressure being applied on feet and hands points on the feet and
   b. Knowledge about results obtained.

No response was given by 60.6% of the respondents, 3.0% gave incorrect answers and 31.8% of the respondents had some idea of reflexology. Only 4.5% of the respondents had the correct understanding of reflexology. Examples of each type of response are given here.

<table>
<thead>
<tr>
<th>Incorrect Answer:</th>
<th>Deals with various reflexes and massage (R60).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some Knowledge:</td>
<td>Pressure and massage on particular points on the soles of the feet (R28).</td>
</tr>
<tr>
<td>Good Knowledge:</td>
<td>The feet and hands are maps of our bodies and by using pressure on certain points of the feet or hands we can affect certain parts of the body (R55).</td>
</tr>
</tbody>
</table>

4.2.2.1.8 Therapeutic touch

The following criteria were used to analyse the responses in relation to therapeutic touch.

0 - No Answer - Nothing written.
1 - Incorrect Answer - Anything that does not mention the appropriate touch, e.g. massage.
No response was given by 65.1% of the respondents, 9.1% gave incorrect answers and 23.5% of the respondents had some idea of therapeutic touch. Only one respondent had the correct understanding of therapeutic touch. Examples of each type of response are given here.

Table 4.17 Midwives' understanding of therapeutic touch

<table>
<thead>
<tr>
<th>Incorrect Answer:</th>
<th>Much like massage and acupressure combined (R6).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some Knowledge:</td>
<td>Soothing, calming touch to different body parts to relieve/ease different symptoms (R19).</td>
</tr>
<tr>
<td>Good Knowledge:</td>
<td>Manipulating a person's aura to help to treat illness (R55). (Comment: Hands used in sweeping movement).</td>
</tr>
</tbody>
</table>

4.2.2.1.1.9. Visual Imagery

The following criteria were used to analyse the responses in relation to visual imagery.

0 - No Answer- Nothing written.
1 - Incorrect Answer- Anything that does not mention focussing on images.
2 - Some Knowledge- a. Knowledge about process of imagination or b. Knowledge about results obtained.
3 - Good Knowledge- a. Knowledge about process of imagination and b. Knowledge about results obtained.

No response was given by 53.0% of the respondents, only 1.5% gave incorrect answers and 16.6% of the respondents had some idea of visual imagery.
Around 28.7% of the respondents had the correct understanding of visual imagery. Examples of each type of response are given here.

<table>
<thead>
<tr>
<th>Correct Answer:</th>
<th>Pictures (R47).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some Knowledge:</td>
<td>Imaginary—being somewhere else (R15).</td>
</tr>
<tr>
<td>Good Knowledge:</td>
<td>Focussing of an imaginary picture, e.g. flower opening up as cervix dilates (R49).</td>
</tr>
</tbody>
</table>

### 4.2.2.1.2 Training

The midwives were asked whether they had received any formal training in any complementary therapy. They were asked to mention the name of the training institution and were also asked if they desired to train in any complementary therapy in the near future. Their responses are discussed in the following sections.

#### 4.2.2.1.2.1 Formal training received

In order to determine whether the midwives had had any formal training in complementary therapies Question 3 (Appendix 2.3) was asked. Only ten (15%) midwives had received formal training in complementary therapies. In order to determine the nature of the training received, Question 4 (Appendix 2.3) asked the midwives to name their training institution. Most of the midwives had trained in massage and aromatherapy from recognised institutes. The complete information on the training received is depicted in Table 4.19 and Table 4.20.
Table 4.19  Percentage of midwives trained in complementary therapies (n=66)

<table>
<thead>
<tr>
<th>Training</th>
<th>Number of midwives</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>10</td>
<td>15.1</td>
</tr>
<tr>
<td>No</td>
<td>56</td>
<td>84.9</td>
</tr>
</tbody>
</table>

Table 4.20  Formal training of midwives in relation to complementary therapies (n=66)

<table>
<thead>
<tr>
<th>Respondent midwife</th>
<th>Therapy</th>
<th>Training institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>R3</td>
<td>Massage</td>
<td>Sydney Adventist hospital</td>
</tr>
<tr>
<td>R8</td>
<td>Massage</td>
<td>Massage study centre, Adelaide</td>
</tr>
<tr>
<td>R12</td>
<td>Aromatherapy</td>
<td>Aromatherapy company</td>
</tr>
<tr>
<td>R20</td>
<td>Massage</td>
<td>NSW college of therapeutic massage</td>
</tr>
<tr>
<td>R28</td>
<td>Massage</td>
<td>NSW college, natural therapies</td>
</tr>
<tr>
<td>R44</td>
<td>Thai massage, aromatherapy</td>
<td>Northern Thailand institute of traditional massage</td>
</tr>
<tr>
<td>R50</td>
<td>Hot packs, aromatherapy</td>
<td>Complementary therapist</td>
</tr>
<tr>
<td>R51</td>
<td>Hot packs, aromatherapy</td>
<td>Complementary therapist</td>
</tr>
<tr>
<td>R52</td>
<td>Alexander technique</td>
<td>Mr. P. Macdonald's Alexander teacher training school, London</td>
</tr>
<tr>
<td>R55</td>
<td>Therapeutic massage reflexology, aromatherapy</td>
<td>College of Nepean natural therapies</td>
</tr>
</tbody>
</table>

4.2.2.1.2.2  Future training desired

As indicated in Table 4.21 which depicts responses to Question 14, (Appendix 2.3) a majority of the midwives were interested in training for aromatherapy and massage. They appeared to be least interested in learning about visual imagery. Of significance is the observation that five midwives were not interested in training for any therapy. This shows that there are still some midwives who do not feel the need for complementary therapies.
Table 4.21  Midwife's interest in future training on complementary therapies (n=66)

<table>
<thead>
<tr>
<th>Therapy of interest</th>
<th>Respondent midwives</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupressure</td>
<td>20</td>
<td>30.3</td>
</tr>
<tr>
<td>Aromatherapy</td>
<td>36</td>
<td>54.5</td>
</tr>
<tr>
<td>Herbal medicine</td>
<td>14</td>
<td>21.2</td>
</tr>
<tr>
<td>Hydrotherapy</td>
<td>14</td>
<td>21.2</td>
</tr>
<tr>
<td>Massage</td>
<td>34</td>
<td>51.4</td>
</tr>
<tr>
<td>Music</td>
<td>19</td>
<td>28.7</td>
</tr>
<tr>
<td>Reflexology</td>
<td>19</td>
<td>28.7</td>
</tr>
<tr>
<td>Therapeutic touch</td>
<td>13</td>
<td>19.7</td>
</tr>
<tr>
<td>Visual imagery</td>
<td>9</td>
<td>13.6</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>3.0</td>
</tr>
<tr>
<td>None</td>
<td>5</td>
<td>7.6</td>
</tr>
</tbody>
</table>

4.2.2.2  Practice of complementary therapies.

The second focus of the midwives' views was their practice. The term "practice" is taken to mean the action or process of using complementary therapies, the various experiences and the agreement or disagreement to the perceived benefits of these therapies. Questions 7-14 (Appendix 2.3) relate to this focus. As indicated in Table 4.22, a large number of nurses felt that the use of complementary therapies would enrich their nursing practice and surprisingly none of them felt it was time consuming. The two other responses were "I do use some complementary therapies" and "It would benefit the women".

Table 4.22  Midwives' perception of the influence of using complementary therapies on nursing practice (n=66)

<table>
<thead>
<tr>
<th>Influence</th>
<th>Respondent midwife</th>
<th>Percentage %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrich nursing practice</td>
<td>42</td>
<td>63.6</td>
</tr>
<tr>
<td>Personal satisfaction</td>
<td>10</td>
<td>15.1</td>
</tr>
<tr>
<td>Time consuming</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>No influence</td>
<td>7</td>
<td>10.6</td>
</tr>
<tr>
<td>Unsure</td>
<td>5</td>
<td>7.6</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>3.0</td>
</tr>
</tbody>
</table>
As depicted in Table 4.6, the midwives' practices in using complementary therapeutics will be described under the three major categories:

1. Perceived benefits of complementary therapies in pregnancy and labour.
2. Experience with complementary therapies in nursing and midwifery
3. Recommended use

### 4.2.2.2.1 Perceived benefits of complementary therapies

The midwives were asked whether they thought complementary therapies were beneficial to the pregnant woman and the woman in labour. Two categories were delineated i.e. the benefits perceived in pregnancy and those perceived in labour.

#### 4.2.2.2.1.1 Benefits in pregnancy

Most of the midwives strongly agreed that massage was beneficial to the pregnant woman. Table 4.23 shows that during pregnancy, almost 90% of the midwives agreed that massage was beneficial, aromatherapy and hydrotherapy had an equal number of midwife supporters (almost 80%). Almost 76% of the midwives' population was in favour of the use of music during pregnancy, and 60.5% thought therapeutic touch had beneficial effects.

Therapies like herbal medicine, acupressure and visual imagery found support with half the midwives who agreed to their benefits. Reflexology did not receive a favourable response, only 40% favoured its place in pregnancy care. There were only a few midwives who disagreed with the use of complementary therapies in pregnancy.
Table 4.23  Midwives perceived benefits of complementary therapies in pregnancy (n=66)

<table>
<thead>
<tr>
<th>Therapies</th>
<th>Disagree % (n=66)</th>
<th>Agree % (n=66)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupressure</td>
<td>10.5 (7)</td>
<td>51.6 (34)</td>
</tr>
<tr>
<td>Aromatherapy</td>
<td>6.0 (4)</td>
<td>80.3 (53)</td>
</tr>
<tr>
<td>Herbal medicine</td>
<td>9.1 (6)</td>
<td>54.6 (36)</td>
</tr>
<tr>
<td>Hydrotherapy</td>
<td>1.5 (1)</td>
<td>78.8 (52)</td>
</tr>
<tr>
<td>Massage</td>
<td>0</td>
<td>89.3 (59)</td>
</tr>
<tr>
<td>Music</td>
<td>7.6 9(5)</td>
<td>75.7 (50)</td>
</tr>
<tr>
<td>Reflexology</td>
<td>9.1 (6)</td>
<td>40.1 (27)</td>
</tr>
<tr>
<td>Therapeutic touch</td>
<td>4.5 (3)</td>
<td>60.5 (40)</td>
</tr>
<tr>
<td>Visual imagery</td>
<td>9.0 (6)</td>
<td>51.5 (34)</td>
</tr>
<tr>
<td>Alexander technique</td>
<td>0</td>
<td>1.5 (1)</td>
</tr>
<tr>
<td>Hot packs</td>
<td>0</td>
<td>3.0 (2)</td>
</tr>
</tbody>
</table>

4.2.2.2.1.2  Benefits in labour

With regard to the beneficial effects of complementary therapies in labour, as seen in Table 4.24, almost 90% of the midwives strongly supported massage, 82% favoured hydrotherapy, while 80% agreed that aromatherapy was beneficial. Music was regarded as beneficial during labour with 68% of the sample of midwives who favoured it. Therapeutic touch and visual imagery were supported by almost half the midwives while therapies like herbal medicine, acupressure and reflexology were not advocated by many midwives. Again a few midwives felt that the therapies were not beneficial to the woman in labour.
<table>
<thead>
<tr>
<th>Therapies</th>
<th>Disagree</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% (n=66)</td>
<td>% (n=66)</td>
</tr>
<tr>
<td>Acupressure</td>
<td>10.5 (7)</td>
<td>46.9 (31)</td>
</tr>
<tr>
<td>Aromatherapy</td>
<td>6.0 (4)</td>
<td>80.3 (53)</td>
</tr>
<tr>
<td>Herbal medicine</td>
<td>13.6 (9)</td>
<td>45.4 (30)</td>
</tr>
<tr>
<td>Hydrotherapy</td>
<td>3.0 (2)</td>
<td>81.8 (54)</td>
</tr>
<tr>
<td>Massage</td>
<td>0</td>
<td>89.3 (59)</td>
</tr>
<tr>
<td>Music</td>
<td>7.6 (5)</td>
<td>68.1 (45)</td>
</tr>
<tr>
<td>Reflexology</td>
<td>12.1 (8)</td>
<td>34.8 (23)</td>
</tr>
<tr>
<td>Therapeutic touch</td>
<td>7.6 (5)</td>
<td>55.3 (37)</td>
</tr>
<tr>
<td>Visual imagery</td>
<td>6.0 (4)</td>
<td>59.1 (39)</td>
</tr>
<tr>
<td>Alexander technique</td>
<td>0</td>
<td>1.5 (1)</td>
</tr>
</tbody>
</table>

4.2.2.2.2 Experience with complementary therapies

The midwives were asked about their experience with complementary therapies in all areas of nursing practice and in midwifery practice. Their responses are discussed in reference to this delineation.

4.2.2.2.1 Experience in nursing practice

The midwives were asked to describe any situation in nursing practice, where they had used a complementary therapy and to elaborate the result obtained (Question 6, Appendix 2). The responses are presented in a numerical format in Table 4.25. Examples from the use of a few therapies are given here.

Acupressure was used for headache with significant relief in a short time. Aromatherapy had a calming and relaxing effect and was used for relieving tension. It was not used in acute conditions and positive effects were seen in areas where pain control, relaxation and calm were desired. At times there were conflicting results as is obvious in these two reports:

*Useful in pain control and relaxation* (In a nursing home, R57).

*Some success, becoming less as dementia progressed* (Vapouriser to induce relaxation and sleep in dementia, R45).
Other reports showed that aromatherapy did indeed evoke a positive response:

*Clients more relaxed, not as stressed if waiting*
(Clinic waiting room, R39).

Herbal medicine seemed to be effective in cases of hot flushes, where generally hormone replacement is the accepted mode of treatment. The herb arnica was described as being effective for bruising.

Hydrotherapy had a relaxant effect with individuals being able to move their limbs freely in the water.

*Relaxant* (used in a sanatorium situation, use not specified, R3).

Massage was valued for its relaxing and analgesic effects.

*Good for muscle and arthritic pain* (Gerontology and arthritic pain, R33)

*Decreased patient’s discomfort by relieving muscle aches* (Post op gynae ward R28).

Although music is known to affect each individual in an unique way, it was appreciated for its role in relaxation, mood upliftment and pain relief. One respondent used it when she assisted with dialysis and found that:

*Patients relax through painful and stressful procedure* (R18).

Visual imagery was effectively used in conditions where pain relief was desired. Reiki and the Alexander technique were used for their role in aches and pain without resorting to drugs.

*To relieve backache and posture related disorders* (the Alexander technique for nursing mother’s postural/tensional realignment, R55).
Patient able to relax and sleep. Patient stated that he could feel the warmth radiating from the therapist’s hands (Reiki in cancer palliative care, R19).

Table 4.25 Midwives’ experience of using complementary therapies in nursing practice (n=66)

<table>
<thead>
<tr>
<th>Therapy</th>
<th>Total experiences</th>
<th>Positive effect</th>
<th>No effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupressure</td>
<td>3</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Aromatherapy</td>
<td>14</td>
<td>12</td>
<td>2</td>
</tr>
<tr>
<td>Herbal medicine</td>
<td>5</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Hydrotherapy</td>
<td>4</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Massage</td>
<td>11</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>Music</td>
<td>5</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Reflexology</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Therapeutic touch</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Visual imagery</td>
<td>3</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Reiki</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Alexander technique</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

4.2.2.2.2 Experience in midwifery practice

The midwives were asked to describe experiences in midwifery, wherein they had used complementary therapies and elaborate on the results of their therapy (Question 7 in Appendix 7). The numerical representation of the findings are presented in Table 4.26, and indicates an overall positive response from the patients. Examples of the use of a few therapies used in midwifery practice are given here.

Acupressure was used to enhance uterine activity during labour. Lavender oil was used in burners and vapourisers for inhalation to induce relaxation and relieve contractions. Massage with aromatic oils, blended with carrier oils, helped to relieve pain significantly during labour.

*Helps to induce relaxation and reduce pain levels (In labour, R43).*

*Relief from nausea, enhancement of relaxation (In labour, R45).*

91
This view was not echoed by R19 who said:

*Minimal/ little effect/ relief observed. Very difficult to assess the response*

Cabbage leaves were commonly used to relieve breast engorgement and raspberry leaves were useful in maintaining uterine muscle tone and enhancing uterine function. Hot water showers helped relieve backache during labour and it was surprising to note conflicting reports on hydrotherapy by two individuals with the same problem, that of a separated symphysis pubis.

*Soothing and relaxing  (R22).*

*Patient hated it, made the pain worse  (R25).*

Massage was used extensively during the labour process with positive results by all. It seemed to ease discomfort, relieve backache and provide effective pain relief.

*Assists patient to relax. Used as a way of calming someone who is distressed with pain (In labour R35).*

*Beneficial to patient, providing relief (Back pain, refusing medical pain relief R15).*

Music had positive effects during labour and was used to settle babies at times of need.

*Used as a distraction from pain and as a way of promoting relaxation (During labour, R35).*

*Usually settled babies as soon as tape started playing (Tape of uterine sounds on unsettled babies, R11).*

Visual imagery seemed to work well and was often taught during the antenatal classes, for use during the labour process. Other therapies like hot packs helped in pain relief during labour and the postnatal period.
Easing of pain and discomfort (Hot packs in labour ward and post natal ward, R50).

Table 4.26  Midwives' experience of using complementary therapies in midwifery practice

<table>
<thead>
<tr>
<th>Therapies</th>
<th>Total experiences</th>
<th>Positive effect</th>
<th>No effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupressure</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Aromatherapy</td>
<td>25</td>
<td>21</td>
<td>4</td>
</tr>
<tr>
<td>Herbal medicine</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Hydrotherapy</td>
<td>16</td>
<td>15</td>
<td>1</td>
</tr>
<tr>
<td>Massage</td>
<td>23</td>
<td>23</td>
<td>0</td>
</tr>
<tr>
<td>Music</td>
<td>17</td>
<td>17</td>
<td>0</td>
</tr>
<tr>
<td>Reflexology</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Therapeutic touch</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Visual imagery</td>
<td>5</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Alexander technique</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Hot packs</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Chi square analysis was done to determine if there was a significant correlation between the familiarity of the midwives and their use of the complementary therapies. The results of this analysis are displayed in Table 4.27, and the full computer print outs are displayed in Appendix 10. As depicted in Table 4.27 there was a significant correlation at p value <0.05, between the midwives' familiarity and use of complementary therapies like aromatherapy, hydrotherapy, music, therapeutic touch and visual imagery.

Table 4.27  Results of Chi square analysis for midwives familiarity and use of complementary therapies (* indicates p value <0.05)

<table>
<thead>
<tr>
<th>Relationship between familiarity and use of:</th>
<th>Chi square</th>
<th>d.f.</th>
<th>Significance *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupressure</td>
<td>3.17308</td>
<td>1</td>
<td>0.07486</td>
</tr>
<tr>
<td>Aromatherapy</td>
<td>4.40616</td>
<td>1</td>
<td>0.03581*</td>
</tr>
<tr>
<td>Herbal medicine</td>
<td>3.60938</td>
<td>1</td>
<td>0.05745</td>
</tr>
<tr>
<td>Hydrotherapy</td>
<td>10.49513</td>
<td>1</td>
<td>0.00120*</td>
</tr>
<tr>
<td>Massage</td>
<td>2.70123</td>
<td>1</td>
<td>0.10027</td>
</tr>
<tr>
<td>Music</td>
<td>5.28211</td>
<td>1</td>
<td>0.02155*</td>
</tr>
<tr>
<td>Therapeutic touch</td>
<td>5.94485</td>
<td>1</td>
<td>0.01476*</td>
</tr>
<tr>
<td>Visual imagery</td>
<td>12.44262</td>
<td>1</td>
<td>0.00042*</td>
</tr>
</tbody>
</table>
4.2.2.3 Recommended use

The midwives were asked whether they recommended the use of complementary therapies to the women in their care (Questions 10, 11, 13, in Appendix 2.3). The frequency of recommendation, the basis on which they made the recommendations and in case they had never used complementary therapies, if they would consider using them in the future was determined.

4.2.2.3.1 Frequency of recommendation in pregnancy and labour

Since the midwives were in an unique position to offer advice to the pregnant and labouring woman during the course of their midwifery practice, the midwives were asked how often they recommended complementary therapies to the women in pregnancy and labour. The answers to their position were elicited in Question 10 (Appendix 2.3), and are presented in Table 4.28. The midwives seemed more inclined to recommend the use of complementary therapies in labour as compared to use in pregnancy.

4.2.2.3.2 Basis of recommendation

The response to Question 11, which is seen in Table 4.29 showed that 75% of the midwives based their decision to recommend complementary therapies on the experience of others, 68% believed in first hand experience and only 9% relied on media reports. Research studies and books were rated less important than experience.

4.2.2.3.3 Future perspective

A total of 24 midwives had not used any complementary therapy in their midwifery practice. Their response is depicted in Table 4.30, which shows that when asked whether they would consider using them in the future, more than half the respondents answered in the affirmative, seven said maybe and only three did not propose to use them.
Table 4.28  The frequency of midwives’ recommendation of complementary therapies in pregnancy and labour

<table>
<thead>
<tr>
<th>Recommend in pregnancy</th>
<th>Respondent midwife</th>
<th>Percentage %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Often</td>
<td>16</td>
<td>23.5</td>
</tr>
<tr>
<td>Occasionally</td>
<td>41</td>
<td>62.1</td>
</tr>
<tr>
<td>Never</td>
<td>8</td>
<td>12.1</td>
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</table>

<table>
<thead>
<tr>
<th>Recommend in labour</th>
<th>Respondent midwife</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Often</td>
<td>28</td>
<td>42.5</td>
</tr>
<tr>
<td>Occasionally</td>
<td>28</td>
<td>42.5</td>
</tr>
<tr>
<td>Never</td>
<td>6</td>
<td>9.1</td>
</tr>
</tbody>
</table>

Table 4.29  The basis of midwives recommending complementary therapies

<table>
<thead>
<tr>
<th>Basis of recommendation</th>
<th>Respondent midwives</th>
<th>Percentage %</th>
</tr>
</thead>
<tbody>
<tr>
<td>First hand experience</td>
<td>45</td>
<td>68.1</td>
</tr>
<tr>
<td>Experience of others</td>
<td>50</td>
<td>75.7</td>
</tr>
<tr>
<td>Research studies</td>
<td>26</td>
<td>39.4</td>
</tr>
<tr>
<td>Books</td>
<td>30</td>
<td>45.4</td>
</tr>
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<td>Media reports</td>
<td>6</td>
<td>9.1</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

Table 4.30  Midwives perception of recommending complementary therapies in the future

<table>
<thead>
<tr>
<th>No</th>
<th>Maybe</th>
<th>Yes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>7</td>
<td>14</td>
<td>24</td>
</tr>
</tbody>
</table>

4.3  Interviews with midwives

In this section, data collected from the interviews with the seven midwives will be presented. For ease of understanding the interview data, they will be presented in two sections:

Section 1.  The midwives: a description

Section 2.  The midwives' practices of complementary therapies
4.3.1 The midwives: a description

In this section I will introduce each of the seven midwives to the reader in turn. To maintain anonymity of the midwives pseudonyms will be used. These are Cathy, Paula, Clara, Debby, Dicky, Laura and Nicki.

Cathy had joined the hospital only six months prior to the interview and had brought with her a wealth of experience from her previous workplace. She was interested in the use of complementary therapies and willingly consented to give me as much information as she could. She seemed to be thrilled that complementary therapies were being investigated and hoped they would be put into practice without much opposition by the hospital authorities.

Paula worked in a hospital. She was the newest midwife in the interview group. Although she appeared to be a bit nervous, she was very willing to let me know about the therapies she practised, and the special courses she had undertaken in some of the complementary therapies, in order to use them in her midwifery practice.

Clara worked in the maternity area of a large city hospital. She had a lovely smile on her face and seemed to enjoy her work. Although she did not have much experience with complementary therapies she was quite willing to share her views and experiences with me.

Debby awed me. She had years of experience behind her, and was interested in aromatherapy and herbs and was willing to lend me her wealth of experience with complementary therapies.

Dicky, an independent Alexander technique practitioner, who practised midwifery as a part time vocation, was so enthusiastic about the Alexander technique which she had learnt some years back in England, that she succeeded in motivating me to learn more about the technique. She gave me an hour long demonstration on the technique, which relaxed me so much that I almost fell
asleep. She had some books on the use of the Alexander technique in midwifery at home and she showed these to me. Her experience centred around the Alexander technique and she was able to cite relevant examples of her experience with the technique in midwifery. Dicky was dissatisfied because she could not put her knowledge into practice at her workplace and considered setting up an independent practice at a doctors clinic in the city. She had recently received this offer and was seriously considering it as she would receive more patients. A review of books and articles on the Alexander technique showed that it had a genuine place in pregnancy and labour and therefore the analysis of the single nurse practicing it has been presented.

Laura was a community midwife. She conducted home deliveries, besides working in the local hospital. Laura had a special interest in herbs and massage. She conducted parenthood classes at the local hospital and seemed well versed in managing problems related to pregnancy and childbirth. She was quite eloquent in her talk regarding complementary therapies and while I sat with her, she had a telephone call from one of her clients, who needed her advice on the delay in the onset of labour. Laura recommended raspberry leaf tea and asked her not to give much thought to the problem. She later explained to me how this had been helpful in similar cases.

Nicki, the most experienced midwife among those interviewed, worked in a large city hospital. She was a very kind lady and offered me a cup of tea. I was thankful to her for sharing her experiences with complementary therapies. She had a particular interest in massage and aromatherapy.

4.3.2 The midwives practice of complementary therapies

The focus of the study was the familiarity and practices of midwives regarding complementary therapies, and it had been anticipated that the data at interviews would relate mainly to the nine common complementary therapies chosen for this study. The emergence of new complementary therapies was not
anticipated prior to data collection. When the data elicited from the midwives were analysed, it became clear that a significant amount related to the experiences with different complementary therapies and extended information on the second focus of the questionnaire response, i.e. practices of complementary therapies.

These practices will be described under the following categories:

1. Midwife as a complementary therapist
2. Use of complementary therapies
3. Experience in complementary therapies
4. Perceived effects of complementary therapies

I will approach each category in turn, and in that way, will endeavour to lead the reader through the data to a clearer understanding of the midwives' views and practice of complementary therapies in the childbearing process. The therapies introduced to the midwives in this study were acupressure, aromatherapy, herbal medicine, hydrotherapy, massage, music, reflexology, therapeutic touch and visual imagery.

4.3.2.1 Midwife as a complementary therapist
All the midwives interviewed felt that nurses were in an ideal position to offer complementary therapies to women. In this respect two minor categories emerged, the essential part of training to be a therapist and the effect of using complementary therapies on midwifery practice.

4.3.2.1.1 Training
Most of the midwives felt that training was an essential prerequisite for practising complementary therapies. Paula felt that it would be great for nurses to practise complementary therapies, provided they were trained, either with regular inservices or had it incorporated in the general nursing programme.
Paula: I think, I think its lovely for nurses to be able to do that with training. I think they can be dangerous if..... if, dangerous and probably not as effective if you're not trained and have some idea of what you're doing. .......I think if it was incorporated into our general training, and I think it probably already is, in some instances. I think its a great thing if we had regular inservices, if it, if courses were offered in our hospital, that would be a great thing and well if they gave us the time to do it, definitely think there's a place there, if we can make a place for it.

Cathy was confident that nurses could be trained in all the therapies. The training was important so the nurse knew what she was doing and whether it was going to be effective. Debby was concerned about the use of complementary therapies without proper training and proper protocols and felt it would be problematic in such conditions.

Cathy: I feel nurses could be trained in all these therapies. I think, ...I think probably in some of the cases like acupressure, certainly reflexology and visual imagery and probably therapeutic touch as well, I think we really need to be trained. ...but I think particularly with the touch technique, so you don't harm the patient, certainly just massaging the back is fine, but if you're going to use those other forms of therapy you really need to be trained in most of... probably not hydrotherapy, but certainly herbal. You need to know what you are giving people and if it's going to work and you are able to portray it to the, to the labouring woman or the pregnant woman.

Debby: I do feel they need to do short courses in whatever they are using. There need to be proper protocols set and proper policies set in the hospitals. I am concerned that at times if people use complementary therapies without having background knowledge or without having done a course in whatever they are using, it could lead to problems.

Dicky and Laura felt nurses did not need to do four year training courses and could learn from a qualified teacher in the field. The need for some sort of protocol was felt necessary, and reading was felt to be important in gaining knowledge about the complementary therapies.
Dicky: Nurses can learn from an Alexander teacher who has undergone a three year training. Nurses will learn how to use themselves well with the aid of a teacher.

Laura: I think it's important for people to do a lot of reading about it. I don't think they ought to have four year courses in everything that they're knowledgeable in their area and that they're not just doing it of their own backs. I think there needs to be some sort of protocol, but not the rigid protocol, where you know you have to actually go out and have formal training in that area.

4.3.2.1.2 Effect on midwifery practice

When asked if the use of complementary therapies would affect their practice in any way, Paula thought that midwives could offer something different when conventional methods of nursing failed to provide relief, but what concerned her was the lack of time and heavy nursing duties. Cathy felt it would enhance their midwifery practice and empower the labouring woman. Dicky was of the opinion that the midwife herself would greatly benefit from the use of complementary therapies in addition to the advantages it would have for the pregnant and labouring woman.

Paula: I also think that it’s pleasant for the nurses themselves to be able to offer something different when other things are not working. The main trouble is the time, we’re running short staffed just for the bare basics to go and do visualisation or massage.

Cathy: I don’t really know, I think it would only enhance their practice surely. Uh too, because I think particularly in midwifery, nurses, midwives play such a role in keeping the labouring woman in control of her own self that she feels she’s got that control----we can enhance that with natural remedies, we’ve got to enhance our own nursing practice.

Dicky: With that information they will be of enormous help to their patients, but more importantly to themselves so that they will have numerous helpful hints in postural tension alignment that that nurse having undergone the course of sessions will be able to pass on to the women.
Barring such constraints as shortage of time, short staffing and lack of inservice training in complementary therapies, the midwives seemed willing to implement complementary therapies and felt it was within the nurse's expanded role and would certainly enhance their midwifery practice.

4.3.2.2 Use of complementary therapies
This second category will be discussed in relation to
1. Use of complementary therapies in pregnancy
2. Use of complementary therapies in labour
3. Use of complementary therapies in the postnatal period.

4.3.2.2.1 Use of complementary therapies in pregnancy
The use of complementary therapies by the midwives, during the management of pregnant women will be discussed in reference to the complementary therapies practised by the midwives i.e. aromatherapy, herbal medicine, hydrotherapy and the Alexander technique.

4.3.2.2.1.1 Aromatherapy
Two midwives Laura and Debbie spoke of their use of aromatherapy. Laura used aromatherapy oils for various problems in pregnancy. Although she did not specify the oils she used, she found them useful in problems like constipation and backache. When asked about the use of aromatherapy by women during pregnancy she said:

*I feel that they do, there's a lot of different aromatherapy you can use for different problems during pregnancy, there's also somethings that you can take like some of the simple problems during pregnancy like constipation, backache that sort of thing.*

Debby did not use aromatherapy with women in pregnancy, although she claimed to use it with menopausal women with good feedback from the women visiting the clinic. She was of the opinion that a scientific grounding was important before a therapy could be widely used:

*I do use a fair bit of aromatherapy but mainly with my menopausal women, not during pregnancy. I don't have that much of scientific*
knowledge of aromatherapy in feel of time. Before you use anything like that, you do need a scientific grounding which I have not been able to obtain.

4.3.2.1.2. Herbal Medicine

Laura recommended many herbal remedies for pregnancy related problems and specifically mentioned slippery elm, ginger and peppermint.

*Slippery elm is quite good for constipation, for nausea, peppermint is good, ginger is good. I find that a lot of women find that peppermint tea is good, ginger tea, but just gingsnut biscuits too, they find is quite good for nausea as well.*

A lot of the interests that develop depend on the exposure an individual receives during the formative childhood years. Having grown up with herbs being used in the home for minor ailments, Debby found her mind attracted to herbal remedies and aromatherapy, with its fragrant oils. She suggested herbal solutions, especially herbal infusions and teas to the women who visited her and used aromatic oils in her clinic with an established calming effect on the women who waited for her. She felt that it was important not to overdo the herbal remedies as they could be harmful if used in the wrong concentrations. In her words:

*because I'm of a European abstract, I actually grew up with a lot of herbal remedies, that have been passed on by family members, so it was quite natural for me to use herbal teas and other herbs, actually to use a solution for minor problems.*

4.3.2.1.3 Hydrotherapy

Paula was the only midwife who mentioned the use of hydrotherapy in pregnancy. When asked about its use during pregnancy, she specified that warm tub baths were useful in relaxing the pregnant woman.
4.3.2.2.1.4 The Alexander technique

Dicky had done a three year training in the Alexander technique at a recognised college in London. She was the only midwife who spoke about the Alexander technique and was all praise for the benefits of the Alexander technique. She introduced it to me in a short session, which relaxed me so much that I marvelled at the results that would ensue, were this technique followed on a regular basis. When asked about the Alexander technique's potential for the pregnant woman, Dicky explained that the main purpose achieved was optimal foetal positioning, which prevented foetal malpositioning and its consequent hazards. The woman learned to use her body effectively and this indirectly helped with the minor problems associated with pregnancy. Dicky gave a comprehensive description of the technique as illustrated below:

The Alexander technique offers a woman, a pregnant and labouring woman optimal foetal positioning. How it helps the ladies is that I teach the ladies how to breathe and how more importantly to walk in their daily lives at home and in the hospital using a balanced aligned posture. Although in the Alexander technique we don't like talking about postures, its how to bring the body into a very fine balance and alignment. The focal point is, letting the neck be free, letting the head balance up on the neck, which lets the spinal column lengthen, back soften and widen, which will bring the ladies pelvis into a very fine alignment. It can prevent malpositioning of the foetus, so I think it can be of great benefit to women during pregnancy and labour.

When asked to elaborate on how the Alexander technique could be useful during pregnancy, Dicky was not certain which problems could be solved. She felt that by using her body in the correct way, the bowels would not get squashed and the minor problems of pregnancy like heart burn and constipation would be sorted out for the woman. She explained herself as:

I'm not so sure about nausea, although again when we're talking about optimal foetal positioning is by educating the woman about how to use her own body well, she won't be squashing her stomach, she won't be squashing her bowels, if she uses herself
well, but if she does slump around in pregnancy, she will be squashing her abdomen and her bowels and not allowing her functioning to work well and so heart burn, constipation could well be the result.

4.3.2.2.2 Use of complementary therapies in labour

A large number of therapies were being implemented during the birthing process. Massage was used by most of the nurses followed by aromatherapy, hydrotherapy, music, visualisation and the Alexander technique.

4.3.2.2.1 Aromatherapy

Cathy was a midwife who used lavender oil in a burner for the women in the course of their delivery in the hospital. Although she was not very familiar with most of the oils, she obviously seemed to be enjoying the aroma at her work place, in addition to the benefits of reducing pain, stress and tension that she claimed for the women during labour. The "tete a tete" with her went somewhat like this:

Cathy: I haven't ever used it with labouring women before, but when I came here, the part of the success, I guess in dealing with women in labour here is that they play a big part in using aromatherapy, so I've actually come to know what it's all about. We use an oil burner and just offer it to women, to all women.

Researcher: Which oils do you use and just tell me for what you use them.

Cathy: Oh gee! Don't ask me some of the names, but I know that lavender is one. I don't even look sometimes what they are for.

Researcher: What do you use them for?

Cathy: Uh... it seems to help the women to relax more. It gives an aroma in the room which obviously does work. It sort of relieves their stress and tension and they can cope with their pain a lot better.

Laura spoke of the excellent results with rescue remedy (an aromatic preparation with five different flower essences that are supposed to help in any emergency situation). The women used it during the transition period and she told me:
Basically I know about the rescue remedy and I've looked after quite a few women who have used rescue remedy in labour. They found it quite helpful specially when they're coming up to transition and that sort of helped them to earth again.

4.3.2.2.2       Hydrotherapy

Paula and Cathy both used hydrotherapy with the labouring woman. They clarified their stand on hydrotherapy. Paula told me that they successfully used a big bath in the delivery suite for relaxation and pain relief, since they did not have access to pools and was quite frank about the whole issue and the facilities available when she said:

_We don't have pools, we don't have access to them. We have access to a big bath in labour ward and showers. That's used very often for relaxation and pain relief._

Cathy explained her concept of hydrotherapy and then explained how it was used in conjunction with aromatherapy. She said that the women were encouraged to get into a big bath with an aromatic oil, when they could no longer cope with the contractions and that seemed to help them a lot.

_Well I guess it depends on what hydrotherapy really is, my knowledge and what we do here, we use the bath quite a lot with labouring women, when the women are actually well into labour or actually earlier, but we tend to really encourage it when they, when they're not coping with the contractions any more. We run a big bath, and we get them into that, and often a conjunction with the aromatherapy, its very beneficial to them and they do tend to relax and find they can handle the pain very much better than they were, not being in the bath._

4.3.2.2.3       Massage

Paula, Laura and Nicki recounted their experiences with massage during the labour process. Paula did use acupressure points during the course of her massage on women in labour, especially in the lower area of the back and shoulders. She used it for pain relief and relaxation during labour, but it
appeared that she was not very keen on it. The nature of the question prompted a complex response, and the conversation went as follows:

Paula: How I used it in my practice. I don't tend to use it very much in detail in midwifery. I tend to use some of the pressure points when the women are in labour, that's that's all. I don't like to do it too much.
Researcher: You use it for what purpose?
Paula: For pain relief and relaxation during labour.
Researcher: So which area do you use it on?
Paula: Mainly the lower area of the back and shoulders

Laura, the community and hospital midwife, was an expert masseur and introduced massage during the labour process. She felt this was appreciated by the women and helped them to relax in between the contractions. She handled queries in an expert fashion as she conducted parenthood classes and her ample experience showed through her words:

In the labour room the women really appreciate the massage especially the back massage and I often show in the parenthood classes that I use the support people just a different techniques for massaging the women's backs. I also use it when the women are pushing up if I have access to the women's legs, I do a light effleurage down their legs and that seems to be quite relaxing and I always say to the women "does this worry you?". They often say no, it feels really nice so I haven't come across a woman yet who hasn't liked stroking down the side of the leg so I think that just helps the woman to relax in between pushing.

Nicki, a hospital midwife found massage to be highly effective as it took the women's mind off the labour and relaxed them. She demonstrated the technique to the support person, who performed the massage, with excellent benefits both for the woman and for the conservation of her own energy. This is how she expressed herself:

Yes, I find initially suggesting massage is a wonderful way of taking their mind off early stage labour and most women find it very effective so I normally suggest when a woman comes in the delivery suite in labour, I basically start talking to her about what she expects her labour will be like, has she any suggestions that
what she would like as pain relief and if she doesn't suggest massage I always put it in and say, would you like to try this. I start it and then show her support person how to do it.

4.3.2.2.4 Music

Three of the midwives interviewed commented on the use of music during the labour process. Both Paula and Nicki felt that the choice of the tapes lay with the woman who decided what she wanted to hear as the choice of music is a very subjective experience. For those women who did not like to hear music, the therapy obviously did not work.

Paula: We have a few tapes, relaxing music specially designed for relaxation and the mothers are told that they might bring in anything that they might want to listen to, just tape recorders in the labour room.

Researcher: So they can use their own tape recorders if they wish to. And do you find that it helps?

Paula: Some people. For some people who don't want to, it doesn't help. Some people don't like the background noise.

Nicki: Music therapy I find, women prefer to bring their own tapes because they have certain music that they prefer and when they do I think its fine just to play it otherwise I just keep very gentle background music seems to just relax them and help them just rest which is what they need to do as much as possible.

Clara a midwife working in a large city hospital, recounted an experience she had with a woman who had got her own tapes of rain forest and sea sounds. These helped her to have a very pleasant delivery and kept her relaxed:

I think they were things like rain forest sounds and sea sounds, which she was very motivated to use and she found them quite helpful and it was also quite nice working in that atmosphere and she as I remember, she had a very happy delivery with the use of music tapes. I do not remember if she used any drugs as well, but I do remember that occasion, it was very quiet and relaxed and happy to be there.
4.3.2.2.5 Visual imagery

Paula was the only one who mentioned having used visualisation successfully in labour. A complex situation like this warranted a more elaborate answer which Paula tried to give me:

**Researcher:** In labour, could you tell me how you used visualisation?

**Paula:** Uh- usually we are just instructing the mothers to go to a quieter, more pleasant place.

**Researcher:** No, but, in the pain that they have, do they manage it or do you give instructions in advance?

**Paula:** Sometimes they have their own, their own they have an idea of what to do for themselves when they come into labour, for others, we instruct them for their need, reminding when they’re under.

**Researcher:** So you instruct them in the antenatal period during the clinic?

**Paula:** No not like that, it would be very spontaneous.

It appears that visualisation was clearly used to relax the women, whereas one of the midwives used the symbolic opening of the flower to enhance the opening of the cervix or imagine the baby sliding out very smoothly through the birth passage, in order to hasten the delivery process.

4.3.2.2.6 The Alexander technique

Dicky, the Alexander technique enthusiast, was asked about the ideal position of the woman during the second stage of labour. She made it clear that the supine position was outdated as it did not allow for movement of the coccyx and did not effectively use the force of gravity. She preferred the squatting or kneeling on the knees position, which allowed the woman to be upright with a maximal opening of the pelvic outlet which in turn led to an easy exit for the foetus. She made these recommendations:

*I recommend one which will allow maximal opening of the pelvic outlet, in other words, to allow the coccyx full movement to go backwards, which will allow greater opening, so the passage of the head and buttocks can come through. The position that allows that is, of course, one that is not sitting on the coccyx. So, either squatting, turning over or kneeling on her knees with a support person to rest her up her body on the person’s knees. One that*
uses gravity, making the woman aware of her own positioning to be upright, will allow the foetus to have a more optimal exit.

4.3.2.2.3 Use of complementary therapies in the postnatal period

Experiences in the postnatal area with complementary therapies ranged from aromatherapy, massage, and visualisation to the use of the Alexander technique used to promote easy and effective breast feeding. In general there was little talk about the use of complementary therapies in the postnatal period as it was not within the parameters of this study.

4.3.2.2.3.1 Aromatherapy

Paula used aromatherapy massage for the women when they complained of sore shoulders and backs. She especially preferred oils like lavender and geranium, for relaxing the mothers, and made it quite clear that these oils were too strong for use on the newborns:

Paula: If the women have particularly sore shoulders and backs and if I have time I massage them. Mothers if they wish we can use lavender oil, aromatherapy oils and geranium. Something relaxing and soothing. We mix it with carrier oil, sweet almond oil, olive oil. Whatever we have at the time.

Researcher: So you use it for the baby as well as the mother?

Paula: No not aromatherapy. Not essential oils for the baby, they're too strong for the babies. But essential oils, aromatherapy oils for the mother.

4.3.2.2.3.2 Massage

Paula used massage for colicky babies and instructed women on baby massage as she found that the massage relieved the colic.

I instruct mothers on baby massage, like if the babies are colicky or upset. You can use just the plain cold pressed olive oil and or the sweet almond oil, but without the essence.

4.3.2.2.3.3 Visual imagery

Paula employed visualisation for women who were tired and stressed in the postnatal wards and found that she could get them to sleep.
for the postnatal wards sometimes when the mothers are overtired or overstressed I often go through visualisation and relaxation with them and try to get them off to sleep.

4.3.2.3.4 The Alexander technique

Dicky taught the mothers how to sit up while feeding their infants, as she felt that a proper posture helped to eliminate problems of the neck and back. This was commonly the case when the mothers sat up in any way they felt like, at times due to the pain in their episiotomies or abdomen, which led them towards incorrect sitting techniques:

I also use it on the wards for breast feeding mothers, they get themselves into a deplorable state, swinging one shoulder around, quickening their necks and damaging their backs. So it is been an enormous help, so they align themselves well when they feed babies.

4.3.2.4 Midwives interest in complementary therapies

Most of the midwives were keen to let me know their area of interest. The common areas of interest are listed below.

1. Aromatherapy
2. Herbal medicine
3. Massage
4. Music with visualisation
5. Reiki
6. Alexander technique

4.3.2.4.1 Aromatherapy

Paula and Laura informed me of their interest in aromatherapy. Both of them practised aromatherapy on the women in labour. Paula told me how she used clarysage to enhance the contractions during labour. She found floral aromas useful in relaxation and balancing the woman, and for a refreshing and invigorating effect she used tangerine and citrus oils. Rose, lavender and neroli were effective in minimising the stretch marks of pregnancy. The inhalation of
mint and ginger oils was found to be useful in cases of morning sickness. She
had attended a workshop organised by an aromatherapy company and was
quite modest about it.

Paula: *Aromatherapy and massage. I'm still, I know a little bit, but
I'm still interested to know more.*

Laura: *Aromatherapy I recommend that to the women, just as a
sort of relaxing technique.*

### 4.3.2.2.4.2 Herbal medicine

Laura received a telephone call as I waited to talk to her. The woman
cconcerned had passed her due date for her delivery and sought help from Laura.
Laura suggested she take raspberry leaf tea three times a day and make plans to
go out with her family. Laura then explained to me that the raspberry tea
would stimulate the uterus to go into strong contractions and taking her mind
off the tension of her delayed labour and planning for an outing would change
the woman's focus of thought, in a way forcing her to relax, using the imagery
of the planning for the outing and this would help to trigger the labour process.
When asked what interested her she replied:

*I often recommend raspberry leaf tea, and tablets to be taken for the
last six weeks of their pregnancy; for the toning of their uterus and
that again is readily available at the health food shops.*

### 4.3.2.2.4.3 Massage

Most of the midwives, ie Paula, Cathy, Laura and Nicki, were interested in
massage and Paula was only too keen to let me know about the Thai massage
that she had learnt and practised on the women in her care. She explained that
it originally came from India and was based on ayurvedic medicine. It was a
combination of yoga, acupressure, massage and herbs. Cathy was a qualified
masseur and used it quite often, both at home and in the workplace. Laura
used massage on the labouring women entrusted to her care and Nicki always
suggested massage when the women entered the delivery suite. The midwives
expressed their enthusiasm as follows:
Paula: *Uh. Thai massage. It came originally from Ayurvedic medicine in India. It is based on pressure points and probably has something in common with Yoga as well. Its a combination of pressure points massage and stretching and they also use herbs occasionally, to rub onto the skin. You want me to tell you where I've studied.*

Cathy: *Uh massage certainly, I'm actually a qualified masseur. So I do go in and have massages myself and perform massage on my family quite often.*

Laura: *Massage definitely.*

Nicki: *I find initially suggesting massage is a wonderful way of taking their mind off early stage labour and most women find it very effective so I normally suggest when a woman comes in the delivery suite in labour.*

4.3.2.2.4.4 Music and Visual imagery

Paula was interested in learning about a number of complementary therapies, and was particularly keen on knowing more about music and visualisation, so she could use it for the benefit of the women in labour.

*All the others I'd be very interested to know more about. I don't know much about others; I've had no formal training. I've read a bit about music therapy, visualisation, but have not done any formal training, but I think they all have a place and would be more than willing to learn.*

4.3.2.2.4.5 Reiki

Cathy practiced therapeutic touch and was keen on learning reiki. She was aware of reiki as she had experienced it on herself and wished she could empower herself in order to help others:

*and I haven't officially been taught how to do reiki, but I actually have had reiki done to myself and I do practice that too, on one of my children, so...*
4.3.2.2.4.6 The Alexander technique

Dicky could not contain her enthusiasm for the Alexander technique and argued that she could not possibly help people and teach them unless she herself was in a balanced state of mind. She was interested in the Alexander technique as it helped her to be free of unnecessary stress and strain. She clarified her stand when she said:

*I can't be teaching people unless I myself are in some what validated balanced mental state and the Alexander technique has helped enormously in my own personal understanding. Its a wonderful thing to be free of unnecessary stress in your life and to be a balanced person.*

4.3.2.2.5 Women's preference for complementary therapies

Most of the midwives interviewed felt that women responded well to the idea of complementary therapies. The women preferred herbal remedies in cases of minor problems of pregnancy and they were open and receptive to the idea of complementary therapies for pain relief in place of drugs and visits to doctors of the allopathic system of medicine. Women were becoming more aware of the newer therapies being made available to them and showed visible interest in aromatherapy, massage and even the Alexander technique. Dicky was spreading the Alexander technique among women in her area. She was offered an attractive proposition of working on a partnership with a doctor in his clinic, on account of the increased demand for this therapy. Laura did the parenthood classes at the local hospital and she found that the women had a number of queries in relation to pain relief in labour and the use of complementary therapies. The midwives explained the women's interest:

Debby: *women are quite receptive to a complementary therapy, especially for a minor problem. They often do report for minor problems such as heart burn or nausea, that the herbal or complementary therapy solution tends to be better and they're quite happy to do that.*

Dicky: *There's a growing awareness and because it's tactile, it's a very gentle handling of the head, neck, back relationship and*
shoulders that is very very comforting to the women, to anybody to have touch with verbal directions that help them to think for themselves, to use themselves well, yes they're delighted.

Laura: Very, very interested. I do parenthood classes and a lot of women ask me about aromatherapy and massage and those sort of things in the parenthood classes and just otherwise they can cope with their pain.

Nicki: Some women are initially sceptical, they seem to think, no, you need pethidine or you need an epidural to cope with the pain, but I think one should start them on and do it consistently, they seem to appreciate it that "hey, that this is not too bad" and a majority of the women have been prepared to give it quite a good go, and a couple actually have not asked for any form of pain relief. They're just happy to use complementary therapies.

4.3.2.3 Experience with complementary therapies

The midwives' practice of complementary therapies may be influenced by their personal experiences of its use and therefore was explored during the interviews.

The midwives interviewed had personally experienced a number of therapies, with pleasant encounters with practically all of them. Those related to me included aromatherapy, herbal medicine, hydrotherapy, massage, music, Reiki, therapeutic touch and the Alexander technique. Since each midwife related a number of experiences with the various complementary therapies, their experiences were dealt with on an individual basis.

4.3.2.3.1 Paula

Paula was very impressed with the aromatherapy massage, she received at the time she was a midwifery student. This seemed to have greatly influenced her and she undertook a course in Thai massage later on in order to hone her nursing skills. She related her experience in the following conversation:

Paula: Uh, personally, personally I had a, I suppose, the very first contact was an aromatherapy massage that I had years ago, that I felt was absolutely wonderful--I was doing my midwifery exams at
the time and I found the essential oils were wonderful, and the massage itself was very good. Those two things at that time and it helped me a great deal.

Researcher: Was it by a professional?

Paula: It was by a trained aromatherapist massager and Thai massage also I found, I experienced that first hand and felt that I wanted to learn it. It made me feel so good.

4.3.2.3.2 Cathy

Cathy had a first hand experience with a number of therapies. She had a long talk with me, during which she recounted all the different therapies she had personally used or experienced. Among them were aromatherapy, hydrotherapy, herbal teas, massage, reiki and therapeutic touch. She certainly seemed impressed with most of them, giving special credit to reiki and therapeutic touch:

Cathy: Yeah, I've had first hand experience, in aromatherapy, just, I use it at home with myself now, well I've done that for quite some time. Certainly I use hydrotherapy, well as far as, uh a spa pool for relaxation for myself, I've used herbal teas and drinks myself to induce less anxiety and tension within my own body. Uh massage certainly, I'm actually a qualified masseur. So I do go in and have massages myself and perform massage on my family quite often and I haven't officially been taught how to do reiki, but I actually have had reiki done to myself and I do practice that too, on one of my children, so...

Researcher: So you practice therapeutic touch?

Cathy: Just with therapeutic touch, yes, yes, yeah.

Researcher: And it seems to work?

Cathy: It does, it does!

Researcher: In which cases do you think it works?

Cathy: I've got a thirteen year old son that often has a bad neck and I use it on him and he's actually said to me, you know, he can feel it working when my hands are on his body. Quite powerful stuff!

Cathy related her experience with a gentleman who was a chiropractor and a reiki practitioner who settled her hurting neck. She was absolutely amazed with the results of the therapy.
Cathy: it actually happened at Christmas time and I was living in Bulona and I'd gone up there for Christmas and doing some study and gone back home and hurt my, I don't know what I actually did, but I hurt my neck quite badly and I went to a gentleman who practised not just massage, he was a chiropractor and a reiki expert, and it was just unbelievable what he did to me, I actually came out of there feeling worse, but the next day I was totally cured, it was gone, all the pain. I could move my neck, you know, to all degrees and it was very very incredible, you know, yeah.

4.3.2.3.3 Debby

Debby used a lot of herbal things like teas and herbs and preferred them as a solution to minor problems. She attributed her use of herbs to her experience with herbs as a result of her cultural background:

Debby: *Uh, complementary therapies, because I'm of a European abstract, I actually grew up with a lot of herbal remedies, that have been passed on by family members, so it was quite natural for me to use herbal teas and other herbs, actually to use a solution for minor problems.*

Debby used a herbal remedy of witch hazel on the swollen labia of a pregnant woman and found it gave good results where other conventional methods would have taken a longer time to heal:

Debby: *Well I think one thing which we had tried, one patient who had quite a swollen labia from, she had a deep vein thrombosis which compounded the problem and she was about eight months pregnant. We actually used a witch hazel compress on the labia, which actually helped quite a bit with the swelling. I can't think of anything conventional medicine could have done for that swelling that could have made the patient quite comfortable.*

4.3.2.3.4 Clara

Clara used relaxing music tapes, which the women brought in according to their choice. These tapes helped to relax the women so they were able to cope better with the labour process. Clara told me that the choice of the tape was important as the same music could have a different effect on another
individual. An audio experience with rain forest sounds seemed to have a uniquely calming effect on Clara when she remembered:

Clara: at one stage I was particularly wound up, I did use those same sort of tapes. ...rain forest sound music John someone, I can't seem to remember, but I found those tapes in the car were very calming.

4.3.2.3.5 Dicky

When asked about her personal experience with complementary therapies, Dicky decided to tell me the incident that really motivated her to learn about the Alexander technique. She cited this incident to illustrate how her aversion to pills caused her to look out for something that was preventative and educative and it was this need that the Alexander technique fulfilled in her life:

"It's empowering and we don't want to end up in hospitals and that is why I took up the Alexander technique as a nursing sister and midwife and I've worked in cardiovascular and stress management and I wonder if nursing is, something sort of happened to me while I was in cardiovascular and I thought all these pills are not necessarily needed, my interest then started to look at the preventative, what can I do that's educative, that's grounded that's solid and not airy fairy, that requires me to undergo some change, that I can't be teaching people unless I myself are in somewhat validated balanced mental state and the Alexander has helped enormously in my own personal understanding. It's a wonderful thing to be free of unnecessary stress in your life and to be a balanced person.

Dicky then related how the Alexander technique helped to quieten a lady who was literally reeling with pain and demanding epidurals:

"I was doing a midwifery refresher, not so long ago at the Nepean hospital, a year ago and I was working in the delivery suite with a most experienced midwife and she was also familiar with the Alexander Technique and she was also using in her capacity a limited amount of the Alexander understanding with regard to stress management and we had a lady who was just reeling in pain and not coping well and demanding epidurals and very very upset. when this elderly midwife and myself got together and were talking, we both used gentle guidance verbally and tactile with this"
lady and it was the most experienced midwife and was able to bring the woman into a very very quiet state, just when she knew what to focus on, when she knew how to let go and I was helping her with her head, neck back relationship. It was an overwhelming experience because the woman absolutely accepted it, went with it, and in a matter of fifteen minutes, she changed from railing round and round into a more focussed empowered woman, working with herself and not trying to run away from the pain. She was working with the pain so therefore there was no divide, it was a one succinct woman, breathing, working with her pain, going into a complete relaxed state when she was in her contraction. When the next one came she knew what to do, she went into this breathing, went into free neck and back lengthening and opening her thighs which of course enabled the whole birth to literally go ahead and it did, very quickly, once we got her into that stage. It was quite good.

4.3.2.3.6 Laura

Laura could not think of an outstanding experience with a complementary therapy although she felt that aromatherapy and massage were beneficial to women in labour:

Basically I haven’t had any outstanding experiences, but I find that especially with aromatherapy and massage the women can relax more and by being able to relax more their labours go more quickly, they’re not as tense their contractions come.

4.3.2.3.7 Nicki

When asked about any unique experience she may have had with complementary therapies Nicki related the following incident, where massage and music were used in conjunction with herbal remedies to obtain a calm and peaceful labour in a primipara without the drug disadvantage!

Yes, actually one woman we had, a few months ago now actually, she had actually chosen music which she brought in with her and she had a friend of hers who was a naturopath and so they had lots of herbal things with them. She was having a couple of drops of this and a couple of drops of that and her husband was doing a lot of massage and I really believe that she had probably one of the nicest labours, even though labour is never pain free, she just seemed to be able to relax with it and just seemed to give her so much support and she never ever asked us for any sort of pain relief.
at all, she just kept going with this. She was a primi, so it was her first baby, it was a reasonably long labour, but no, she managed very well, and support people were wonderful with her, and I actually think in the end, she had no after effects to get over, her body didn't have to get rid of any extra drugs or things like that, like here's the baby and life was just wonderful.

4.3.2.4 Perceived effects

The midwives were asked about the perceived effects of complementary therapies, both the beneficial and the harmful effects were investigated. There were diverse views regarding the benefits of complementary therapies, although a few commonalities were present too.

4.3.2.4.1 Benefits of complementary therapies

The benefits of complementary therapies were evident when the midwives compared them with conventional medicine and found that it was an alternative when conventional medicine failed, it was more effective had fewer side effects, both for the mother and baby and was relatively cheaper. The other benefits were observed when the effects on the women, nursing practice and prevention were considered. However their comments on the benefits were fairly individual as indicated in the following sections.

4.3.2.4.1.1 Adjunct to conventional medicine.

Paula thought that it was good to have something up your sleeve which you could use in situations where conventional medicine failed to effect a cure.

Paula: I also think that it is pleasant for the nurses themselves to be able to offer something different when other things are not working.

Debby pointed out that herbal remedies were often more effective than medications, they were cheaper and were not accompanied by terrible side effects:

Debby: Uh; I can only say that I have used them myself, and feel that at times they are better than shall we say orthodox things-thinking of nausea in pregnancy, I quite often felt that a peppermint
- tea or a camomile tea, is far more soothing than say using Dixal or any kind of medication. I still think that we do tend to hit minor problems with big chemicals which I think is wrong. I do find that herbal solutions work better. I'm quite happy to use complementary therapies, as I said I've grown up with them. For minor things I think complementary therapies are quite useful, actually are useful for the public at large, because they sometimes do not entail having to go to a doctor, so I think that it's useful and its cost saving, that's the other thing.

Laura felt that most of the complementary therapies were baby friendly and had no side effects on the baby, which really was an important issue in nursing the newborn:

Well I think again like aromatherapy has no effect on the baby whereas if you give a woman pethidine in labour there's a good chance that there can be a problem with that baby afterwards, not just with their respiratory rate but often its associated with their breastfeeding problems and things like that, so if we can give other forms of pain relief or relaxation techniques that aren't going to affect the baby and that's important.

4.3.2.4.1.2 Benefits for the woman

Dicky thought that some of the therapies were preventative and free from side effects. The woman was empowered too and did not feel that she was at the mercy of the doctor or the nurse:

Of great importance during labour particularly its quite empowering to a woman to learn to be able to be a little more in charge of herself during delivery of the baby with her stress management and postural alignment.

I think the Alexander technique is unique because it teaches the person how to use mind and body, it's not just body work and its not just mind work, its both its empowering people to take more control of their lives by working with themselves. There is a bit of discipline involved in it, you learn to be very aware individuals and working on ourselves moment by moment. I think its a great asset to the Alexander teacher to be able to pass on information to the people to be able to bring themselves into balance posturally and tensionally that is a preventative, its rehabilitative and its free from side effects absolutely. Its empowering and we don't want to end
up in hospitals and that is why I took up the Alexander technique as a nursing sister and midwife.

4.3.2.4.1.3 Enhancement of midwifery practice

Cathy felt that with complementary therapies both the woman and the midwife were in control of the situation and with additional methods working for us, our nursing practice would be enriched and enhanced and it would boost the image of our profession.

*Uh too, because I think particularly in midwifery, nurses, midwives play such a role in keeping the labouring woman in control of her own self that she feels she's got that control----we can enhance that with with natural remedies, we've got to enhance our own nursing practice.*

4.3.2.4.1.4 Holistic, natural, in tune with our natural selves

Nicki felt that being in tune with nature was very important and natural remedies helped to keep up with this principle. Man is a part of nature and is a whole being, physical, mental, social and spiritual, and anything artificial, like conventional medicine goes against his normal body functioning and is detrimental to his health and welfare.

*I just think that its easier for the woman, her body's not then coping with narcotics and other drugs, she's just having a very natural labour and I think her body just seems to relax more or less to be able to flow with everything if you are able to use complementary therapies as opposed to narcotics and different types of medication.*

4.3.2.4.2 Harmful effects of complementary therapies

Although some of the complementary therapies claim to be free of side effects, the experiences of some of the midwives proves otherwise. The harmful effects noted by some of the midwives were due to the dangers involved in the practice of complementary therapies. The harmful effects are due to practice by untrained therapists, side effects of these therapies and the dogmatic views of some people.
4.3.2.4.2.1 Untrained therapist

Paula and Debby both felt that complementary therapies had potential for harm when they were used by practitioners who were not well trained in the respective field:

Paula: *I think they can be dangerous if, if, dangerous and probably not as effective if you're not trained and have some idea of what you're doing.*

Debby: *I am concerned that at times if people use complementary therapies without having background knowledge or without having done a course in whatever they are using, it could lead to problems.*

4.3.2.4.2.2 Side effects

Debby pointed out that herbs in the wrong concentration could be compared with drugs having side effects and thus it was very important to know the proper dose and concentration before administering even a herbal remedy.

*I am still of the opinion that concentrated herbs can be just as dangerous and have just as many side effects as any kind of medication.*

4.3.2.4.2.3 Dogmatic views

Some people are very dogmatic in their views and have a single track mind. They refuse to seek alternative treatment with conventional allopathic regimes and thus expose themselves to health hazards unwittingly and in such cases Clara felt that people should turn to conservative medicine in conditions where complementary therapies are ineffective:

*I really can't see any harmful effects except that some people get very hung up on complementary things or diet or something like that, and then will refuse to consider anything else, but whatever they've chosen to, not as a crutch, but used to help them, so this is the only thing that I could see that could be a problem. Do you understand what I mean?*
4.4 Summary
This chapter has thrown light on the views and practices of midwives with regard to complementary therapies.

4.4.1 The questionnaires

The questionnaires revealed that:

1. Most of the midwives had an Australian background with more than five years of midwifery experience.
2. The midwives felt that their culture did not influence their practice of complementary therapies.
3. The media was largely responsible for disseminating information on complementary therapies to the midwives.
4. Most of the midwives were familiar with and had a good understanding of aromatherapy and massage. Only 15% of the midwives had formal training in therapies like aromatherapy and massage, and one was trained in the Alexander technique. Again most of them were interested in training for aromatherapy and massage.
5. The majority of midwives felt that the use of complementary therapies would enrich their nursing practice.
6. During pregnancy and labour, massage received the strongest support from the midwives.
7. During the course of their nursing and midwifery practice, aromatherapy and massage, scored the highest with positive results.
8. The majority of midwives recommended complementary therapies to the childbearing women during pregnancy and labour.

4.4.2 The interviews

Data from the interviews revealed that:

1. Most of the midwives used aromatherapy and massage. One midwife practised the Alexander technique and had an independent practice in addition to working at the local hospital. Two of the midwives practised the use of herbal remedies.
2. All the midwives had positive experiences with a number of complementary therapies and felt that the use of complementary therapies should be incorporated into their practice after obtaining formal training by attending short courses.

3. There was no set pattern of use of complementary therapies. The data from the interviews were very personalised and were influenced by the midwife's interest and use of a particular complementary therapy. Aromatherapy and massage seemed to be most commonly used by the midwives.

4. Most of the midwives had not trained in any complementary therapy, but practised massage and aromatherapy, based on information from books and lectures by company representatives. The exceptions were Dicky, who had a three year diploma in the Alexander technique from a recognised institute in London, and Paula who had done a short course in Thai massage.

5. The midwives reported an interest in complementary therapies by the women who often asked them for alternative methods of treatment for the problems related to pregnancy and child birth.

6. Many benefits were cited, the chief being the drug freedom for both the mother and the baby.

7. The harmful effects of any complementary therapy could ensue if the practitioner was not appropriately qualified and the midwives seemed to be well aware of this possibility.

The reader will now be taken on a journey to discover the women's familiarity and practice of complementary therapies in the next chapter.
CHAPTER 5

THE WOMEN'S VIEWPOINT

5.1 Introduction
This chapter has been divided into two sections, one describing the women's responses to the questionnaire and the other the women's interview data. The findings from the questionnaire provide an overview of the women's familiarity and practice with complementary therapies. The second section based on the interviews of six women, will lead the reader into a more indepth exploration of the women's practice of complementary therapies. At the beginning of each section a demographic profile of the women is presented to provide insight into the background of the women and allow the reader to understand their responses in a better way. Finally at the end of this chapter a summary of the findings from the questionnaire responses and the interviews, will be provided for the reader.

5.2 Women's responses to the questionnaire
5.2.1 Demographic information on respondents
One hundred questionnaires were distributed and 60 were returned, yielding a response rate of 60%. Overall this response rate was considered good, in a questionnaire delivered by hand. The reasons have been dealt with in chapter 4. Only descriptive statistics are discussed when attempting comparison of answers related to different demographic features, eg education and ethnic background. Chi square analysis was not appropriate as the value of some cells was less than '5'.

The demographic details of the women are presented in Tables 5.1 and 5.2. The sample used in the study was almost representative of the women's population. As indicated in Table 5.1, a high school certificate was the highest qualification for over 61.6% of the women and 11.6 had a university qualification. The Australian Bureau of Statistic (ABS) community profile of
the Penrith region (1991) gives a much lower statistic for education (the statistic for females aged 15 years or more with a qualification was about 3% in the Penrith area, as per data available for the 1991 census of population and housing). The sample in this study shows the women to be more educated as compared with the available statistics. This could mean that educated women chose to answer the questionnaire and also that they had an interest in complementary therapies and thus opted to complete the questionnaire.

Table 5.2 displays the ethnic background of the women and Table 5.3 shows the ethnic background of their mothers. The ethnic background of the women revealed that around 66.6% of the women’s mothers had an Australian background. Two women did not respond to the question on ethnicity. Table 5.4 shows the ethnic influence of the women and Table 5.5 shows the ethnic influence of their mothers on the women’s use of complementary therapies. The women did not feel that their ethnic background influenced their use of complementary therapies, only four felt that it did influence their use of complementary therapies. Among the reasons stated for the influence were: (a key code of R1 - R60 will be used when relating to the qualitative data from the respondents).

*Chinese for eg. would be more familiar with acupuncture (R44).*

*Traditionally more sceptical in the western world (R50).*

*Germany is more advanced in alternative medicine (R57).*

*I have only been exposed to certain therapies (R59).*

When asked whether the women’s mother’s ethnic background had any influence on their use of complementary therapies, almost all the women were of the opinion that it did not influence their practice of complementary therapies. Only one answered in the affirmative, but did not give any reason. The women’s mothers were mainly Australian, but there was widespread ethnic
variation in this group, with a minority from Greece, Holland, Ireland, Latin America, Norway and Phillipines.

Table 5.1  Demographic data of women involved in the study(n=60)

<table>
<thead>
<tr>
<th>Demographic characteristics</th>
<th>Number of women (n=60)</th>
<th>Percentage</th>
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<td>Full time</td>
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Table 5.2  Ethnic background of the women

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<th>Women's ethnic background</th>
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<tr>
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<tr>
<td>Salvadorian</td>
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Table 5.3  Ethnic background of the women's mothers.

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<td>1.6</td>
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Table 5.4  Influence of women's ethnic background on the use of complementary therapies (n=60)

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<th>Percentage</th>
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Table 5.5  Influence of women's mother's ethnic background on the use of complementary therapies (n=60)

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5.2.2  Views of the Women

Questions 1-12 (Appendix 3.2) related to the women's views on complementary therapies.

For the purpose of this study 'view' is the conception, opinion and consideration of the woman in relation to the use of complementary therapies. In order to provide a framework of discussion the views of the women will be described under two main foci:

1. Familiarity with complementary therapies
2. Practice of complementary therapies

These two foci are further divided into major and minor categories. This classification is depicted in Table 5.6.

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<thead>
<tr>
<th>Foci</th>
<th>Major Category</th>
<th>Minor Category</th>
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<td></td>
<td>Training</td>
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<td>2. Future training desired</td>
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<td>Practice of complementary therapies</td>
<td>Perceived benefits</td>
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<td>2. Benefits in labour</td>
</tr>
<tr>
<td></td>
<td>Experience</td>
<td>1. Experience in daily life</td>
</tr>
<tr>
<td></td>
<td>Recommended use</td>
<td>1. Frequency of recommendation in pregnancy and labour</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Basis of recommendation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Future perspective</td>
</tr>
</tbody>
</table>

5.2.2.1 Familiarity with complementary therapies.

For the purpose of this study the focus topic "familiarity" was seen as a recognition and understanding of each of the complementary therapies nominated in the study. Any formal training and interest in training for these therapies in the near future is also included in the meaning. Questions 1, 2, 3, 4 and 5 relate to this category (Women's Questionnaire Appendix 3.2).

Table 5.7 which represents responses to Question 5 shows that the media was largely responsible for disseminating information on complementary therapies to most of the women, followed by information obtained from the personal
acquaintances and other sources. Relatives were identified as the source of least information.

<table>
<thead>
<tr>
<th>Source</th>
<th>Responses % (n=60)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Media</td>
<td>45.0 (27)</td>
</tr>
<tr>
<td>Personal acquaintance</td>
<td>31.6 (19)</td>
</tr>
<tr>
<td>Relative</td>
<td>8.3 (5)</td>
</tr>
<tr>
<td>Other</td>
<td>11.6 (7)</td>
</tr>
</tbody>
</table>

Table 5.7 Sources from which the women first heard of complementary therapies (n=60)

Table 5.8 depicts the women's overall familiarity with the complementary therapies. Question 1 intended to discover which therapies the respondents knew about. The respondents could write the names of any other therapies with which they were familiar. Most of the women appeared to be familiar with aromatherapy, massage and music, and therapeutic touch was the least known therapy with only 3.3% respondents aware of it. Nine women claimed not to know of any of the mentioned therapies. Eleven women were aware of other complementary therapies. These included bach flowers, chiropractice, homoeopathy, iridology, meditation, reiki, shiatsu and ultrasound.

<table>
<thead>
<tr>
<th>Complementary therapy</th>
<th>Familiar Percentage % (n=60)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupressure</td>
<td>35.0 (21)</td>
</tr>
<tr>
<td>Aromatherapy</td>
<td>68.3 (41)</td>
</tr>
<tr>
<td>Herbal medicine</td>
<td>45.0 (27)</td>
</tr>
<tr>
<td>Hydrotherapy</td>
<td>35.0 (21)</td>
</tr>
<tr>
<td>Massage</td>
<td>71.2 (43)</td>
</tr>
<tr>
<td>Music</td>
<td>55.0 (33)</td>
</tr>
<tr>
<td>Reflexology</td>
<td>18.3 (11)</td>
</tr>
<tr>
<td>Therapeutic touch</td>
<td>3.3 (2)</td>
</tr>
<tr>
<td>Visual imagery</td>
<td>10.0 (6)</td>
</tr>
<tr>
<td>Other</td>
<td>10.0 (6)</td>
</tr>
<tr>
<td>None</td>
<td>15.0 (9)</td>
</tr>
</tbody>
</table>

Table 5.8 Women’s familiarity with complementary therapies (n=60)
5.2.2.1.1 Understanding

In exploring the women's familiarity it was important to assess their understanding of the different complementary therapies. The women were asked to write down their understanding of each therapy in brief. Table 5.9 gives a numerical representation of the women's understanding of complementary therapies. The women in general appeared to have an understanding of aromatherapy, massage and music, only a third of the sample had an understanding of acupressure, herbal medicine, and hydrotherapy and very few understood reflexology, therapeutic touch and visual imagery.

The detailed responses for each therapy are given in Appendix 7.

<table>
<thead>
<tr>
<th>Table 5.9</th>
<th>Women's understanding of complementary therapies (n=60)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapies</td>
<td>No Answer</td>
</tr>
<tr>
<td>------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Acupressure</td>
<td>33</td>
</tr>
<tr>
<td>Aromatherapy</td>
<td>16</td>
</tr>
<tr>
<td>Herbal medicine</td>
<td>30</td>
</tr>
<tr>
<td>Hydrotherapy</td>
<td>35</td>
</tr>
<tr>
<td>Massage</td>
<td>17</td>
</tr>
<tr>
<td>Music</td>
<td>23</td>
</tr>
<tr>
<td>Reflexology</td>
<td>49</td>
</tr>
<tr>
<td>Therapeutic touch</td>
<td>56</td>
</tr>
<tr>
<td>Visual imagery</td>
<td>52</td>
</tr>
</tbody>
</table>

5.2.2.1.1.1 Acupressure

The following criteria were used to analyse the responses in relation to acupressure.

0 - No Answer - Nothing written.
1 - Incorrect Answer - Anything other than pressure applied.
2 - Some Knowledge -
   a. Being able to describe about pressure being applied on different parts of the body or
   b. Knowledge about its working or
3 - Good Knowledge -
   a. Knowledge about pressure being applied on different parts of the body and
   b. Knowledge about its working and
   c. Knowledge about results obtained.

No response was given by 55% of the respondents, 13.3% gave incorrect answers and 26.6% of the respondents had some idea of acupressure. Only 5% had the correct understanding of acupressure. Examples of each type of response are given here.

Table 5.10  Women's understanding of acupressure

| Incorrect Answer | \(\frac{\text{I understand this is done with very thin type of silver needles (R44).}}{\text{Some Knowledge: \(\text{Pressure on points on body to relieve stress or pain (R32).}\)}}\) |
| Good Knowledge: To place pressure on points in the body that help to release tension and allow energy to flow (R46). |

5.2.2.1.1.2 Aromatherapy

The following criteria were used to analyse the responses in relation to aromatherapy

0 - No Answer -

1 - Incorrect Answer -
   Anything that does not talk of essential oils or smell, eg oils

2 - Some Knowledge -
   a. Knowledge about essential oils or
   b. Knowledge about any method of use or
   c. Knowledge about results obtained.

3 - Good Knowledge -
   a. Knowledge about essential oils and
   b. Knowledge about different routes of administration and
   c. Knowledge about results obtained.
No response was given by 26.6% of the respondents, 16.6% gave incorrect answers and 45% of the respondents had some idea of aromatherapy. Only 11.6% had the correct understanding of aromatherapy. Examples of each type of response are given here.

Table 5.11  Women's understanding of aromatherapy

<table>
<thead>
<tr>
<th>Incorrect Answer: The use of oils (R18).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some Knowledge: Where certain fragrance and oils are combined to help soothe pain (R20).</td>
</tr>
<tr>
<td>Good Knowledge: Uses essential oils derived from various plants in massage oils/ baths/ burners to treat ailments (R58).</td>
</tr>
</tbody>
</table>

5.2.2.1.1.3.  Herbal medicine

The following criteria were used to analyse the responses in relation to herbal medicine.

0 -  No Answer-  Nothing written.

1 -  Incorrect Answer-  Anything that does not talk of herbs, eg natural.

2 -  Some Knowledge-  a. Knowledge about herbs or
                        b. Knowledge about any method of use, ingestion or
                        c. Knowledge about results obtained.

3 -  Good Knowledge-  a. Knowledge about herbs and herbal medicine
                       b. Knowledge about different routes of application and ingestion and
                       c. Knowledge about results obtained.

No response was given by 50% of the respondents, 15% gave incorrect answers and 30% of the respondents had some idea of herbal medicine. Only 5% had
the correct understanding of herbal medicine. Examples of each type of response are given here.

**Table 5.12  Women's understanding of herbal medicine**

<table>
<thead>
<tr>
<th>Incorrect Answer:</th>
<th>Heard of it (R33).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some Knowledge:</td>
<td>The use of herbs to relieve some symptoms (R28).</td>
</tr>
<tr>
<td>Good Knowledge:</td>
<td>Herbal teas used for specific problems such as colds, heart burn, period pain (R43).</td>
</tr>
</tbody>
</table>

5.2.2.1.1.4 **Hydrotherapy**

The following criteria were used to analyse the responses in relation to hydrotherapy.

| 0 - No Answer- | Nothing written. |
| 1 - Incorrect Answer- | Anything that does not mention use of water eg. water. |
| 2 - Some Knowledge- | a. Knowledge about water as a therapy or  
                      b. Knowledge about any method of use or  
                      c. Knowledge about results obtained. |
| 3 - Good Knowledge- | a. Knowledge about different methods of use and application and  
                      b. Knowledge about results obtained. |

No response was given by 58.3% of the respondents, 6.6% gave incorrect answers and 25% of the respondents had some idea of hydrotherapy. About 10% of the respondents had the correct understanding of hydrotherapy. Examples of each type of response are given here.

**Table 5.13  Women's understanding of hydrotherapy**

<table>
<thead>
<tr>
<th>Incorrect Answer:</th>
<th>Is good for the body (ie. muscles etc.) (R24).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some Knowledge:</td>
<td>The use of water in relaxation (R52).</td>
</tr>
<tr>
<td>Good Knowledge:</td>
<td>Physiotherapy type exercises in a heated pool, for rehabilitation after injury, treatment of arthritis etc (R58).</td>
</tr>
</tbody>
</table>

134
5.2.2.1.5 Massage

The following criteria were used to analyse the responses in relation to massage.

0 - No Answer: Nothing written.

1 - Incorrect Answer: Anything that does not mention massage eg. Feels good.

2 - Some Knowledge:
   a. Knowledge about how massage works or
   b. Knowledge about any method of massage or
   c. Knowledge about results obtained.

3 - Good Knowledge:
   a. Knowledge about different types of massage and
   b. Knowledge about results obtained.

No response was given by 28.3% of the respondents, 1.6% gave incorrect answers and 55% of the respondents had some idea of massage. About 15.0% of the respondents had the correct understanding of massage. Examples of each type of response are given here.

Table 5.14 Women's understanding of massage

<table>
<thead>
<tr>
<th>Incorrect Answer: Feels good (R1).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some Knowledge: Use the hands to make a massage on the body (R50).</td>
</tr>
<tr>
<td>Good Knowledge: Special touch or movement of mainly hands on parts of the body for relief, depending on the type of massage, eg. traditional, shiatsu, Thai, Chinese etc. (R58).</td>
</tr>
</tbody>
</table>
5.2.2.1.6. Music

The following criteria were used to analyse the responses in relation to music.

0 - No Answer-

1 - Incorrect Answer-

2 - Some Knowledge-
   a. Knowledge about listening to music or
   b. Knowledge about results obtained.

3 - Good Knowledge-
   a. Knowledge about types of music, singing, instruments and
   b. Knowledge about results obtained.

No response was given by 38.3% of the respondents, 0% gave incorrect answers and 61.7% of the respondents had some idea of music. None of the respondents had the correct understanding of music as a therapy, involving its different applications. Examples of the type of response are given here.

Table 5.15 Women's understanding of music

<table>
<thead>
<tr>
<th>Incorrect Answer:</th>
<th>Some Knowledge: The use of music to calm and soothe and relax (R 28).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good Knowledge:</td>
<td></td>
</tr>
</tbody>
</table>

5.2.2.1.7 Reflexology

The following criteria were used to analyse the responses in relation to reflexology.

0 - No Answer-

1 - Incorrect Answer-

2 - Some Knowledge-
   a. Knowledge about pressure points on the feet or
   b. Knowledge about results obtained.
3 - Good Knowledge-
   a. Knowledge about pressure being applied on feet and hands points on the feet and
   b. Knowledge about results obtained.

No response was given by 81.7% of the respondents, 5.0% gave incorrect answers and 11.7% of the respondents had some idea of reflexology. Only 1.6% of the respondents had the correct understanding of reflexology. Examples of each type of response are given here.

<table>
<thead>
<tr>
<th>Table 5.16</th>
<th>Women's understanding of reflexology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incorrect Answer: Using the eyes, looking at them, to find diseases in other parts of the body (R41).</td>
<td></td>
</tr>
<tr>
<td>Some Knowledge: The use of pressure points in the feet (R31).</td>
<td></td>
</tr>
<tr>
<td>Good Knowledge: On feet and hands, using nerve endings to stimulate proper function of organs and areas connected with those organs (R 46).</td>
<td></td>
</tr>
</tbody>
</table>

5.2.2.1.1.8 Therapeutic Touch

The following criteria were used to analyse the responses in relation to therapeutic touch.

0 - No Answer-

1 - Incorrect Answer-
   Nothing written.
   Anything that does not talk of the appropriate touch, eg massage

2 - Some Knowledge-
   a. Knowledge about touching the body for relief or
   b. Knowledge about results obtained.

3 - Good Knowledge-
   a. Knowledge about process of therapeutic touch and
   b. Knowledge about results obtained.

No response was given by 93.3% of the respondents, 1.7% gave incorrect answers and only 5.0% of the respondents had some idea of therapeutic touch.
None of the respondents had the correct understanding of therapeutic touch. Examples of each type of response are given here.

| Incorrect Answer: Unsure totally of this one. Maybe a form of massage (R20). |
| Good Knowledge: None |

| Some Knowledge: Placing hands on affected areas and their touch is relaxing (R6). |

Table 5.17  Women's understanding of therapeutic touch

5.2.2.1.1.9  Visual Imagery
The following criteria were used to analyse the responses in relation to visual imagery.

| 0 -  | No Answer- | Nothing written. |
| 1 -  | Incorrect Answer- | Anything that does not mention imagining |
| 2 -  | Some Knowledge- | a. Knowledge about process of imagination or |
|      |               | b. Knowledge about results obtained. |
| 3 -  | Good Knowledge- | a. Knowledge about process of imagination and |
|      |               | b. Knowledge about results obtained. |

No response was given by 86.6% of the respondents, nobody gave incorrect answers and 6.7% of the respondents had some idea of visual imagery. Around 6.7% of the respondents had the correct understanding of visual imagery. Examples of each type of response are given here.

Table 5.18  Women's understanding of visual imagery

| Incorrect Answer: None. |
| Good Knowledge: The use of certain images to calm someone, eg. waterfalls and rainforests tend to have a calming effect (R31). |

| Some Knowledge: When you are given picture scenarios or something to focus onto to get by the pain you are in (R20). |
5.2.2.1.2 Training

The women were asked whether they had received any formal training in any complementary therapy. They were asked to mention the name of the training institution and were also asked if they desired to train in any complementary therapy in the near future.

- 5.2.2.1.2.1 Formal training received

In order to determine whether the women had had any formal training in complementary therapies Question 3 (Appendix 3.2) was asked. Only 10% of women had received formal training in complementary therapies. In order to find out the nature of the training received, Question 4 (Appendix 3.2) asked the women to name their training institution. Most of the women had trained in massage and aromatherapy from recognised institutes. The complete information on the training received is depicted in Table 5.19 and Table 5.20.

<table>
<thead>
<tr>
<th>Table 5.19</th>
<th>Percentage of women trained in complementary therapies (n=60)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training</td>
<td>Number of women</td>
</tr>
<tr>
<td>Yes</td>
<td>6</td>
</tr>
<tr>
<td>No</td>
<td>54</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 5.20</th>
<th>Formal training of women in relation to complementary therapies (n=60)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondent</td>
<td>Therapy</td>
</tr>
<tr>
<td>R35</td>
<td>Reiki</td>
</tr>
<tr>
<td>R46</td>
<td>Natural therapies</td>
</tr>
<tr>
<td>R48</td>
<td>Aromatherapy massage</td>
</tr>
<tr>
<td>R57</td>
<td>Aromatherapy</td>
</tr>
<tr>
<td>R58</td>
<td>Massage</td>
</tr>
<tr>
<td>R59</td>
<td>Massage, hydrotherapy and visual imagery</td>
</tr>
</tbody>
</table>
5.2.2.1.2.2 Future training desired

As indicated in Table 5.21 which responds to Question 12 (Appendix 3.2), a majority of the women were interested in training for aromatherapy and massage. There appeared to be at least 20 women who did not want to learn anything.

<table>
<thead>
<tr>
<th>Therapy of interest</th>
<th>Respondent women</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupressure</td>
<td>6</td>
<td>10.0</td>
</tr>
<tr>
<td>Aromatherapy</td>
<td>16</td>
<td>26.7</td>
</tr>
<tr>
<td>Herbal Medicine</td>
<td>6</td>
<td>10.0</td>
</tr>
<tr>
<td>Hydrotherapy</td>
<td>5</td>
<td>8.3</td>
</tr>
<tr>
<td>Massage</td>
<td>23</td>
<td>38.3</td>
</tr>
<tr>
<td>Music</td>
<td>8</td>
<td>13.3</td>
</tr>
<tr>
<td>Reflexology</td>
<td>4</td>
<td>6.6</td>
</tr>
<tr>
<td>Therapeutic touch</td>
<td>2</td>
<td>3.3</td>
</tr>
<tr>
<td>Visual imagery</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>20</td>
<td>33.3</td>
</tr>
</tbody>
</table>

5.2.2.2 Practice of complementary therapies

The second focus of the women's views was their practice. The term "practice" is taken to mean the action or process of using complementary therapies, the various experiences and the agreement or disagreement to the perceived benefits of these therapies. Questions 6 to 11 (Appendix 3.2) relate to this focus.

As depicted in Table 5.6, the women's practices in using complementary therapies will be described under the three major categories:

1. Perceived benefits of complementary therapies in pregnancy and labour.
2. Experience with complementary therapies in daily life
3. Recommended use
5.2.2.2.1 Perceived benefits of complementary therapies

The women were asked whether they thought complementary therapies were beneficial to the pregnant woman and the woman in labour. Two categories were delineated, i.e. the benefits perceived in pregnancy and those perceived in labour.

5.2.2.2.1.1 Benefits in pregnancy

Most of the women strongly agreed that massage was beneficial to the pregnant woman. Table 5.22 shows that during pregnancy, 76.7% of the women agreed that massage was beneficial, aromatherapy was next on the list with support from 56.6% of the women's population, followed by therapies like herbal medicine, hydrotherapy and music. Therapeutic touch, reflexology and visual imagery found support with almost one third of the sample of women who agreed to the benefits. There were only a few women who disagreed with the use of complementary therapies in pregnancy. Other therapies found useful during pregnancy were meditation and Reiki.

<table>
<thead>
<tr>
<th>Therapies</th>
<th>Disagree % (n=60)</th>
<th>Agree % (n=60)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupressure</td>
<td>9.9 (6)</td>
<td>36.7 (22)</td>
</tr>
<tr>
<td>Aromatherapy</td>
<td>8.3 (5)</td>
<td>56.6 (34)</td>
</tr>
<tr>
<td>Herbal medicine</td>
<td>6.6 (4)</td>
<td>51.6 (31)</td>
</tr>
<tr>
<td>Hydrotherapy</td>
<td>0</td>
<td>45.0 (27)</td>
</tr>
<tr>
<td>Massage</td>
<td>1.6 (1)</td>
<td>76.7 (46)</td>
</tr>
<tr>
<td>Music</td>
<td>0</td>
<td>36.6 (22)</td>
</tr>
<tr>
<td>Reflexology</td>
<td>6.6 (4)</td>
<td>28.2 (17)</td>
</tr>
<tr>
<td>Therapeutic touch</td>
<td>1.6 (1)</td>
<td>30.0 (18)</td>
</tr>
<tr>
<td>Visual imagery</td>
<td>5.0 (3)</td>
<td>35.0 (21)</td>
</tr>
<tr>
<td>Homoeopathy</td>
<td>1.6 (1)</td>
<td>(0)</td>
</tr>
<tr>
<td>Meditation</td>
<td>0</td>
<td>1.6 (1)</td>
</tr>
<tr>
<td>Reiki</td>
<td>0</td>
<td>1.6 (1)</td>
</tr>
</tbody>
</table>
5.2.2.1.2 Benefits in labour

With regard to the beneficial effects of complementary therapies in labour, as seen in Table 5.23, almost 71.8% of the women supported massage, 45% agreed that aromatherapy had benefits and 38.3% thought that hydrotherapy was beneficial. Reflexology did not seem to have much favour during labour. None of the women felt that the therapies were not beneficial to the woman in labour. Prayer and reiki were the other therapeutic means employed by a couple of women during labour.

Table 5.23 Women’s perceived benefits of complementary therapies in labour (n=60)

<table>
<thead>
<tr>
<th>Therapies</th>
<th>Disagree % (n=60)</th>
<th>Agree % (n=60)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupressure</td>
<td>8.3 (5)</td>
<td>31.6 (19)</td>
</tr>
<tr>
<td>Aromatherapy</td>
<td>8.3 (5)</td>
<td>44.9 (27)</td>
</tr>
<tr>
<td>Herbal medicine</td>
<td>6.6 (4)</td>
<td>26.6 (16)</td>
</tr>
<tr>
<td>Hydrotherapy</td>
<td>1.6 (1)</td>
<td>38.3 (23)</td>
</tr>
<tr>
<td>Massage</td>
<td>3.3 (2)</td>
<td>71.8 (43)</td>
</tr>
<tr>
<td>Music</td>
<td>1.2 (1)</td>
<td>24.9 (15)</td>
</tr>
<tr>
<td>Reflexology</td>
<td>10.0 (6)</td>
<td>14.9 (9)</td>
</tr>
<tr>
<td>Therapeutic touch</td>
<td>1.6 (1)</td>
<td>21.6 (13)</td>
</tr>
<tr>
<td>Visual imagery</td>
<td>3.3 (2)</td>
<td>24.9 (15)</td>
</tr>
<tr>
<td>Meditation</td>
<td>(0)</td>
<td>1.6 (1)</td>
</tr>
<tr>
<td>Reiki</td>
<td>(0)</td>
<td>1.6 (1)</td>
</tr>
</tbody>
</table>

5.2.2.2 Experience with complementary therapies

The women were asked about their experience with complementary therapies in all areas of daily life and examples of their responses are presented below.

5.2.2.2.1 Experience in daily life

The women were asked to describe any situation in their daily life, where they had used a complementary therapy and to elaborate the result obtained (Question 6, Appendix 8). The responses are presented in a numerical format in Table 5.24.
Acupressure was used for pain relief, although a migraine headache was not relieved. Aromatherapy had a calming relaxing and sedating effect. It was used for a wide range of problems like morning sickness, asthma, easing problems of PMT and labour pain effectively. It was not used in acute conditions and positive effects were seen in areas where pain control, relaxation and calm were desired. Some of the results cited include:

*Make me calmer and sometimes help me to fall asleep* (Post natal depression and insomnia, R26).

*Fantastic result. Subdued the pain* (Stress relief during labour, R45).

Herbal medicine seemed to be effective in supplementing the diet and helping to gain relief for colds.

*supply body with necessary vitamins and minerals* (extra bodily requirements, R46).

The herb arnica was described as being effective for controlling bleeding.

*less bleeding after childbirth* (use of arnica during childbirth, R49).

Hydrotherapy had a relaxant effect and subdued the pain during labour. Massage was valued for its relaxing and analgesic effects during labour.

*relaxed and calmed me* (R17).

*very soothing to back and leg* (R 40).

*very soothing* (R54).

Music was appreciated for its role as a relaxant, and calming agent and used during times of stress. One respondent used it during labour and found it:

*calming* (R42).
Reflexology was helpful in the case of an irritable bowel, but did not seem to help a lady with a stomach ache. Visual imagery was effectively used in conditions where pain relief and freedom from anxiety were desired. Chiropractic, ultrasound and reiki and were used for their role in aches and pain without resorting to drugs.

<table>
<thead>
<tr>
<th>Therapy</th>
<th>Total</th>
<th>Positive effect</th>
<th>No effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupressure</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Aromatherapy</td>
<td>24</td>
<td>24</td>
<td>0</td>
</tr>
<tr>
<td>Herbal Medicine</td>
<td>10</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>Hydrotherapy</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Massage</td>
<td>19</td>
<td>19</td>
<td>0</td>
</tr>
<tr>
<td>Music</td>
<td>10</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Reflexology</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Therapeutic touch</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Visual imagery</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Acupuncture</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Bach flowers</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Chiropractic</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Homoeopathy</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Meditation</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Reiki</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

The results of this analysis are displayed in Table 5.25, and the full computer print outs are displayed in Appendix 10. As depicted in Table 5.25 there was a significant correlation at p value <0.05, between the women’s familiarity and use of complementary therapies like aromatherapy, hydrotherapy, music, reflexology and visual imagery.
Table 5.25  Results of Chi square analysis for women's familiarity and use of complementary therapies (* indicates p value < 0.05)

<table>
<thead>
<tr>
<th>Relationship between familiarity and use of:</th>
<th>Chi square</th>
<th>d.f.</th>
<th>Significance * p&lt;0.05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupressure</td>
<td>.20462</td>
<td>1</td>
<td>0.65101</td>
</tr>
<tr>
<td>Aromatherapy</td>
<td>11.80036</td>
<td>1</td>
<td>0.00059*</td>
</tr>
<tr>
<td>Herbal medicine</td>
<td>2.22222</td>
<td>1</td>
<td>0.13604</td>
</tr>
<tr>
<td>Hydrotherapy</td>
<td>3.84236</td>
<td>1</td>
<td>0.04997*</td>
</tr>
<tr>
<td>Massage</td>
<td>.72586</td>
<td>1</td>
<td>0.39423</td>
</tr>
<tr>
<td>Music</td>
<td>6.48214</td>
<td>1</td>
<td>0.01090*</td>
</tr>
<tr>
<td>Reflexology</td>
<td>10.34483</td>
<td>1</td>
<td>0.00130*</td>
</tr>
<tr>
<td>Therapeutic touch</td>
<td>NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visual imagery</td>
<td>18.62069</td>
<td>1</td>
<td>0.00002*</td>
</tr>
</tbody>
</table>

5.2.2.2.3  Recommended use

The women were asked whether they recommended the use of complementary therapies to other women. The frequency of recommendation, the basis on which they made the recommendations and in case they had never used complementary therapies, if they would consider using them in the future was determined.

5.2.2.2.3.1  Frequency of recommendation in pregnancy and labour

Since the women were in an unique position to offer advice to the pregnant and labouring woman during the course of their daily lives, and also personally experienced the pregnancy and labour process, the women were asked how often they recommended complementary therapies to other women in pregnancy and labour. The answers to these queries were elicited in Question 9, and are presented in Table 5.26. The women seemed more inclined to recommend the use of complementary therapies in pregnancy rather than during labour.

5.2.2.2.3.2  Basis of recommendation

The response to Question 10, which is seen in Table 5.27 showed that 45% of the women based their decision to recommend complementary therapies on the experience of others, 43.4% believed in first hand experience and only 13.3%
relied on media reports. Research studies and books were rated less important than experience.

5.2.2.2.3.3 Future perspective

A total of 18 women had not used any complementary therapy in their daily life. Their response is depicted in Table 5.28, which shows 3 respondents were willing to use them in the future, thirteen respondent women were not very certain and only two did not propose to use them.

Table 5.26 The frequency of women’s recommendation of complementary therapies in pregnancy and labour

<table>
<thead>
<tr>
<th>Recommend in pregnancy</th>
<th>Respondent women</th>
<th>Percentage %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Often</td>
<td>16</td>
<td>26.7</td>
</tr>
<tr>
<td>Occasionally</td>
<td>23</td>
<td>38.3</td>
</tr>
<tr>
<td>Never</td>
<td>9</td>
<td>15.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommend in labour</th>
<th>Respondent women</th>
<th>Percentage %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Often</td>
<td>15</td>
<td>25.0</td>
</tr>
<tr>
<td>Occasionally</td>
<td>17</td>
<td>28.3</td>
</tr>
<tr>
<td>Never</td>
<td>12</td>
<td>20.0</td>
</tr>
</tbody>
</table>

Table 5.27 The basis of women recommending complementary therapies

<table>
<thead>
<tr>
<th>Basis of recommendation</th>
<th>Respondent women</th>
<th>Percentage %</th>
</tr>
</thead>
<tbody>
<tr>
<td>First hand experience</td>
<td>26</td>
<td>43.4</td>
</tr>
<tr>
<td>Experience of others</td>
<td>27</td>
<td>45.0</td>
</tr>
<tr>
<td>Research studies</td>
<td>9</td>
<td>15.0</td>
</tr>
<tr>
<td>Books</td>
<td>14</td>
<td>23.3</td>
</tr>
<tr>
<td>Media reports</td>
<td>8</td>
<td>13.3</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 5.28 Women’s perception of recommending complementary therapies in the future

<table>
<thead>
<tr>
<th>No</th>
<th>Maybe</th>
<th>Yes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>13</td>
<td>3</td>
<td>18</td>
</tr>
</tbody>
</table>
5.3 Interviews with women

In this section, data collected from the interviews with the six women will be presented. For ease of understanding the interview data, they will be presented in two sections:

Section 1. The women: a description
Section 2. The women’s practices of complementary therapies

5.3.1 The women: a description

In this section I will introduce each of the six women to the reader in turn. To maintain anonymity of the women pseudonyms will be used. These are Mary, Kitty, Robby, Betty, Jacky and Mona.

Mary, a young Norwegian journalist and mother of one, expectant for the second time, was in Australia for a year long holiday. She was sceptical about complementary therapies, but a unique experience with Reiki had opened her mind to complementary therapies.

Kitty, a young mother of a two week old baby girl, had been working as a veterinary nurse and was greatly influenced by the power of massage. It was amusing for me to read about her massaging bird’s legs with amazing results, and I looked forward to learning more from her at the interview.

Robby, was the proud mother of a newborn baby boy and was busy in his care. She was interested in music and massage, and had a lot of personal experiences to share. She seemed a bit nervous at first but later became accustomed to the tape recorder.

Betty, was a practising nurse and had two young children. She was expecting her third one, and had almost reached her due date. She scheduled the interview on the same day as her visit to the obstetrician, and the interview took place at the hospital. She was very interested in complementary therapies and was glad that someone was looking into the subject. She hoped that the information gathered would be useful.
Jacky, a cheerful young physiotherapist was expecting her first baby. She was a pianist and sang for the church choir. She was interested in visual imagery, hydrotherapy and music, in addition to massage which she practised as part of her profession. She was extremely busy, but she found time for the interview as it was a subject that greatly fascinated her.

Mona, a beautiful German lady, had completed an aromatherapy course in Germany with a reputed aromatherapist. Her home smelt good, and was decorated with beautiful bottles of aromatic oils. She was expecting her first baby. Her leaning towards complementary therapies was evident from her interview which was very informative.

5.3.2 The women’s practice of complementary therapies

The focus of the study was the familiarity, views and practices of women regarding complementary therapies, and it had been anticipated that the data at interviews would relate mainly to the nine common complementary therapies chosen for this study. The familiarity of the women to the various complementary therapies was known through the questionnaire and it was thus excluded from the interviews.

Following reflection on the data from the women, the information obtained from the interviews was rich in the women’s beliefs, thoughts and practices, it highlighted their preferences, interests and views regarding complementary therapies and and extended information on the second focus of the questionnaire response, i.e. practices of complementary therapies. These practices will be described under the following categories:

1. Preferences of the women
2. Use of complementary therapies
3. Experience with complementary therapies
4. Women’s views on complementary therapies
I will approach each category in turn, and in that way, will endeavour to lead the reader through the data to a clearer understanding of the women's views and practice of complementary therapies in the childbearing process. The therapies referred to in this study were acupressure, aromatherapy, herbal medicine, hydrotherapy, massage, music, reflexology, therapeutic touch and visual imagery.

5.3.2.1 Preferences of the women
All the women interviewed felt that complementary therapies were important to women. In this respect two minor categories emerged, the preference for a general practitioner or a complementary therapist and the availability of complementary therapies on the national Pharmaceutical Benefits Scheme (PBS).

5.3.2.1.1 General practitioner or a complementary therapist?
Most of the women interviewed were of the opinion that minor problems like a cold, backache, tension, aches and pain, could be sorted out by the use of a complementary therapist, but for major problems like pre-eclampsia, diabetes or for a pap smear, they would prefer to visit their general practitioner. Mary felt that she could not put her baby's health in jeopardy and if she had a problem like pre-eclampsia she would seek medical aid. Mary being a journalist, was very particular about going in for proven therapies and felt that perhaps problems like backache were amenable to treatment by complementary therapies. She described her view as:

Yes I think I would, I guess it depends upon the problem, what it was, I guess if it was a serious problem like pregnancy pre-eclampsia. I discovered that, I think that its so serious that you should seek medical help with a doctor or something because both you and the baby can die, but if its for example when you got problem with backache, then it would be perfect to seek alternative medicine.
Betty and Jacky felt they would visit a complementary therapist only for minor problems like aches and pains and expressed their thoughts as follows:

**Betty:** Uh, it's a difficult one really. Things that are just sort of colds and aches and pains, I generally try and treat myself first, I suppose if I think something has actually become infected or if its something I'm not actually sure what the problem is, I would probably go and speak to my G P about it, but if I'm comfortable that I'm fairly sure what the problem is. Obviously if I was doing something and I wasn't getting better, I would see my G P.

**Jacky:** For muscle pains and things like that and for relaxing the body I would choose complementary therapies and for things like a flu or some other illness like that I would go to a G P.

Robby preferred to visit a complementary therapist for tenderness, aches and tension, but preferred her general practitioner for more specialised treatments. She said:

**Well I'd rather go to a complementary therapist for back massage, about the tenderness in my legs and things I would go to a complementary therapist, but to a G P I'd go for any problems that I had that I didn't think a complementary therapist would be able to deal with, like internal massage, if you're overdue, generally they do internal massage. Neck problems and more important things I'd go to my G P, but for things like where there is tenderness, tension, I'd rather go to a relaxation sort of place.**

Kitty too felt it depended on the problem at hand. She felt that her general practitioner was specialised and she would prefer to visit them only when other remedies did not work, as she did not approve of antibiotics. She clarified her perspective with these words:

**Kitty:** It would depend on the problem. I have diabetes, so I go to my general practitioner all the time. They're specialised, but other things like colds and flu, maybe I'd think we should be steering away from too many antibiotics and not working we would have to run after them anyway.

**Researcher:** So what would take the place of antibiotics?

**Kitty:** Ah, natural foods, vitamins, minerals, better living, herbal remedies.
Mona was the only one who said she would first visit a naturopath and would go to a general practitioner only if she felt it did not get results.

_Mona: First I go to a naturopath and if there I don't get results, then I would consider going to a G P. I say I went for a pap smear to a G P and not anyone else. If you have a operation, of course something like this, you go to a G P._

The preference was obviously for the general practitioner for all serious ailments with the complementary therapist being second to the general practitioner.

5.3.2.1.2 _Pharmaceutical Benefit Scheme, should complementary therapies be available?_

Most of the women seemed to welcome the idea of complementary therapies being available on the Pharmaceutical Benefit Scheme, and the following responses certify to it:

_Kitty: Uh yeah, it'd be good if you could go somewhere to talk to somebody, rather than popping pills all the time, to try to relieve it in a more natural way._

_Betty: Definitely, yeah because I would use them, yeah._

_Jacky: Yes that would probably be helpful._

Robby was more vocal in her response. She thought it would get the pressure off her mind, without having to explain repeatedly what she wanted. She expressed her delight and confirmation in these words:

_Robby: Oh that would be wonderful, it would be really good. I think that a lot of people would go there because you find that your husband or fiance or whatever, they don't know the proper way of massage so if there is somebody there that knows the proper way of massage, so if there is somebody there that you could go to easily, without any hassles, you can get the relief of the tension and everything straight away. You don't have to sit there and try and_
tell your partner 'O look, its got to be here and this is how you got to do it,' and if you had it available, you could go there straight away and it would be so much easier for the women that are pregnant....I just think that if they can get it available, a lot of people would use it, it would be one of the best things they could do for women, definitely.

5.3.2.2 Use of complementary therapies

This second category will be discussed in relation to the women's use of complementary therapies in pregnancy and their interest in training for the various complementary therapies.

5.3.2.2.1 Use in pregnancy

Since most of the women interviewed were primiparas, the focus was evidently on the use of complementary therapies in pregnancy. When asked to relate their experience with complementary therapies, Kitty reported her experience with aromatherapy and massage. She had a huge baby and found that an aromatherapy massage, soothed her back. Kitty burned oils and although she could not explain exactly how aromatherapy worked, she tried to tell me how it helped her. Her experience with massage and aromatherapy was related in the following conversation:

*Kitty:* Yeah, especially massage, because it is very hard on your back. I felt because she was such a huge baby, it got very sore on the back and always bent over, and I also found aromatherapy was very soothing. I burn oils at home.

*Researcher:* Which particular oil?

*Kitty:* Lemon was very nice and vanilla.

*Researcher:* How did it help?

*Kitty:* It just made the house smell very nice, so you sort of felt nice about it, because the house it smelt nice, and you felt better because the house was clean and it smelt good.

Robby expressed a similar view and was clear about how massage had helped her with various problems she encountered during the course of her pregnancy, when she explained:
Robby: Again, with the tension, my fiancé used to massage my whole body to try and relieve the aches and pains and my back was sore anyway before I fell pregnant and then when I fell pregnant, carrying the weight on the front, it just got sorier and sorier, so with the massage, it sort of relieved the tension and the ache.

Researcher: So it was back massage?
Robby: Yeah, mainly back massage and leg massage, and I had a lot of fluid in my legs towards the end, so my legs were really tender and I found that the massage of my legs, sort of relieved a bit of the tenderness in my legs.

Robby also told me how she had used music therapy along with visualisation, in order to relieve the stress in pregnancy. She seemed quite impressed with the results and cited the following incident:

Well right through the pregnancy, from the start to the end, I was pretty stressed. Having a lot of tension in my body, so my mother bought me some tapes and I used to put them on during the day and just lie down in the lounge room, on the lounge and just try and relax and visualise on what I was hearing, pretend I was in the sea or on the surf, so I could fully relax my whole body and I found that as soon as I did that all the tension and the stress in my body went away and it made the day much easier for me, so it was better to do that.

The women interviewed did not seem to have used many complementary therapies in pregnancy. Perhaps the medical practitioner seemed to be the only way of solving their health problems or the women were unaware of the therapies that could be used. This remains to be discovered. With the exception of therapies like aromatherapy, massage, music and visual imagery, the women did not seem inclined towards complementary therapies during pregnancy.

5.3.2.2.2 Interest in training for various complementary therapies

When asked the therapies the women were interested in training for they expressed interest in training for acupuncture, hydrotherapy, massage and music. Kitty expressed her interest in learning more about massage and acupuncture and the following conversation with her threw light on some of the reasons why she wanted to learn the two therapies:
**Researcher:** Could you elaborate on the reasons why you are interested in training for acupressure and massage?

**Kitty:** Uh... so I could help out with the baby now and understand it is important for touching and even for myself, I get sore, so it's quite good.

**Researcher:** So how would it help the baby?

**Kitty:** More of a bonding, I think, and to improve circulation.

**Researcher:** And acupressure?

**Kitty:** I'm not so sure about acupressure, but I understand it to helps with unblocking different points in the body, so it flows through more clearly.

Robby knew about massage through her experience and was keen in knowing specific details of the different strokes and the different points that were involved in an effective massage. When asked why she wanted to learn massage she responded:

*Mainly massage because I really love massage. I've learnt a bit about massage, when I was at school, but I'm really interested in the different points and the different areas that can be massaged and the different ways of how to do it.*

Betty being a nurse used it in her nursing practice, but felt that a formal course would help her to hone her massage skills. Since she was expecting her second baby and had her hands full, she was not sure when she would get round to doing it. She told me in a very informal way that:

*Well I suppose at some stage I feel I wouldn't mind doing a formal course in it because I use it quite a lot anyway and it would consolidate what I've learnt from books but I don't know when I'll get round to doing that and I often think I wouldn't mind working in the area myself at some point, but that may not happen.*

Jacky a physiotherapist was interested in hydrotherapy and music. Since she used both these therapies in her professional and personal life, she wanted to know more about these therapies and informed me:

*I'm a physio and I've had some training in hydrotherapy and so I know that it works and I wouldn't mind extra ways of making people relax in water. I'm interested in music because I play the piano and I sing and I'd like to see how music can help relax people as well.*
Mona was not very sure why she wanted to train for hydrotherapy and massage and when asked if there was a particular reason for her choice she said:

"Not really, I think it's another alternative like massage and something else and I haven't got knowledge about it and that is why I am interested."

The women did want to train in the various complementary therapies. A greater awareness and exposure of these therapies would empower them and make them self-sufficient to tackle the stress of their daily life.

5.3.2.3 Experience with complementary therapies
In this category, the experience of the women will be discussed in relation to the different complementary therapies and unique experiences with any complementary therapy.

5.3.2.3.1 Experience in aromatherapy
All the women interviewed seemed to have had positive experiences with aromatherapy. Robby found that an aromatherapy massage relaxed her more than an ordinary massage.

"Robby: Well I've used it on myself, mainly for massage, the oils. I've found that they relaxed me more than just having a normal massage, with the oils as well it seemed to relax me more than just a plain massage."

Betty was aware of the different oils and employed them quite frequently. She found them quite useful in her daily life. She felt they were a better alternative to popping pills all the time.

"Well with the aromatherapy I use it for premenstrual tension and I found that I get quite a lot of back ache and tummy ache during my periods and if I massage with a particular oil..."
When asked about the oils she used,

*I use lavender, geranium, clarysage, sometimes battle or bergamot and I found that certainly helps. I found I don't use as much in the way of panadol and things like that now.*

Mona of German origin, had had training in aromatherapy in England and her home had aromatic oils in lovely bottles kept in the bathroom and living room. She seemed attuned to a natural environment, with potted plants all over the house. She preferred natural remedies and seemed eager to share her knowledge of aromatherapy when she said:

*Uh, usually I have some burning, burner going with oil, whatever I feel like, then I take for example sandalwood, if I have a sore throat, but I take it with a spoon of honey and one or two drops of it, because I take it internally, but for urinary infection, as far as I remember, because it was so many years ago, it was just rose oil and I put first some drops of the cream in the bath, in the water and then the oil to dissolve it, otherwise the oil would just float on the water, and then sit in it for ten minutes or something and I can't remember it was two to three times a day.*

Others like Kitty seemed to use it occasionally and were not really into it.

*I've done a bit of aromatherapy. I've got a book at home that has the lotions in it, the oils, it's mainly using them, I really haven't really gotten into it.*

whereas Mary felt that aromatherapy was ideal for stress.

*Yeah, I think its got to do with, I think aromatherapy is very good if you are stressed and living a very busy life and I guess, that my future will be a bit like that, having kids and having a job and everything and I think aromatherapy is a good way to try to relax to take away the stress and exhaustion and things like that.*

Aromatherapy seemed to be quite popular with most of the women interviewed, with many of them using it for minor problems in their daily life.
5.3.2.3.2 Experience in herbal medicine

The experience in herbal medicine was expressed only by Mona who felt it had a better effect than orthodox medicine. She said she could not make an appropriate comparison as she relied solely on herbal medicines. This was clearly indicated when she said:

*I take a lot of herbal medicine and I mean because I take only herbal medicines I can't compare it to any other one and during the pregnancy I know about it, so I can't really compare it, and in my opinion I think herbal medicine has a better effect. I take rubas for, to make the uterus a bit more smoother. Rubas is raspberry leaf.*

I had heard a lot about raspberry leaf being used during the child birth process and was extremely lucky to attend a research presentation on "What's the effect of raspberry leaf on labour" organised by the Nurses Investigating Nursing Forum, a WSAHS/UWS Nepean professional nursing unit.

5.3.2.3.3 Experience in Massage

Four women had had some sort of experience in massage. Some of them expressed satisfaction at being able to receive massage from their fiance or husband, especially during their pregnancy. Kitty and Robby were two women who reported pleasant experiences with massage during pregnancy.

Kitty: *Only on my husband, when he's got a really sore back, or when I was pregnant, my back used to ache and my feet used to ache and he would massage me to try and relieve a bit of the tension.*

Robby: *Again, with the tension, my fiance used to massage my whole body to try and relieve the aches and pains and my back was sore anyway before I fell pregnant and then when I fell pregnant, carrying the weight on the front, it just got sorier and sorier, so with the massage, it sort of relieved the tension and the ache.*

Mary had problems with her neck and felt that massage relieved the pain in her muscles and in a way relaxed her and made her feel better. She had a genuine belief in the benefits of a massage, which was evident when she said:
Yeah and the other, the massage, I used to have problems with my neck. If I was nervous and before exams, I think massage really feels good if you are exhausted and you have pain in your muscles, so I feel that.

Betty had a chronic back problem and visited a qualified masseur for regular back massage. She was all praise for the therapy she received. She was expecting her second child and had been working as a nurse earlier. She seemed familiar with the basic massage strokes and claimed to have used massage in her practice. In her short sweet way she told me:

massage which I've done some massage myself and I also get a regular massage done for a chronic back problem and it certainly works.

I knew of massage being used on the human being, and was quite astonished to hear of massage being used to solve problems of birds and animals. Kitty mentioned in her questionnaire her experience of massaging birds and I wondered about it till the time of her interview, when she told me that she was a vet nurse. She threw light on this fascinating subject when she informed me:

I used to work as a veterinary nurse, and we had a lot of wild birds come in, that were paralysed in the legs, and I'd taken home three different birds on three different occasions and used massage on their legs, six times a day and just to get their legs moving again, and we were pretty successful at that. Two were released back into the wild and one was rehoused with birds of its own kind.

Jackie, a physiotherapist by profession, claimed to have done a lot of massage, and her confidence about the positive beneficial results it had on people was evident when she said:

I do use a lot of massage in my work and I have seen that that works for different people.
Although most of the women interviewed did not claim to have undergone specialised training or courses in massage, but they did have a fair idea of the basic strokes for massage such as effleurage, petrissage and hacking.

5.3.2.3.4 Experience in music

Two of the women interviewed were strong advocates of music therapy. Robby felt that music actually helped her to relax. Hearing audio tapes on surf and sea music and visualising herself on the sea shore helped to drive away the tension from her body. Her remarks consolidated the observation made by McClellan (1991) that “when used regularly, music is an effective vehicle for the dissipation of normal day to day emotional stress” (p.146), when she related the following incident to me:

- I was pretty stressed, having a lot of tension in my body, so my mother bought me a some tapes and I used to put them on during the day and just lie down and in the lounge and just try and relax and visualise on what I was hearing, pretend I was in the sea or on the surf, so I could fully relax my whole body and I found that as soon as I did that all the tension and the stress in my body went away and it made the day much easier for me, so it was better to do that.

Jacky was very much into music. She could play the piano and sang in the church choir. Being an active Christian, she sang at the weekly Catholic meeting and had a sense of pleasure and relaxation as a result of her involvement.

- I play the piano and I sing and I'd like to see how music can help relax people as well.

Most of the women interviewed did not have much to say about their experience with music, but this could be due to the fact that they did not consider it a healing or a relaxing force. This is in a way true, because a given composition may call forth one set of effects in a musical person and quite
different changes in one not musically inclined. Or the effect may differ from one time to another in the same person.

5.3.2.3.5    Experience in visual imagery

With visual imagery Jacky explained how she used it to relax and move out of a painful or frightening situation. She used it when confronted with such a situation and seemed pleased with the results when she explained:

I think of a place I've been to, that I've enjoyed perhaps a beach, I imagine myself there and I imagine what it looks like, and what it smells like and that helps to take me out of a frightening or painful situation and helps me to relax.

Robby as mentioned earlier, used it in conjunction with Surf and Sea music, and imagined herself at the sea shore, hearing the sound of the sea and visualising the sea waves with their pleasant blue colour and roaring sound of the sea waves as they crashed on the shores. This helped her to relax.

5.3.2.3.6    Unique experience with complementary therapies.

All the women were asked to cite an unique experience they may have had with a complementary therapy. Most of the women interviewed had spectacular results attributed to herbal medicine, massage, reiki and reflexology. They found them useful for a number of reasons. Mona felt that the main reason she preferred herbal medicine was that the urinary infection which was a recurrent feature with her, did not return, and she felt it was much more healthy to sit in rose water than to overload her system with antibiotics. When asked to quote an unique experience she said:

Yeah, maybe I have to refer to this urinary infection, because I had it quite often and I was always given antibiotics and the cream and it worked for a while and then I had it again. And with sitting just in this rose water, it was more, it was much nicer to do it anyway, it was healthier for the body and I had the same result and it actually later didn't come back anyway, so that was good.
Kitty, a veterinary nurse and Jacky, a physiotherapist were enthusiastic about the massage they used. Kitty cited her experience with birds:

_Ah, only when we were using the massage, how well they (the birds) recovered, otherwise they would have been left in the wild to die, or brought to us and put down, so only they have recovered to lead a normal life only is pretty amazing._

Jacky however could not think of a particular incident, but at the same time her enthusiasm for massage was obvious when she said:

_I can't think of a specific example, but I do use a lot of massage in my work, and I have seen that that works for different people._

Betty had an interesting experience with reflexology which she obviously thought was helpful when she told me of her initial encounter with reflexology:

_I was doing a course, a general information course a long time ago, when I first got introduced to complementary therapies and a lady came and talked to us about reflexology, and she used me as an example in a classroom and was checking out my feet and asked me a few questions and had I had any problems with my stomach and bowels. I had some irritable bowel and anyway she did some work on my feet and the next day I had a very severe reaction, following the reflexology and had some diarrhoea and what have you, but she said I might expect that, but after that its not been much of a problem as it had been earlier, so I think that obviously did something._

One of the women Mary, was somewhat of a sceptic, yet she did admit that her experience with reiki helped her. She once had severe pain in her back after she had bent her back to pick up something, and was treated by a reiki practitioner for three days. This treatment had cured the pain completely. She felt she was not too sure if it helped her to get better faster, but she did experience positive results as she informed me that:

_Because I had a problem with my back and then I tried Reiki and it really made it, it felt good. And I felt better afterwards, of course. I can’t prove it if I was really getting better faster or not because I_
didn't compare it with others, but it felt very ok to do so and my back was better after that.

Reiki or universal life force energy is an ancient system of healing that was rediscovered by Dr. Usui, a Japanese professor. The healer has the crown chakra opened and is thus able to let in the universal life energy, which is then channelised through the healer's hands into the patient's body in an attempt to remove the disease causing negative energy blocks (Narula, 1996). Due to its beneficial results, this is another complementary therapy that is making great waves all over the world.

5.3.2.4 Women's views on complementary therapies

The women's views on complementary therapies will be discussed with regard to their perceived benefits of complementary therapies and reasons for the preference of complementary therapies.

5.3.2.4.1 Perceived benefits and reasons for preference of complementary therapies over conventional medicine.

There were a few substantial reasons given by the women when asked to define reasons for their preference for complementary therapies. Jacky preferred not to ruin her system with drugs when she could get positive results with other methods. She clarified her stand as:

Jacky: I prefer complementary therapies, because they are non medicinal, so they can relieve pain without giving medication and I think that that's beneficial to people and they help to relax the body, without junking the body up with drugs.

Mona was of the opinion that the key issue was the side effects, and that before overloading the system with strong drugs, natural remedies should definitely be given a try.

Mona: Compared to some chemical treatments, you usually don't have any side effects and that's a big issue in my opinion.

Researcher: Any other reason?
Mona: I believe in everything that is natural is a better way to cure, than to take again some clinical medicine and why not trying it first on a more subtle way, instead of starting on some heavy drugs.

There were varied views expressed by the women. Some held very strong views for the practice of complementary therapies, while others were simply happy that this subject was receiving its due importance. Kitty felt that the doctor should introduce them and women should be made aware of a more natural lifestyle involving the use of complementary therapies. She stated of complementary therapies:

They have a place in medicine, that they should be used more widely, people should, your doctor should introduce them to you as well not only scientific medicine. You should be made available to a wider range of medications, not only medication, but just a whole lifestyle that you should be introduced to, a more natural way of living.

Mary was quite rational in her views and although she was not inclined towards complementary therapies, but her views changed considerably after her exposure to aromatherapy, herbal remedies and reiki. She expressed herself as:

Mary: I think that its my ethnic background is Norwegian, a typical western country, its rationality and everything that is rational and you can explain things that's the best solution in medical traditionally, and I guess that makes people a bit more sceptical of alternative medicine, and I think I am in a way a bit sceptical but in a way I've changed in the last three four years.

Mona felt that the pharmaceutical industry had monopolised the market and they were given undue importance. She was of the opinion that if the public were made more aware of complementary therapies, it would be more beneficial to the people and cheaper too. She was very vocal when she expressed her views:
Mona: I think it's not fair that the pharmacy industry is given such an importance. They have a monopoly situation.... and I think that's not fair to... to everyone else, to the patient and to the doctor as well, to the government, to whoever. If the whole population would have a broader knowledge about what you can do alternative, it might help the patient as well as the government. I think it would be cheaper as well, and most of the time, people go quite often to a GP. and get something, some prescription, and then they pay for it, so why not go to a health practitioner? They usually don't charge more. By having a tea for example, it might come to the same result, so... and if we have medicare and get some money back, going to a GP., why not the same for a health practitioner for example? They have to have a good education and everything, but then it should be treated the same way.

Betty summed up her feelings very beautifully when she said:

Betty: I think it's interesting to see that somebody's actually looking into this and I hope the information is useful.

5.4 Summary

This chapter has given the reader information on the views and practices of women in relation to complementary therapies.

5.4.1 The questionnaires

The questionnaires revealed that

1. Most of the women had an Australian background with a minority from other countries. Over 60% of the sample of women had a high school certificate and 58% did not work outside the home.

2. The women felt that their culture did not influence their practice of complementary therapies.

3. The media was largely responsible for disseminating information on complementary therapies to the women.

4. Most of the women were familiar with and had a good understanding of aromatherapy, massage and music. Only 10% of the women had formal training in therapies like aromatherapy and massage, and one was trained in reiki and another in hydrotherapy and visual imagery. Again
many of them were interested in training for aromatherapy and massage. Other therapies did not seem to evoke much interest in the women.

5. During pregnancy and labour, massage received the strongest support from the women followed by aromatherapy. There was a significant correlation between the familiarity and use of most of the therapies.

6. During the course of their daily lives, aromatherapy and massage, scored the highest with positive experiences.

7. The women in general did not tend to make many recommendations regarding complementary therapies to other women during pregnancy and labour.

### 5.4.2 The interviews

Data from the interviews revealed that:

1. Most of the women used aromatherapy, massage and music with visualisation during their pregnancy.

2. Of those women who were interviewed, positive experiences with aromatherapy, herbal medicine, massage and music with visualisation were cited.

3. The women on the whole preferred the complementary therapist for minor problems, tensions, aches and pains and the general practitioner for major and acute problems.

4. The women would welcome the idea of the availability of complementary therapies on the Pharmaceutical Benefits Scheme.

5. Three women who were interviewed had a formal training in complementary therapies.

6. The women reported an interest in learning more about acupressure, hydrotherapy, massage and music.

7. The women interviewed felt that the complementary therapies had a place in medicine and should be more widely used instead of giving the pharmacy industry such a monopoly. They stressed the relief obtained without resort to drugs.
CHAPTER 6

DISCUSSION AND CONCLUSION

6.1 Introduction

The data collected in this study provided an insight into the views and practices of the midwives and women with regard to complementary therapies. A conceptualisation of the familiarity and use of complementary therapies can be drawn within the context of this study, i.e. within a sample of midwives and women from the Wentworth Area Health Service Area of Sydney. This chapter will describe this construct within the domain of the present (the study), the past (the literature), and future issues (coming from the findings) for practice, research and education in midwifery. In order to develop this description the reader will be led through a synthesis of the literature and findings from this study relating to familiarity and use of complementary therapies and a discussion of issues affecting the use of complementary therapies for the midwife and woman. This synthesis will provide the reader with a small picture of the position of complementary therapies in midwifery today.

6.2 Familiarity and use of complementary therapies

Both the midwives and women in this study were most familiar with massage and aromatherapy. This familiarity appears common in nursing in general, and has been documented by other researchers who have explored nurses' (eg. Luck, 1993; Arndt, 1995; Ersser, 1995; Schmidt, 1995) and midwives' (eg. Mack, 1995) familiarity with and use of complementary therapies. As well, massage has been noted in the literature as being well known and used by patients (Stevenson, 1995).

* During pregnancy and labour, most of the midwives agreed that massage and aromatherapy were beneficial and they displayed a special interest in
using these two therapies. Although the literature on the use of massage during pregnancy is almost non existant, Smith's quote "the patient felt she could trust me after I had given her a massage and had felt able to share her inner feelings" (p.32) could hold great significance in the use of massage in the childbearing process (Smith, 1990).

Although there is no significant research conducted on the use of massage during labour, the "word of mouth" benefits related by women have been sufficient to include it in the midwife's bag of skills. This is in tune with the current trend towards aromatherapy, where some hospitals now incorporate aromatherapists as part of the health team eg. Mater Misericordiae Hospital, Sydney (Schulz, 1994). As in this study overseas writers have highlighted this trend when they speculated that many midwives were likely to develop an enthusiasm for the use of essential oils (eg. Baldwin, 1991; Hewitt, 1992; Spiby, 1993; Rose, 1994; Burns & Blamey, 1994; Isherwood, 1994 and Trevelyan & Booth, 1994).

To complement the midwives' views, the women in this study reported positive experiences with aromatherapy, massage and music. They could not explain how they obtained relief, but were quite happy to use these therapies in their daily lives.

Music was regarded by both midwives and women as having positive effects during labour, and the women had their own preferences and brought their tapes along with them as they did not choose to subject themselves to the midwife's selection of music. Other researchers have reported research into the beneficial effects of music (Coughlan, 1994, and Garrett, 1994). These reports of the efficacy of complementary therapies could serve as a pointer for further research.

Whilst the women did not discuss hydrotherapy in great detail, its use was supported by a large number of the midwives during pregnancy and labour. Similar reports of the use of underwater births appear in the overseas literature,
(eg. Burns & Greenish, 1993; Walker, 1994; Plant, 1994; Garland, 1995; Vassie, 1995; Kildea, 1996). The researcher felt the women may have been confused with the word "hydrotherapy". It could be speculated that the use of simpler terms like baths, showers, or pools would have been better. The actual use of hydrotherapy depended on the availability and access to the resources and the midwives did not seem to have much of a choice, nor were they able to offer the woman the choice she wanted due to the above constraints.

Reflexology, acupressure, herbal medicine and visual imagery were not well known by either midwives or women and therapeutic touch was the therapy with which midwives were least familiar (refer Table 4.8). The present study indicates that the midwives had an understanding of therapeutic touch (Table 4.9) that was not in congruence with Krieger's (1979) definition. They seemed to be aware of touch as a therapy, in that they associated it with the physical caressing and caring touch used with patients. They included touching a person with an idea of consoling or reassuring as a form of therapeutic touch. Apart from the four therapies mentioned above, there was little interest in other therapies and the women did not appear keen to learn about therapeutic touch or visual imagery (Table 5.12).

The present study seems to indicate that there were few therapies that the women in Western Sydney were aware of and although the media was recognised as a powerful means of dissemination of information, the women did not particularly seem to be interested in complementary therapies. These findings are in contrast to the reports of Emslie, Campbell & Walker, 1996; Bennett, 1995; Taylor, 1995; Stevenson, 1995, and Sharma, 1992. These authors reported an interest on the part of the consumer in complementary therapies.

The use of complementary therapies by midwives and women was based on their familiarity with the different therapies. This is evident from the results of the Chi Square analysis (Tables 4.27 and 5.25) where there was a significant
relationship between the familiarity and use of a number of therapies. There are previous studies conducted in Australia and the USA that suggest that a high percentage of nurses use complementary therapies. In Australia, Arndt (1995), reported almost 87% of nurses made use of at least one complementary therapy in their nursing practice. Keegan (1996), in USA, reported that 85% of a sample of nurses in USA, used a broad range of complementary therapies on themselves and their patients. There was no delineation between specific therapies in either of these studies so that it was difficult to compare the results with the present findings.

In this study complementary therapies were not used for acute or serious conditions. Positive effects were seen in areas where pain control, relaxation and calm were desired. These responses confirm the findings reported by Furnham & Vincent (1994), that most people are not 'for or against' complementary therapies, but see it as useful in certain quite specific types of problems, especially where orthodox medicine is seen as less effective.

At times it is the personal choice or preference of the midwife that determines the use of a particular complementary therapy. Interview data from the present study suggests that the midwives had their own personal preferences and idiosyncrasies. A typical example of this type of preference came from Dicky when she spoke of the use of the Alexander technique in pregnancy and labour. The researcher at times felt that the midwife dominated the woman during the childbearing period as was seen in the case of Nicki who thought a lot about the benefits of massage.

The women did have a place for complementary therapies, but it appeared that the general practitioner was still regarded as the ultimate authority when it came to serious health problems. Reports suggest that medical practitioners are seeking in many cases to support the exclusion of alternative practice by government funding (Easthope, 1995). At the same time, women were trying to get rid of the shackles of modern medicine, as they were well aware of the
flaws in the present medical system. They expressed a need for the introduction of complementary therapies by their medical practitioners, as they were important and definitely had a place in their care. These findings are in tune with Furnham et al (1995), who reported a large number of patients claimed benefits with complementary therapies.

Only a few midwives did not practice any complementary therapy and the reasons for their non practice of these therapies can only be hypothesised. Arndt's study (1995) asked the question "What difficulties have you or could you encounter to introducing complementary therapies in nursing practice?" - and the responses referred to closed minds, insular attitudes of colleagues, lack of knowledge and understanding, non scientific basis and lack of research. These reasons need to be investigated by researchers to know why some of the midwives are reluctant to incorporate complementary therapies in their care. There were only a few women who did not agree to the use of complementary therapies. This could be due to a personal experience or the views held by the women.

Unlike the general public attitude in the UK, where there is a general trend to use complementary therapies (Section 2.4 in the literature review), the reports in this study show that Australian women have started albeit in a very small way to use complementary therapies. However, the scope of these therapies is beginning to emerge in the minds of women in the Wentworth Area Health Service.

6.3 Issues in the use of complementary therapies for the future
A number of issues for both midwives and women have been highlighted in this study. For the midwives the issues are education, practice and research information on the benefits of complementary therapies. For the women the important issues that came into the limelight are freedom of choice, availability of complementary therapies and education of the women.
6.3.1 Issues for midwives

One of the major issues addressed in this study is education of the midwives related to complementary therapies. Like nurses in other settings the midwives in general were familiar with some complementary therapies albeit without the proper training. In order to practice a particular therapy the midwives agreed that proper training was a prerequisite yet only a few of the midwives had trained in aromatherapy and massage, the more popular therapies in use (see Table 4.12). The training institutes were varied and there was no uniformity in the courses undertaken. One midwife had undergone a three year diploma in the Alexander technique whereas the others had training for short duration. The midwives had no training in music and hydrotherapy, two other popular therapies used by them (Table 4.20). Whilst one midwife mentioned training in hot packs, in her interview she suggested that training in hydrotherapy was not required. Others felt that the main concern with regard to these therapies was the lack of appropriate training. The midwives appeared to be practising the complementary therapies untrained and without any qualms. This seems to be in contradiction to what they profess when they state that practice without the appropriate training could have deleterious effects on the patient.

Formal training in complementary therapies is important as the midwives owe it to those they care for and to themselves to find an accredited course in any complementary therapy they wish to practise. Stevenson (1992) and Gates (1994) have documented the lack of uniform education standards in the practice of complementary therapies. Gates (1994) strongly recommended that "the profession must also determine the minimum training requirements necessary to include complementary therapies in nursing practice" (p.47).

Luck (1993) found that very few nurses in her study had formal training in complementary therapies. The unresolved question still remains that there is hardly any change since Luck's (1993) study, in attitudes and training in complementary therapies by the profession. The low percentage of midwives in this study trained in complementary therapies, leaves much to be desired and
clearly indicates a need for education in the field of complementary therapies. As suggested in Section 2.9.1 in the literature review (Vickers, 1996; Tiran & Mack, 1995; Faltermeyer, 1995; Nicoll, 1995;) there is clearly a dearth of such courses and this is a matter for urgent consideration. This important issue has only recently attracted the attention of the RCNA which has in 1997, commenced a 150 hour course in complementary therapies for nurses who are interested in advancing their knowledge (RCNA, 1997).

Nurse midwives are at all times responsible for their own acts and are expected to be aware of the limits of their abilities and to function within these limits. We owe it to ourselves and to our profession to practice with safety and complete knowledge of the complementary therapy. The need for training could be tackled by starting post graduation courses in specific therapies available at the education institutions and introducing various complementary therapies in the midwifery program to increase the awareness of midwives and stimulate further interest in the complementary therapies. This would help to expand the midwife's repertoire of knowledge and basic skills.

Since the midwives in this study expressed interest in learning about different complementary therapies, a basic course using the principles of the various complementary therapies could be formulated with special reference to midwifery. The problems and situations faced by the childbearing woman could be focussed on and the complementary therapies appropriate for each health problem could be taught with strict adherence to uniform high standards and affiliation to the Natural Therapies Registration Board. During the conduct of this present study the course in complementary therapies was commenced by the RCNA (RCNA, 1997). This is a positive step in the direction of improved midwifery education in complementary therapies.

The second major issue for midwives coming from this study is that of policy development in relation to the practice of complementary therapies. The practice of complementary therapies by midwives in the absence of set hospital policies, indicates a need for nurse administrators and hospital authorities to set up definite guidelines for the legal and safe practice of complementary
therapies by the midwives. The setting up of such policies is mandatory if midwives are to practice complementary therapies in an effective and safe manner and it would add to the job satisfaction of midwives. The frustration experienced by some of the midwives due to the lack of appropriate policies and protocols may lead them to set up their own independent practice. As was seen in the case of Dicky, she set up her independent practice as an Alexander technique practitioner. Bensoussan (1995) who stated that "in addition complementary medicine could offer substantial avenues for consolidating nurses independent practice and further establish the notion of independent nurse practitioner" (p.3) predicted this trend.

Ramsey et al (1995) predicted that 25% of the current membership of complementary practitioner associations are registered nurses. It could be speculated that once midwives become complementary therapists, there may be a loss to the nursing profession. If such a situation is to be minimised, then urgent attention must be paid to the policies, and practice issues related to complementary therapies.

An issue that also adds to the midwives and women's frustration is the paucity of available resources and facilities for the practice of complementary therapies. If adequate facilities are not provided and policies and protocols for the practice of complementary therapies are not established, it may lead to frustration and lack of job satisfaction and a possible loss to the midwifery profession.

The RCNA has only recently in December 1997, confirmed its stance in relation to complementary therapies and extended its full support to the practice of complementary therapies by nurses and midwives in its Position Statement. This may in some way lend weight to more midwives being educated in complementary therapies and using them in an environment with set standards and policies. Until these goals are achieved, quality care for women cannot be assured.
The third major issue that emerges from this study is that of the need for research based information on complementary therapies. Evidence based practice is the buzz word in health care today and needs to be incorporated into midwifery. Evidence based practice is defined as "the conduct of health care according to the principle that all interventions should be based on the best available scientific evidence" (Wallace et al, 1997, p.147).

Evidence based practice encourages the midwife to use what has been shown to work and to discard what has been shown to harm (Murphy, 1997). However this study shows that the present midwifery practice is based on a mixture of information, research, anecdote, tradition, theory, and hunch. Massage was used extensively during the labour process with relatively positive results by most of the midwives. Although mentioned in midwifery texts (eg. Bennett & Brown, 1993; Farrer, 1989; Clark & Affonso, 1981;) there is no research to support the use of massage in labour. The midwives received positive responses from the women. It seemed to ease discomfort, relieve backache and provide effective pain relief and midwives continued the practice with much enthusiasm although there is no hard data to back their claims.

Therapies like herbal medicine, found support with half the midwives. Whilst some suggested interest in training for these therapies, none of them were trained (Table 4.21). The researcher met one such practising midwife herbalist. This is similar to the report of Stapleton (1995b) who found that there were very few qualified midwife herbalists still practising their craft in the industrialised nations and she wondered how such a vast repository of highly specialised practice had been so thoroughly dismissed in less than a few centuries. As suggested by others (eg. Shrivastav, 1988; Bennett, 1993; Jacka, 1995;) research in herbal medicine could be incorporated into midwifery situations after confirming the use of commonly used remedies.

Since the literature review and the findings of this study revealed a dearth of knowledge and researched trials, midwives could take up further research into
the efficacy of complementary therapies. The outcome of this research could have a beneficial impact on the care of women during the childbirth experience.

6.3.2 Issues for the women
The major issue that confronted women in this study was the freedom to choose particular complementary therapies. Women at times clearly indicated their choice and a few used meditation and reiki. Perhaps this was essential in empowering the woman during the labour process and helping her to gain control of the situation instead of feeling like a helpless victim at the hands of either the midwife or the obstetrician. At times the woman was not be aware of the choices she had or was not allowed to put forth her preference when led by the midwife. Women need to be made aware of the choices that are available to them and allowed to exert their preference and rights in relation to their own care. As Trevelyan & Booth (1994), and Tiran & Mack (1995), pointed out patients' wish to have more choice about their treatment and assume greater control of their own health. The midwife's dominance does not enhance the concept of holistic nursing (Section 1.8, definition of complementary therapy) which is paramount in the philosophy of complementary therapy practice.

The second major issue confronted by the women was the availability of the resources for complementary therapies. The women expressed a desire for access to complementary therapies to be made easier through the availability of rebate for treatment through Medicare and of herbal products on the Pharmaceutical Benefit Scheme. The women often had to bring in their own tapes if they desired to listen to music during the labour process. Water baths were not generally available and women could not access them at the time of delivery. These findings suggest that a lack of resources for the use of complementary therapies during pregnancy and labour may hinder the use, not only by the midwives, but the women as well.
The women had no significant level of training and their practice was based on hearsay or experience in their daily lives. Some of the women did want to train in the various complementary therapies. However, if there was greater awareness and exposure of these therapies, the women seemed quite willing to pick up on them as it would empower them in a way and make them self sufficient to tackle the stress of their daily life. This clearly pointed to a need for greater awareness and education on the part of the women. The responsibility of this education lies with midwives and other health professionals who lead prenatal education.

6.4 Strengths of the study

The following are the strong pillars that form the foundation of this study:

1. The study was in response to a genuine demand for complementary therapies and in keeping with the current trend towards complementary therapies, as evidenced in the other parts of the world and to a degree in Australian studies.

2. The study was the first to document women and midwives familiarity and practice of the complementary therapies in Australia.

3. By using both questionnaire and interview, the researcher gained a broad insight into the sample's overall use of complementary therapies. It also made use of both oral and written methods for investigating the midwives and women.

4. Issues have emerged that can be addressed by the midwifery profession.

6.5 Limitations of the study

The major limitations identified in this study were:

1. The small sample limited the extent to which the results could be generalised to all midwives or women.

2. Since only midwives in one health area were investigated, the use of complementary therapies cannot be generalised to midwives in other areas.
3. The samples who completed the questionnaires and opted for the interviews were educated and appeared to have an interest in complementary therapies. The findings were thus coloured by the biased sample.

4. No correlation between demographic findings could be made because of sample size.

6.6 Reflections on the study

Significant interest in the use of complementary therapies by both midwives and women in the community was shown in this study. In order for midwifery to meet the demands of the 21st century, we cannot plead ignorance of complementary therapies and their use in the care of the pregnant and labouring woman. Complementary therapies have been used since time immemorial and the present renewal of interest is in tune with consumer demand.

Since midwives are accountable for their interventions, they must be educated in any therapy they use. As well, more research into the efficacy and use of complementary therapies by Australian midwives and women is essential to enhance the midwifery profession and the care of the women.

6.7 Recommendations for future research

The researcher has made the following recommendations.

1. The efficacy of various complementary therapies used in midwifery needs to be investigated using either case study or controlled clinical trials.

2. An observation study to determine the actual use of complementary therapies in delivery areas of different hospitals could be done to determine the prevailing practices.

3. The teaching of complementary therapies in the present nursing and midwifery courses needs to be evaluated.
4. The use of complementary therapies in everyday life as practised by women of all ages, working and non working needs to be investigated to gain an insight into the actual use of complementary therapies by the women. This would determine the prevailing practices in Australian society with regard to complementary therapies.

5. Replication of this study on a larger scale would help in making generalisations and would give a better picture of the current trends in relation to the practice of complementary therapies.
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APPENDIX 1

EXTENDED DEFINITIONS OF COMPLEMENTARY THERAPIES
**Acupressure**

This is a system of applying pressure and massage which stimulates acupuncture points and meridians. It is one of the techniques that promote the flow of energy (ki) along meridians. Ki is thought to be the primal energy that sustains balance and harmony between the negative (yin) and positive (yang) forces, and coordinates all functions of the body. Each meridian provides energy to a specific organ and its related structures. A state of health exists when there is a balance of this energy. Disease and pain are the result when this ki energy is sluggish or blocked. The Japanese system of acupressure is called Shiatsu. Acupressure is used to effectively stimulate and induce labour and inhibit premature labour. In pregnancy, it is useful in relieving minor disorders like dizziness, anxiety, headache, sciatic nerve pain and leg cramps.

**Aromatherapy**

This is the art and science of using essential oils to heal ailments of the mind, body and spirit and of restoring harmony and well being in the individual (O'Brien, 1995).

Essential oils are highly concentrated and potent substances which are extracted from various parts of the plant. These oils contain vitamins, hormones, antibiotics, pheromones and cell regenerating agents. Methods of application include massage, therapeutic baths, foot baths, compresses, vapourising, steam inhalation and direct application (Worwood, 1990). The aroma from the essential oils, creates nervous impulses along olfactory nerves to the limbic area of the brain. This area is involved in emotions and memory, and its stimulation promotes the relaxation response, which in turn assists with pain control, and is helpful in elevating the mood, aiding in insomnia, anxiety and enhancing brain functions (Buckle, 1993).

**Herbal Medicine**

The intake of herbs, flowers, fruits, roots, their juices, infusions, decoctions or essences constitutes the use of herbal therapy. The applicationn
of lotions, creams and compresses made from herbs is also included. Where the approach of orthodox medicine is to analyse the herb, identify and isolate only the active constituent which is then extracted, concentrated or synthesised, herbal medicine uses the whole plant in its raw state. The delicate balance of all the constituents is mainyained, thereby minimising any harmful or unwanted side effects. The use of herbal medicine offers a safer alternative to the entirely sensible caution against prescribing medicine of any variety for women from the time of pre-conception to the cessation of lactation.

**Hydrotherapy**
This literally means the therapeutic use of water, for example by external application, drinking of medicinal mineral waters or cleansing enemas (Tiran, 1995). It is often used in midwifery, where hot and cold compresses, showers, baths and pools are used to promote relaxation. It is a form of pain relief known to decrease levels of adrenaline and increase the levels of natural pain relieving endorphins (Jepson, 1989). It is thought to hasten labour, decrease the need for drugs and intervention, lower blood pressure and increase a woman's control of her labour (Booth, 1995).

**Massage.**
This is a system of applying pressure, using different strokes like friction (rubbing), effleurage (stroking), petrissage (kneading), etc. with or without the use of oils. It is postulated that massage reduces pain in several ways:

1. Soft tissue manipulation improves circulation and removes lactic acid and inflammatory substances which cause pain.
2. Massage stimulates large diameter sensory nerves that inhibit pain transmission via competing pathways.
3. Massage may stimulate the release of endorphins and enkephalins, the natural opiate like substances that have a similar effect to morphine.
4. The emotional contact of caring touch may induce a sense of well being that diminishes pain (Nixon, 1997).
Music

Music has been noted for centuries as a therapeutic agent. This involves a range of techniques, varying from listening to music, to active techniques like singing, vocalising and chanting. Sound is transmitted via sensory impulses directly from the cochlea in the ear, to the thalamus and then to the cerebral cortex.

Rhythm, pitch and intensity are the elements of sound. Low pitches have a relaxing effect. High pitch, fast rhythm and loud sound increases respiratory activity. Stimulative music results in enhanced body energy and stimulation of striated muscles.

Reflexology

Reflexology or Reflex Zone Therapy, is based on the theory that the hands and feet are connected to various body organs by means of meridians and sensitive areas in the feet and hands correlate with diseased or injured areas of the body (Lockett, 1992). By using special massage techniques on the hands and feet, the therapist is able to relieve pain and discomfort. By applying controlled pressure with the thumbs or index fingers to the reflex points and areas of the feet, the body is stimulated to achieve its own state of equilibrium and good health.

Therapeutic Touch

Therapeutic Touch is derived from the ancient art of the laying on of hands and was first described by Dolores Krieger, a nurse. Krieger believes that the universality of laying-on of hands is a fundamental characteristic of people and therefore using hands to help or heal is a natural human potential (Krieger, 1975).

"Gestalt field theory" is the conceptual framework, in which it is proposed that man and his environment are energy fields that mutually interact. Quinn (1992) suggested a paradigm of therapeutic touch based on the following assumptions:
1. The energy field is the fundamental unit of the living system and is coextensive with the environmental energy field.
2. All life is interconnected.
3. The human being is a non material, multidimensional field, integral with the environmental/universal field.
4. Consciousness is non local, unbounded by physical structure and function.
5. Separateness of the individual from all other individuals is an illusion.

Healing occurs when one of the energy fields moves in the direction of change while interacting with the other.

There are four phases in the Therapeutic Touch process:
1. Centering:- The therapist enters an aware meditative state.
3. Mobilising the energy field:- By unruffling or unblocking the patient's energy field.
4. Directing the energy:- The therapist acts as a channel to pull in energy from the environment and direct it to the patient (Vaughan, 1995).

**Visual Imagery**

Visual imagery also known as visualisation or guided imagery is a thought process based on the assumption that our mind and body are so closely connected, that our thoughts can affect our physical responses. Relaxation is an important prerequisite and imagery allows the person to make perceptual and behavioural changes that promote healing and allow for goal achievement.

The process of Visual Imagery can be divided into four steps:
1. Identify the problem, disease or goal.
2. Relaxation by focused breathing.
3. Develop images of the problem, inner healing resources (strengths, belief systems and coping strategies) and his external healing resources (treatments, medication, surgery).

4. Develop images of the desired state of well being (Dossey, 1995).
APPENDIX 2

2.1 INFORMATION SHEET FOR MIDWIVES' QUESTIONNAIRE

2.2 TRIAL QUESTIONNAIRE FOR MIDWIVES

2.3 FINAL QUESTIONNAIRE FOR MIDWIVES
2.1: INFORMATION SHEET FOR MIDWIVES' QUESTIONNAIRE
Midwives and Complementary Therapies Practice Questionnaire

Dear Colleague,

Thank you for completing this questionnaire. I am investigating midwives familiarity and use of complementary therapies in their midwifery practice. The data obtained will be useful to nurse educators and policy makers in making the necessary changes in the nursing curriculum to include the relevant complementary therapies. This will contribute to better nursing care in the future.

This research project conforms with the National Health and Medical Research Council (N.H.&M.R.C.) guidelines and is a requirement for the Masters in Nursing (Hons) course at U.W.S. Nepean.

This questionnaire should take about 15-20 minutes to complete. It has been designed to ensure that you are not placed at any personal risk. Your decision whether or not to participate will not prejudice your employment in your health faculty. You are free to withdraw your consent and discontinue participation at any time without prejudice. Any information about you, will remain confidential and anonymous. The questionnaire will be coded only by numbers during analysis. On publication of the results of this study you will not be identified in any way. Your consent to participate in this project is assumed if you complete and return this questionnaire.

If you have any further queries you may contact me:
Mrs. Gurjeet Minhas,
Masters in Nursing (Hons) Research Student,
Room 10011, U.W.S. Nepean, Kingswood, N.S.W., 2747, Tel: 047 300 6006.
or an independent person in the area:
Ms Denise Hadfield, WAHS Ethics Officer,
Clinical Sciences Building,
Nepean Hospital, Penrith, N.S.W., 2750, Tel: 047 242 4711.
2.2: TRIAL QUESTIONNAIRE FOR MIDWIVES

Question 1.
Which of the following complementary therapies, if any, are you familiar with? Tick as many boxes as you like or tick "NONE".

- Acupressure □ 1
- Aromatherapy □ 2
- Herbal Medicine □ 3
- Hydrotherapy □ 4
- Massage □ 5
- Music □ 6
- Reflexology □ 7
- Therapeutic touch □ 8
- Visual imagery □ 9
- Any other (please specify) □ 10

NONE □ 0
APPENDIX 2

2.1 INFORMATION SHEET FOR MIDWIVES' QUESTIONNAIRE

2.2 TRIAL QUESTIONNAIRE FOR MIDWIVES

2.3 FINAL QUESTIONNAIRE FOR MIDWIVES
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<td>Reflexology</td>
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<td>Therapeutic touch</td>
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<td>Visual imagery</td>
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</tr>
<tr>
<td>Any other (please specify)</td>
<td>10</td>
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</table>

NONE 0
Question 2.
Please write your understanding of each therapy in brief.

Acupressure

Aromatherapy

Herbal Medicine

Hydrotherapy

Massage

Music

Reflexology

Therapeutic touch

Visual imagery

Any other

Question 3.
Have you undergone training in any of the above complementary therapies?

Yes [ ] 1  Please specify the type of training. ________________________

No [ ] 0
Question 4.
If you answered "Yes" to Question 3, where did you gain formal training in these therapies? Tick as many boxes as you like. (If you answered "No" to Question 3, then please skip this question).

- Recognised Institute [ ]
  (please name) ______________________

- A complementary therapist [ ]
- School / College of Nursing [ ]
- TAFE [ ]
- Other: (please specify) [ ]
  _______________________________

Question 5.
How did you first hear about complementary therapies?

- From the media [ ]
- From your nursing course [ ]
- From a personal acquaintance [ ]
- From a patient [ ]
- Other: (please specify) [ ]
  _______________________________
Question 6.
Please describe any experience you have had with complementary therapies in any area of nursing other than midwifery. (If you have had no such experience with complementary therapies, then please leave blank).

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Please describe any situation in which you have used a complementary therapy in your midwifery practice. (If you have not used any complementary therapies, then please leave blank).

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From your experience, do you agree that the following are potentially beneficial to women in labour.

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**Question 10.**

How often do you ever recommend complementary therapies to:

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**Question 11.**
If you recommend complementary therapies, on what basis do you do so? Tick as many boxes as you like. (If you never recommend complementary therapies, then please skip this question).

- First hand experience
- Experience of others
- Research studies
- Books
- Media reports
- Other: (please specify)

**Question 12.**
If you were able to use complementary therapies with pregnant and labouring women, how do you think this would influence your nursing practice? Tick one box only.

- It would enrich my nursing practice
- It would give me personal satisfaction
- It would be too time consuming
- It would not influence my nursing practice
- Unsure
- Other response (please specify)
Question 13.
If you have not used complementary therapies in your practice would you consider using them in the future? Tick one box only. (If you have used complementary therapies, then please skip this question).

<table>
<thead>
<tr>
<th>No 1</th>
<th>Maybe 2</th>
<th>Yes 3</th>
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Question 14.
Which complementary therapies are you interested in training for? Tick as many boxes as you like or tick NONE.

- Acupressure
- Aromatherapy
- Herbal
- Hydrotherapy
- Massage
- Music
- Reflexology
- Therapeutic touch
- Visual Imagery
- Any other
- NONE
Question 15.
Please tick your gender:

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
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</table>

Question 16.
How many years of nursing experience do you have? ________ years.

Question 17.
What qualifications do you have in midwifery? Tick one.

- Student Midwife  □ 1
- Hospital Certificate □ 2
- Post graduate Diploma □ 3
- Masters Degree □ 4

Question 18.
What qualifications do you have in General Nursing?

- Student Midwife  □ 1
- Hospital Certificate □ 2
- Diploma □ 3
- Bachelors Degree □ 4
- Other □ 5
**Question 19.**
If you are interested in being interviewed, please provide your name and telephone number.

Name: ________________________________

Telephone Number: ____________________

*Thank you for taking time to complete this questionnaire.*

*Your opinion is highly valued.*
2.3: FINAL QUESTIONNAIRE FOR MIDWIVES

"Question 1."
Which of the following complementary therapies, if any, are you familiar with? Tick as many boxes as you like or tick "NONE".

- Acupressure  □ 1
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- Herbal Medicine  □ 3
- Hydrotherapy  □ 4
- Massage  □ 5
- Music  □ 6
- Reflexology  □ 7
- Therapeutic touch  □ 8
- Visual imagery  □ 9
- Any other (please specify)  □ 10

NONE  □ 0
Question 2.
Please write your understanding of each therapy in brief.

Acupressure

Aromatherapy

Herbal Medicine

Hydrotherapy

Massage

Music

Reflexology

Therapeutic touch

Visual Imagery

Any other

Question 3.
Have you undergone training in any of the above complementary therapies?

Yes ☐ 1 Please specify the type of training. ________________________________

No ☐ 0
Question 4.
If you answered "Yes" to Question 3, where did you gain formal training in these therapies? Tick as many boxes as you like. (If you answered "No" to Question 3, then please skip this question).

Recognised Institute
(please name) __________________________

☐ 1

A complementary therapist

☐ 2

School/College of Nursing

☐ 3

TAFE

☐ 4

Other: (please specify)

☐ 5

Question 5.
How did you first hear about complementary therapies?

From the media

☐ 1

From your nursing course

☐ 2

From a personal acquaintance

☐ 3

From a patient

☐ 4

Other: (please specify)

☐ 5
- Question 6.

Please describe any experience you have had with complementary therapies in any area of nursing other than midwifery. (If you have had no such experience with complementary therapies, then please leave blank).

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- Research studies [ ]
- Books [ ]
- Media reports [ ]
- Other: (please specify) [ ]

Question 12.
If you were able to use complementary therapies with pregnant and labouring women, how do you think this would influence your nursing practice? Tick one box only.

- It would enrich my nursing practice [ ]
- It would give me personal satisfaction [ ]
- It would be too time consuming [ ]
- It would not influence my nursing practice [ ]
Question 13.
If you have not used complementary therapies in your practice would you consider using them in the future? Tick one box only. (If you have used complementary therapies, then please skip this question).

<table>
<thead>
<tr>
<th>No 1</th>
<th>Maybe 2</th>
<th>Yes 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Question 14.
Which complementary therapies are you interested in training for? Tick as many boxes as you like or tick NONE.

- Acupressure
- Aromatherapy
- Herbal
- Hydrotherapy
- Massage
- Music
- Reflexology
- Therapeutic touch
- Visual Imagery
- Any other
- NONE

Question 15.
Please tick your gender:

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Question 16.
How many years of nursing experience do you have? _______ years.
Question 17.
What qualifications do you have in midwifery? Tick one.

- Student Midwife
- Hospital Certificate
- Post graduate Diploma
- Masters Degree

Question 18.
What qualifications do you have in General Nursing?

- Student Midwife
- Hospital Certificate
- Diploma
- Bachelors Degree
- Other

Question 19.
What is your ethnic background?

Do you think your ethnic background has affected your use of complementary therapies?

Tick one box.

| Yes 1 | No 0 |

If yes, please state why.
Question 20.
What is your mother's ethnic background? __________________________

Do you think your mother's ethnic background has affected your use of complementary therapies? Tick one box.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If yes, please state why. __________________________________________

Question 21.
In which country did you undergo your General Nursing training __________________________
Midwifery training __________________________

Question 22.
If you are interested in being interviewed, please provide your name and telephone number.
Name: __________________________________________

Telephone Number: __________________________

Thank you for taking time to complete this questionnaire.
Your opinion is highly valued.
APPENDIX 3

3.1 INFORMATION SHEET FOR WOMEN'S QUESTIONNAIRE

3.2 TRIAL QUESTIONNAIRE FOR WOMEN

AND

FINAL QUESTIONNAIRE FOR WOMEN
3.1: INFORMATION SHEET FOR WOMEN'S QUESTIONNAIRE

Women and Complementary Therapies

Dear Friend,

Thank you for completing the questionnaire I am investigating the women's familiarity and practice of complementary therapies. The data obtained will be useful to you in receiving complementary therapies from the nurses taking care of you. This will contribute to better nursing care in the future for women in pregnancy and childbirth.

This research project conforms with the National Health and Medical Research Council (N.H.&M.R.C.) guidelines and is a requirement for the Masters in Nursing (Hons) course at the U.W.S. Nepean.

This questionnaire should take you about 15-20 minutes to complete. It has been designed to ensure that you are not placed at any personal risk. Your decision whether or not to participate will not prejudice anyone in the health care service. You are free to withdraw your consent and discontinue participation at any time without prejudice. Any information about you will remain confidential and anonymous. The questionnaire will be coded only by numbers during analysis. On publication of the results of this study, you will not be identified in any way. Your consent to participate in this project is assumed if you complete and return this questionnaire.

If you have any further queries you may contact me:

Mrs. Gurjeet Minhas,
Masters in Nursing (Hons) Research Student,
Room UG 11, U.W.S. Nepean, Kingswood, N.S.W. 2747, Tel: (047) 360606

or an independent person in the area:

Ms. Denise Hadfield, W.A.H.S. Ethics Officer,
Clinical Services Building, Nepean Hospital,
Penrith, N.S.W. 2750, Tel: (047) 242171.
Question 1.
Which of the following complementary therapies, if any, are you familiar with? Tick as many boxes as you like or tick "NONE".

- Acupressure  1
- Aromatherapy  2
- Herbal Medicine  3
- Hydrotherapy  4
- Massage  5
- Music  6
- Reflexology  7
- Therapeutic touch  8
- Visual imagery  9
- Any other (please specify)  10

NONE  0
Question 2.
Please write your understanding of each therapy in brief.

Acupressure

Aromatherapy

Herbal Medicine

Hydrotherapy

Massage

Music

Reflexology

Therapeutic touch

Visual imagery

Any other

Question 3.
Have you undergone training in any of the above complementary therapies?

Yes ☐ 1 Please specify the type of training. __________________________

No ☐ 0
Question 4.

If you answered "Yes" to Question 3, where did you gain formal training in these therapies? Tick as many boxes as you like. (If you answered "No" to Question 3, then please skip this question).

- Recognised Institute  
  (please name) ________________________  □ 1

- A complementary therapist  □ 2

- TAFE  □ 3

- Other: (please specify)  □ 4
  ____________________________

Question 5.

How did you first hear about complementary therapies?

- From the media  □ 1

- From a personal acquaintance  □ 2

- From a relative  □ 3

- Other: (please specify)  □ 4
  ____________________________

224
**Question 6.**

Please describe any situation in which you have used complementary therapies in your daily life. If you have never used a complementary therapy, then please leave blank.

<table>
<thead>
<tr>
<th>Therapy used</th>
<th>Type of situation</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Question 7.**

From your experience, do you agree that the following therapies are potentially beneficial to pregnant women? (Tick one box for each therapy).

<table>
<thead>
<tr>
<th>Therapy</th>
<th>Strongly disagree 1</th>
<th>Disagree 2</th>
<th>Agree 3</th>
<th>Strongly agree 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupressure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aromatherapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Herbal</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Hydrotherapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Massage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Music</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reflexology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapeutic touch</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visual Imagery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Question 8.**

From your experience, do you agree that the following are potentially beneficial to women in labour.

<table>
<thead>
<tr>
<th>Therapy</th>
<th>Strongly disagree 1</th>
<th>Disagree 2</th>
<th>Agree 3</th>
<th>Strongly agree 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupressure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aromatherapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Herbal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hydrotherapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Massage</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Music</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Reflexology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapeutic touch</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visual Imagery</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Question 9.**

How often do you ever recommend complementary therapies to

<table>
<thead>
<tr>
<th></th>
<th>Often 1</th>
<th>Occasionally 2</th>
<th>Never 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women in labour</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Question 10.

If you recommend complementary therapies, on what basis do you do so? Tick as many boxes as you like. (If you never recommend complementary therapies, then please skip this question).

- First hand experience
- Experience of others
- Research studies
- Books
- Media reports
- Other: (please specify)

Question 11.

- If you have not used complementary therapies in your practice would you consider using them in the future? Tick one box only. (If you have used complementary therapies, then please skip this question).

<table>
<thead>
<tr>
<th>No 1</th>
<th>Maybe 2</th>
<th>Yes 3</th>
</tr>
</thead>
</table>
Question 12.

Which complementary therapies are you interested in training for? Tick as many boxes as you like or tick NONE.

- Acupressure
- Aromatherapy
- Herbal
- Hydrotherapy
- Massage
- Music
- Reflexology
- Therapeutic touch
- Visual Imagery
- Any other
- NONE

Question 13.

What is your ethnic background? __________________________________________________________

Do you think your ethnic background has affected your use of complementary therapies? Tick one box.

<table>
<thead>
<tr>
<th>Yes 1</th>
<th>No 0</th>
</tr>
</thead>
</table>

If yes, please state why. __________________________________________________________
Question 14.

What is your mother's ethnic background? 

Do you think your mother's ethnic background has affected your use of complementary therapies? Tick one box.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If yes, please state why.

Question 15.

What is your highest educational qualification? Tick one.

- High School Certificate
- Certificate Course
- Bachelor's Degree
- Masters Degree
- Post graduate Diploma/ Cert.
- PhD.

<table>
<thead>
<tr>
<th></th>
<th>Please specify:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
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<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

Question 16.

Do you work outside your home?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
If yes, do you work:

<table>
<thead>
<tr>
<th>Part time 1</th>
<th>Full time 0</th>
</tr>
</thead>
</table>

**Question 17.**

If you are interested in being interviewed, please provide your name and telephone number.

Name: ____________________________

Telephone Number: ____________________

*Thank you for taking time to complete this questionnaire. Your opinion is highly valued.*
APPENDIX 4

4.1 LETTERS SENT TO THE HOSPITALS AND ETHICS COMMITTEES

4.2 LETTERS OF APPROVAL
4.1 LETTERS SENT OUT TO THE HOSPITALS AND ETHICS COMMITTEES

Ms Janine Egleton
General Manager
Hawkesbury District Health Service
Windsor, N.S.W. 2756

Dear Madam,

This letter is to obtain permission to carry out my nursing research in the antenatal clinic, antenatal and postnatal wards in Hawkesbury Hospital.

Enclosed is my research proposal which has already been submitted to the U.W.S. Nepean Human Research Ethics and the Wentworth Area Health Service Ethics Committees. It is in accordance with the N.H.&M.R.C. guidelines.

This project is a requirement for the Masters in Nursing (Hons) course at the U.W.S. Nepean and is supervised by Prof. Lesley Wilkes (Clinical Nursing Research Unit, U.W.S. Nepean/W.A.H.S.) and Barbara Beale from Faculty of Nursing and Health Studies, U.W.S. Nepean. The study is scheduled to be carried out in the months of June and July, 1997.

For further inquiries you may contact me at the address on the cover page.

Thanking you,
Yours truly

Gurjeet Minhas.

23-4-1997
Ms Pam Wadlock  
Director of Nursing  
Jamieson Private Hospital  
Penrith, N.S.W. 2750

Dear Madam,

This letter is to obtain permission to carry out my nursing research in the antenatal clinic, antenatal and postnatal wards in Jamieson Hospital.

Enclosed is my research proposal which has already been submitted to the U.W.S. Nepean Human Research Ethics and the Wentworth Area Health Service Ethics Committees. It is in accordance with the N.H.&M.R.C. guidelines.

This project is a requirement for the Masters in Nursing (Hons) course at the U.W.S. Nepean and is supervised by Prof. Lesley Wilkes (Clinical Nursing Research Unit, U.W.S. Nepean/W.A.H.S.) and Barbara Beale from Faculty of Nursing and Health Studies, U.W.S. Nepean. The study is scheduled to be carried out in the months of June and July, 1997.

For further inquiries you may contact me at the address on the cover page.

Thanking you,

Yours truly

Gurjeet Minhas.

12-6-1997
Dr. Elizabeth Barrett  
Clinical Director  
Katoomba Hospital

Dear Madam,

This letter is to obtain permission to carry out my nursing research in the antenatal clinic, antenatal and postnatal wards in Katoomba Hospital.

Enclosed is my research proposal which has already been submitted to the U.W.S. Nepean Human Research Ethics and the Wentworth Area Health Service Ethics Committees. It is in accordance with the N.H.&M.R.C. guidelines.

This project is a requirement for the Masters in Nursing (Hons) course at the U.W.S. Nepean and is supervised by Prof. Lesley Wilkes (Clinical Nursing Research Unit, U.W.S. Nepean/W.A.H.S.) and Barbara Beale from Faculty of Nursing and Health Studies, U.W.S. Nepean. The study is scheduled to be carried out in the months of June and July, 1997.

For further inquiries you may contact me at the address on the cover page.

Thanking you,

Yours truly

Gurjeet Minhas.

27-6-1997.
Mr. Jay Haywood  
Executive Director  
Auburn Hospital  
`Auburn, N.S.W. 2144

Dear Sir,

This letter is to obtain permission to carry out my nursing research in the antenatal clinic, antenatal and postnatal wards in Auburn Hospital.

Enclosed is my research proposal which has already been submitted to the U.W.S. Nepean Human Research Ethics and the Wentworth Area Health Service Ethics Committees. It is in accordance with the N.H.&M.R.C. guidelines.

This project is a requirement for the Masters in Nursing (Hons) course at the U.W.S. Nepean and is supervised by Prof. Lesley Wilkes (Clinical Nursing Research Unit, U.W.S. Nepean/W.A.H.S.) and Barbara Beale from Faculty of Nursing and Health Studies, U.W.S. Nepean. The study is scheduled to be carried out in the months of June and July, 1997.

For further inquiries you may contact me at the address on the cover page.

Thanking you,

Yours truly

Gurjeet Minhas.
15 May 1997

Dear Researcher

The Wentworth Area Health Service Ethics Committee reviewed your project on 13 May 1997 and made the following recommendations:

97/024

COMPLEMENTARY THERAPIES DURING PREGNANCY AND CHILDBIRTH: AUSTRALIAN MIDWIVES' AND WOMEN'S FAMILIARITY AND PRACTICE - G MINHAS, PROF L WILKES, B BEALE.

Recommendation: Approved.

A condition of this approval is that the Committee be kept informed of any adverse events and changes to the research proposal. In addition, progress reports are required every twelve months from the time of commencement of the project, and as soon as possible after completion of the project.

Yours sincerely

Mr Barry Funnell
Chairperson, WAHS Ethics Committee
30 July 1997

Gurjeet Minhas
Lot 4 O'Connell Street
WERRINGTON NSW 2747

Dear Gurjeet

Re: 'Complementary Therapies During Pregnancy and Childbirth: Australian Midwives' and women's familiarity and practice
Registration No. HERC 1997/46
(Approved by Ethics Committee Wentworth Area Health Service, Hawkesbury Hospital)

The Human Ethics Review Committee agreed to formally note your research project has received ethics clearance from the Ethics Committee of the Wentworth Area Health Service.

Yours sincerely

[Signature]
Associate Professor Elizabeth Deane
Acting Chairperson
Human Ethics Review Committee
17 June 1997

Ms Gurjeet Minhas
Lot 4, O'Connell Street
WERRINGTON DOWNS NSW 2747

Dear Gurjeet,

Further to the approval granted by the Wentworth Area Health Service Ethics Committee, to conduct research into Complementary Therapies During Pregnancy and Childbirth: Australian Midwives' and Women's Familiarity and Practice, you will be welcome to distribute survey forms for both midwives and women in the Nepean Hospital maternity unit.

Yours sincerely,

[Signature]

Miss Marion Finlayson
Director of Nursing Services, Division of Women and Children's Health
19th May, 1997

Gurjeet Minhas
Lot 4, O'Connell Street
WERRINGTON NSW 2747

Dear Gurjeet,

Thank you for your letter dated 30th April 1997 requesting permission to conduct a nursing research project at Hawkesbury District Health Service.

I wish to confirm that approval has been given for you to conduct your research project.

Would you please contact Annette Cassidy, Assistant Director of Nursing for Obstetrics/Paediatrics, in order to facilitate your research.

Thank you for your interest in Hawkesbury District Health Service and may I wish you all the best in your project.

Yours sincerely,

[Signature]

MAYA DRUM
ACTING DIRECTOR OF NURSING

cc A Cassidy
APPENDIX  5

5.1  MIDWIVES' RESPONSES TO UNDERSTANDING OF COMPLEMENTARY THERAPIES

5.2  ANALYSIS OF MIDWIVES' RESPONSES TO UNDERSTANDING OF COMPLEMENTARY THERAPIES
5.1 MIDWIVES RESPONSES TO UNDERSTANDING OF COMPLEMENTARY THERAPIES

ACUPRESSURE MIDWIVES

1. Pressure on particular positions of the body.
2. Nerve end pressure which dislodges crystals.
3. The use of pressure on different parts of the body to ease pain.
4. The application of pressure to specific areas of the body to alleviate pain.
5. By using pressure at certain points of the body. Relief from pain can be obtained in that area or another area that is painful.
6. Locating area on body and applying pressure to deal with pain.
7. Use of pressure on specific energy points along the body (meridians) for various purposes.
8. Apply pressure points to various points (e.g., as in acupuncture) onto various parts of the body.
9. Relief of symptoms by applying pressure to various points on various parts of the body.
10. Application of pressure to different points on the body.
11. Pressure to certain pressure points on the body.
12. Using needles to selected points to treat complaints.
13. Pressure points on the body.
14. Using specific pressure areas with your fingers along various median points on the body for relieving symptoms.
15. Application of pressure to specific points of the body to relieve certain symptoms/pain.
16. Relief of pain by pressure on points on body nerves.
17. Needles into the skin.
18. Applying pressure to specific nerve areas.
19. Pressure on acupuncture points to relieve pain.
20. Putting a certain amount of finger pressure on particular pressure points on the body to realign parts of the body.
21. Pressure points to relieve pain nausea etc.
22. Use of pressure points to relieve pain relaxation and stress.
23. I have learnt some of the acupressure points and use them personally, for family members. Have books on the topic.
24. Use of pressure on specific points on the body for various purposes.
25. Using pressure points to relieve tension/endorphins in the body.
26. Using different pressure points on the body to help with problems like headache, pain etc.
27. The use of pressure on certain points around the body to provide relief of symptoms e.g. nausea and promote relaxation and healing.
28. Using pressure points related to nerve paths to relieve pain.
29. Use of pressure points to relieve pain.
30. Pressure points digital or hand pressure to areas of the body.
45. Enhancement of body functions by pressure on certain meridian points.
46. Applying pressure to some areas of the body which could alleviate pain from specific areas.
47. Needles.
48. The use of pressure points on the body to relieve symptoms with fine needles.
49. Application of needles to different areas of vascular circulation.
50. Finding a specific pressure point and applying pressure, usually with finger tip.
51. Is it same as acupuncture?
52.
53. Using pressure on pressure points (usually with fingers or thumb) on the body to help relieve pain, ache or discomfort.
54. The use of finger tip pressure on various parts of the body.
55. Using pressure on certain points of the body to include a certain effect.
56. The use of pressure on special points on the body to relieve pain, decrease appetite and restore balance.
57.
58. Applying pressure to certain points on a person "acupressure points" to provide pain relief.
59. Similar to acupuncture without invasive needles.
60. Applying pressure to certain spots.
61.
62.
63. Using pressure points around the body, specific to each condition being treated.
64.
65. Uses pressure points on body to heal or relieve pain.
66. Use of pressure points to work on different parts of the body.

AROMATHERAPY MIDWIVES

1. The use of essential oils to aid relaxation and or stimulation.
2. Blending essential oils
3. 
4. The use of different smells inhaling.
5. The use of aroma to relax the body.
6. The use of aromas to bring about a desired effect ie analgesia relaxation calmness.
7. Different smells and oils.
8. Use of oils/essences by inhalation, topical application or ingestion for relief of symptoms.
9. 
10. Can affect moods. Involves use of fragrances to promote wellness wellbeing and a sensual feeling.
11. A therapy involving the use of fragrance to promote a feeling of well being.
12. Aromatherapy can affect moods, for example in a calming manner or give you extra zing.
13. Oils in aerosol form, relax sooth and or stimulate sensory paths.
15. Use of smell sensation as relaxation.
16. Use of oils etc. to treat ailments.
17. Use of different scents for relaxation, therapeutic.
18. Using essential oils to assist with various stages of labour, like using with hotpacks, inhalation/ massage.
19. Use of essential oils (to burn, massage, baths etc) to promote a sense of wellbeing.
20. 
21. Relaxation from fragrances and rubbing of essential oils onto painful areas.
22. Is used as a form of relaxation in labour eg. lavender oil.
23. 
24. 
25. The use of essential oils for a desired therapeutic affect.
26. Use of essential oils for inhalation massage or soaking in for health purposes.
27. Uses essential oils. A need to understand which oils suitable in pregnancy and labour.
28. Inhaling herbal essences using massage oils, burners, baths, oils on cloth or clothing for relieving symptoms.
29. To relieve symptoms by smell.
30.
31. Use of oils for burning or massage.
32. I use various oils health and healing mostly for personal use. Have books on this topic.
33. Use of essential oils for various purposes eg. relaxation, stimulation.
34. Using herbal aromas along with massage, acupressure to enhance treatment.
35. Soothing effect obtained by burning oil.
36. Some aromas are capable of producing relaxation and thus accelerating labour.
37. Using different scents for different complaints usually in form of essential oils.
38. The use of essential oils of plants in a variety of ways to relieve symptoms, promote healing, relaxation and well being. Used externally.
39. Use of essential oils in massage, baths or as aromatic in oil burners- can be used for pain relief, stress calm - need to be aware of different oils, also essential to have knowledge of what can harm.
40. Using essential oils or creams either on the skin or in lamps to relieve tension.
41. Use of aromatic oils to induce relaxation.
42. Use of aromatic essential oils to aid in creating an atmosphere of calm and relaxation.
43. Oils of fragrance to help to relieve stress and anxiety.
44. Essential oils in vapouriser, carrier oils or baths to stimulate relax, soothe etc.
45. Use of essential oils in various forms to enhance body functions, induce relaxation, relieve nausea etc.
46. Obtaining relief from something of smell.
47. Aromas.
48. The use of essential oils for massage, burning/candles etc. to relieve symptoms/stress etc.
49. Burning of different oils to create special scents for desired results, eg. relieving stress.
50. Use of (herbs or scents) essential oils that are warmed to release an aroma that is pleasing and advantageous to labour.
51. Essential oils.
52.
53. The use of aromatic essential oils, which are obtained from plants and trees for treatment of various ailments, and can be used in vapourisers, creams, compresses and lotions.
54. The use of essential oils to enhance relaxation and stimulate labour.
55. The use of essential oils for good health - eg. in baths, in massage oils, the use of vapourisers.
56. The use of essential oils to affect mood and relaxation, energy levels.
57. Essential oils have elements that relax or stimulant can be inhaled (through oil burners) or massages absorbed by the skin.
58. Use of essential oils either in oil burner or massage oil etc. provide different benefits depending on different oils.
59. Use of essential oils for balancing mind, body and spirit.
60. Use of essential oils.
61. Use of essential oils to improve feeling of wellbeing, treat specific health problems, relaxation.
62. Use of essential oils for massage burning etc. for pain relief.
63. Using herbs and flower essences, either massaged in or burnt and smelt to treat appropriate condition.
64. The enhancement and smell of various herbs, how it affects the body and mind.
65. Use scented oils to aid in healing.
66. Use of essential oils (massage, burner, bath, inhalation) to gain the desired effect (relaxing uplifting).
HERBAL MIDWIVES.

2. A gentle way of encouraging the body to overcome problems.
3. The use of herbs - ingested by teas.
4. The use of herbs medicinally to treat specific disorders or disease.
5. The use of herbs for analgesia, relaxation and calmness.
6. Herbs as medicine.
7. Use of herbal plants/extracts with medicinal properties.
8. Mixture of various herbs to assist in relieving symptoms.
9. A mixture of various herbs to aid in relief of symptoms eg. an oral mixture of herbs especially formulated for the client as an aid in relief of their personal problems.
10. Ingredients made from leaves and herbs.
11. Use of herbs etc to treat complaints.
12. Using herbal medicine to assist with ailments/pain, should be used under the directions of a herbalist, can be dangerous.
13. Infusions/teas/mixtures herbs have medicinal properties. Specific herbs for different ailments.
15. A correct knowledge of which herbs to use in herbal teas etc. is vitally important.
16. Using extracts of herbs as teas, infusions, tinctures, food to heal.
17. Instead of conventional medicine, using natural remedies.
18. I have used herbs for healing and wellbeing within family structure. have books on this topic.
19. Use of herbs for relaxation, stimulation.
20. Use of herbal therapies for management of symptoms. (Naturopathy).
22. The use of plant remedies to treat the patient for a variety of problems. Come in a variety of forms from teas to tinctures. Taken orally.
23. Used as calmatives, can be used as laxatives. Ease labour contractions, mild sedatives.
24. Use of herbs in drinks to calm and soothe.
25. Herbal teas/drinks to help with stress and to induce relaxation.
26. Medicinal use of herbal preparations without as great a risk of undesirable side effects as with conventional medications.
27. Using herbs ie. special tea to help pain.
28. Leaves and things.
29. Herbal mixtures as poultices/inhalants ingested for relief.
30. Taking herbal tablets/teas to enhance labour, lactation. Using herbs
for facilitating healing of perineal wounds.
50. Use of herbs in an oral mixture that is taken internally to facilitate labour etc.
51. Drinks or drops.
52.
53. The use of herbs in the form of drops or infusions or topical for the treatment of various ailments.
54.
55. Herbs which are usually made up as a liquid form and taken usually to tone the uterus but also for morning sickness.
56. The use of herbal products to cure and treat ills.
57. All medication originally comes from plants. Herbal is in its purest form.
58. Drinking herbal teas, combining in foods to help different ailments.
59.
60. Use of herbs.
61.
62.
63.
64.
65. Different herbs contain medicines and heal.
66. Use of herbal tablets, drops, teas, to support body systems.

HYDROTHERAPY MIDWIVES

1. The use of water to eliminate or reduce pain.
2. Water therapy.
3. Hot and cold water particularly to promote blood circulation, healing.
4. Warmed water to help with relaxation and pain relief.
5. Using the weightlessness of the body in water to increase the range of movement of joints and improve mobility. Also useful to alleviate pain.
6. The use of water and its movement to bring about a desired effect.
7. Water therapy.
8. Use of water-bath, spa, mineral spa, shower, hot pools to alleviate muscular aches and pains.
9. Do you mean using hot water eg, in showers/baths or movement through water?
10. In labour, reduces pain and low backache eg, use of water baths.
11. A therapy including the use of water eg; swimming pool, rehabilitation.
12. In labour and delivery can help reduce backache and pain.
13.
15. Use of warm water to soothe.
16.
17.
18. The use of water spas to assist with recovery of injuries; as it is using stress reduced exercises in water.
19. Water therapy eg, baths, spas, showers for the relief of labour pain/ arthritis, etc.
20.
21.
22. The use of water and exercises- warmth, soothing to areas concerned.
23. Aid clients to exercise with reduced weight in a controlled setting.
24.
25. Use of water on the body to produce a soothing and healing effect.
27. Baths and showers to reduce pain in labour.
28. Using water to help heal, exercising in warm water, relaxing in warm hot baths, spa baths.
29. Water therapy.
30. Specially devised water therapies suited to individual needs.

245
32. Have heard about this therapy but have only used deep baby baths with massage as soothing technique for unsettled babies.
33. Use of water for relaxation and pain relief.
34. 
35. Use of water to aid relaxation and provide comfort, usually by immersing in a bath.
37. Water therapy.
38. Use of water.
40. Using water to become weightless and relax in warm environment.
41. Soothing/relaxing in warm water.
42. Use of warm deep water as a facilitator in pain relief management.
43. Water-laying in water-shower.
44. Hot, cold, warm water to ease tension, pain relief, reduce swelling etc. shower, bath spa.
45. Use of warm baths (or showers) to enhance/induce relaxation at times of stress. Can also be used in rehabilitation to support the body.
46. Getting relief from water.
47. Water.
49. Using water—eg. baths/showers to relieve pain.
50. Use of water, usually hot bath to aid in pain relief and relaxation.
51. Warm water.
52. 
53. Using water, usually warm, to help relieve pain, ache or discomfort by using a pool bath or spa.
54. Using water as a means to facilitate comfort and ease of pain.
55. The use of water to help to ease pain.
56. The use of water as therapy, ie. water reduces weight when exercising and can be used for pain relief.
57. 
58. 
59. The use of water.
60. Therapy in water.
61. The use of water to soothe relax and assist exercise for asthmatics, arthritis, the elderly and the disabled.
62. 
63. The use of water either still or spa to induce relaxation or to treat injuries.
64. Exercise in water to massage muscles and joints, as a gentle exercise to various body areas.
65. The use of water to aid in healing.
66. The use of water, usually deep pools.

**MASSAGE MIDWIVES**

1. Soft tissue manipulation to decrease tension and pain in muscles.
2. Massaging on affected areas.
3. This again stimulates circulation and probably works on nerve centres.
4. For relaxation.
5. 
6. The use of hands to rub, knead, pat, or soothe ones skin and muscles.
7. Relaxation and muscle tension relief.
8. Muscular therapy by way of stroking, rubbing, kneading, percussion and vibration—relieves aches, pains, stress, aids lymphatic drainage.
9. 
10. Apply touch to promote wellness and relieve symptoms.
11. Applying touch to an individual to promote wellness and alleviate symptoms.
12. Using regular rhythmic pressure to relieve pain.
13. Relaxation through touch.
14. Massage to body to treat complaints.
15. Pressure points to give relief.
16. Using rubbing and pressure, using strokes on the body to relieve pain.
17. Touching gentle rubbing different bodies with/without oils to relieve painful or tense areas.
18. Massage of muscular areas of the body to relieve pain.
19. The use of massage to the pain related areas in labour to relax patient.
20. Use of massage to relieve tension and assist in drainage of toxins and fluid retained by the body.
21. Physical pressure on muscles etc. to relieve tension.
22. Rubbing with firmness muscle areas.
23. Really helpful during labour.
24. Using hands, feet, elbows, mechanical vibrator to massage muscles.
25. Rubbing of areas for relief of symptoms.
26. A hands on approach for muscular pain, especially useful for relaxation.
27. Relief of muscle tension, stress, relaxation, toxins and fluid from the body.
28. The massage for labouring women and for settling techniques for babies. Back massage in parenting classes.
29. Touch and massage for relaxation of muscles.
30. Use of massage therapy to relieve tensions and release endorphins to enhance treatment.
31. Gentle massage on back, legs to provide comfort.
32. Using firm but gentle hand movements on different parts of the body to help relax.
33. Hands applying a variety of pressures to muscles and associated structures through the skin to relieve pain, tension, injury etc.
34. Useful for pain relief, stress relief. (knowledge essential).
35. Rubbing or kneading the body to promote circulation or treat stiff muscles.
36. Gentle rubbing of parts of the body requested by the patient to facilitate pain relief to that area.
37. Touch to the body at certain points to relieve tension stress pain. Movement of the hands over the body.
38. Using hands, fingers, elbows, fists etc. to release tension of muscles.
39. Therapeutic stroking of muscles to enhance/induce relaxation and/or relieve pain.
40. Massage to specified areas.
41. Very nice.
42. Use of massage over body areas for pain relief/relaxation.
43. Using gentle pressure with palms to relieve pain eg. headache or to relax patient.
44. Massage areas of discomfort during labour ie. lower back, thighs, lower abdomen.
45. Using oil or cream to rub the affected areas.
46. Using massage, either whole or part of the body to help relieve stress or pain.
47. Applying touch to various parts of the body, usually rhythmic, firm.
48. Use of hands on various parts of the body- rubbing, stroking.
49. Massage can be used to relieve pain, improve circulation or give pleasure.
50. Muscles can be relaxed and soothed, tired and aching muscles.
51. Different types of massage for different purposes, eg. Swedish lymph drainage.
52. Stimulates and relaxes mind body and spirit.
53. Rubbing certain areas.
54. Massage assists in relaxation of muscles, reduces tension, improves circulation and feeling of wellbeing.
62. The use of touch for pain relief and relaxation.
63. To treat injuries to muscles.
64. Aids in the circulation and drainage of various lymphatic drainage areas.
65.
66. Hands on touching, massaging muscles.

**MUSIC MIDWIVES**

1.
- 2. To perhaps give positive feelings if favourite music listened to.
3.
4. Relaxation.
5.
6. The use of music and listening to it to bring about a desired effect.
7.
8. Use of various types of instrumental/melodic/voice patterns to stimulate various states of being e.g. relaxation.
9.
10. Playing various types of music to create atmosphere soothing for the mind and soul. Relaxing and calming.
11. Involving the playing of various types of music to create an atmosphere desirable to promote the wellbeing of an individual.
12.
13. Again using rhythms to relax and or distract labouring ladies from pain.
14.
15. Background music allows concentration on other than current situation presented.
16.
- 17. Relaxation different focus.
18. Soft rhythmic sounds to calm and relax people.
19. Specific music which is pleasing to the patient, often used in conjunction with visual imagery.
20.
21. Stimulation of the senses through music.
22. Relaxation, soothing music used in delivery suite.
23.
24.
25. The use of music to relax a person.
26. Soothing music being played.
27. Good for relaxation.
28. Listening and relaxing to music.
29. Music for relaxing techniques. Also using instruments as a form of expressing self.
30. Based on nature especially encourages relaxation.
31.
32. Use music as background for relaxation session in parenting classes and also for personal use as relaxation.
- 33. For relaxation.
34.
35. I am very interested in music therapy having read a paper on this. Patients here often bring in music of their choice to help them relax during labour.
36.
37. Self explanatory.
38. Use of different types of music to promote relaxation and well being.
39. Don't know much but believe could be useful for mood problems.
40. Using rhythmic, harmonious sounds for relaxation.
41. Relaxation tapes have observed this used successfully in labour.
42. Powerful medicine for relaxation.
43. To help relaxation by listening to calming music.
For relaxation, mood change, can act subconsciously.
Appropriate to the individual to enhance/induce relaxation.
Relaxing.
Focus on music to relax/centre, focus on for pain relief in labour.
Self explanatory.
Use of music as a calming and concentration tool.
Playing selected choices can calm and relax a person.
As an aid to relaxation for mother and baby. Also during labour if appropriate (classical, ambient or soft modern).
Using music, can be different types, which helps relax the person listening.
Enhancing relaxation via music.
The use of music to create a relaxed environment.
A method of communication that transcends words and accesses emotions.
It relaxes.
Calming relaxing music, enjoyable.
Powerful used with visual imagery.
Music being played.
Music reflects our mood and can assist in relaxation or elevation of mood.
Sounds to create relaxation or mood changes - calming, soothing.
Is used to soothe and relax the mind and body. A universal language.
Soothes the ear, relaxes the brain.
Use of music for diversional therapy for relaxation.

REFLEXOLOGY MIDWIVES

1.
2. Study of the eyes.
3.
4. Massage of the different parts of the hands and feet affect different nerves for pain relief.
5. Application of pressure to areas of the foot.
6.
7.
8. Use of pressure and massage on particular areas of the foot and ankle to alleviate body disorders.
9.
10.
11.
12.
13. Using pressure and massage on certain points of the feet to relieve pain.
14.
15.
16.
17.
18. Massage and acupressure on the feet to relieve symptoms in the body.
19. Applying pressure to various areas of the feet to relieve different symptoms.
20.
21.
22.
-23.
24.
25. Pressure on certain parts of the body that relate to another part.
26.
27. Needs someone trained who knows the correct areas of the foot to massage.
28. Pressure and massage on particular points on the soles of the feet.
29.
30.
31.
32. Have heard about this alternative therapy and would like to find out more.
33. Especially feet - application of pressure points represent organs - pressure stimulates organs.
34. Acupressure of pressure points in feet to relieve symptoms reflected in body.
35.
36.
37. Gentle massage usually on feet to alleviate pain or problems in different parts of the body.
38. Use of pressure on different parts of the feet that correspond with a body part to promote healing, relieve stress.
39.
40. Massaging soles of the feet to stimulate circulation - to relieve tension.
41.
42.
43. Pressure points on the feet to induce relaxation - reduce stress. To pinpoint areas of stress/pain.
44. Pressing points on feet, hands to affect other parts of the body.
45. Pressure on certain points in the feet which correspond with body organs in order to enhance the function of those organs.
46.
47.
48. Pressure points. Different points of body are used to treat other areas of the body.
49.
50. Same as acupressure.
51.
52.
53. Using massage or pressure points on the feet to help relieve stress, pain or symptoms of an ailment.
54.
55. The feet and hands are maps of our bodies and by using pressure on certain points of the feet or hands we can affect certain parts of the body.
56.
57.
58. Massaging feet in different parts to stimulate different parts of the body.
59. Foot pressure points, zonal therapy.
60. Deals with various reflexes and massage.
61.
62.
63.
64.
65.
66.

**THERAPEUTIC TOUCH MIDWIVES.**

1.
2. Form of touching patient.
3.
4.
5. Using touch during interaction with patient to reassure them of your empathy and understanding of their circumstance.
6. Much like massage and acupressure combined.
7.
8. Hands on healing techniques.
9.
10.
11.
12. Using loving soothing stroking to relieve pain by promoting an environment of support and understanding.
13. Gentle touch to provide support.
14. Reiki using hands to conduct therapeutic thoughts.
15. A type of massage.
16. Gentle stroking of the skin to soothe and relax.
17. Touch of the hands to certain parts of the body.
18. Soft touching strokes to the body.
19. Soothing calming touch to different body parts to relieve/ ease different symptoms.
20. Understand the principle of this therapy but have not used it myself.
21. Massage and touch to aid relaxation.
22. Have trained in Reiki. This is certainly therapeutic touch but I am not sure exactly what you mean.
23. Gentle.
24. Similar to massage and use of pressure points.
25. Same as acupressure.
26. Manipulating a person's aura to help in ruffle to aid the patient.
27. I think this is the therapy that passes energy from the toucher to the touched.
28. The power of touch and healing.
29. Touch of caring hands.
1. Facilitating the patient to use images as a way of coping with pain.
2. The use of sight and looking at images to bring about a desired effect.
3. Using pleasurable images by imagination to focus attention away from unpleasant experience.
4. Using soothing images via imagination to put your unconscious self in another environment.
5. Imaginary-being somewhere else.
6. Focusing on something.
7. Talking through various images to focus a patient's thoughts to help calm and relax.
8. Imagining/ focusing on certain objects/places in mind's eye for relaxation.
9. The use of imaginary visual images to soothe and relax women in labour and take her mind off the pain in labour.
10. Portrayal of an image to escape reality.
12. Concentrating on an imagined scene to take mind off pain.
13. Imagining healing visions, quiet places, safe places, visualising a diseased part of the body getting better.
14. Visualisation is one of the teaching strategies that can be used in parenting education. I am familiar with it but am uncomfortable using the technique.
15. Distraction for relaxation and meditation.
16. Similar to guided meditation.
17. Reduce brain's awareness of length and strength of contraction. Reduced awareness of pain increases relaxation.
18. When the person imagines different sights to displace them from the situation.
19. Use of the imagination to allow a patient to detach themselves from a painful situation and promote relaxation.
21. Focus therapy during the height of contractions helps to control the pain.
22. Imagining being in different areas/places. Seeing nice things.
23. To imagine relaxing, pleasing places to ease pain and worry.
24. Using one's imagination to visualise a scene, in order to focus one's thoughts and/or induce relaxation.
25. Pictures.
26. Focus on an image to distract from pain procedure.
49. Focusing of an imaginary picture, eg. flower opening up as cervix dilates.
50. Visualisation of another scene to take you away from present surroundings.
51.
52.
53.
54.
55. Imagining a different place, special event to take your mind off the pain.
56. A method of allowing a person to experience situations in their imagination and deal with it satisfactorily.
57.
58.
59. Used for motivation, relaxation, transferance of stressful tension.
60.
61.
62.
63.
64.
65.
66.

ANY OTHER THERAPY MIDWIVES

19. Reiki
27. Posture helps to reduce the length of labour and control pain if correct posture and understanding of process of labour is understood.
28. Acupuncture - using needles to align the body's meridians and heal.
   Chiropracy and Osteopathy - Realigning muscles and spine to heal.
   Yoga and Meditation - using breathing, body positions, concentration to calm and heal.
   Bach Flowers using tinctures of flowers and plant essences to restore body's balance.
50. Hot packs used and applied as a pain relief aid.
51. Hot pack. Applying hot pack to sore back or sore lower abdomen
52. Alexander Technique. A re-education on how to achieve a postural tensional balance, pre and postnatally. As a prevention for back pain and injury. Also essential for optimum maternal positioning to ensure optimal foetal positioning at 35 weeks gestation onwards. As a stress relief and personal empowerment teaching. Is very relaxing without collapse.
55. Bach Flowers - such as rescue remedy to help ease anxiety in labour.
56. Hypnosis - a means of accessing the energy of the unconscious mind.
5.2 ANALYSIS OF MIDWIVES' RESPONSES TO UNDERSTANDING OF COMPLEMENTARY THERAPIES

**Acupressure Midwives**

<table>
<thead>
<tr>
<th>0 - No Answer</th>
<th>Nothing written.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - Incorrect Answer</td>
<td>Anything other than pressure applied.</td>
</tr>
<tr>
<td>2 - Some Knowledge</td>
<td>a. Being able to describe about pressure being applied on different parts of the body or</td>
</tr>
<tr>
<td></td>
<td>b. Knowledge about its working or</td>
</tr>
<tr>
<td></td>
<td>c. Knowledge about results obtained.</td>
</tr>
<tr>
<td>3 - Good Knowledge</td>
<td>a. Knowledge about pressure being applied on different parts of the body and</td>
</tr>
<tr>
<td></td>
<td>b. Knowledge about its working and</td>
</tr>
<tr>
<td></td>
<td>c. Knowledge about results obtained.</td>
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</tbody>
</table>

Table A 5.2.1 Midwives' understanding of acupressure

<table>
<thead>
<tr>
<th>No Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1, 9, 12, 13, 20, 22, 23, 24, 30, 35, 36, 39, 43, 44, 52, 57, 61, 62, 64,</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Incorrect Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Using needles to selected points to treat complaints.</td>
</tr>
<tr>
<td>25. Needles into the skin.</td>
</tr>
<tr>
<td>47. Needles.</td>
</tr>
<tr>
<td>48. The use of pressure points on the body to relieve symptoms with fine needles.</td>
</tr>
<tr>
<td>49. Application of needles to different areas of vascular circulation.</td>
</tr>
<tr>
<td>51. Is it the same as acupuncture?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Some Knowledge</th>
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</thead>
<tbody>
<tr>
<td>2. Pressure on particular positions of the body.</td>
</tr>
<tr>
<td>3. Nerve end pressure which dislodges crystals.</td>
</tr>
<tr>
<td>4. The use of pressure on different parts of the body to ease pain.</td>
</tr>
<tr>
<td>5. The application of pressure to specific areas of the body to alleviate pain.</td>
</tr>
<tr>
<td>6. By using pressure at certain points of the body. Relief from pain can be obtained in that area or another area that is painful.</td>
</tr>
<tr>
<td>7. Locating area on body and applying pressure to deal with pain.</td>
</tr>
<tr>
<td>10. Apply pressure points to various points (eg. as in acupuncture) onto various parts of the body.</td>
</tr>
<tr>
<td>11. Relief of symptoms by applying pressure to various points on various parts of the body.</td>
</tr>
<tr>
<td>14. Application of pressure to different points on the body.</td>
</tr>
<tr>
<td>15. Pressure to certain pressure points on the body.</td>
</tr>
<tr>
<td>17. Pressure points on the body.</td>
</tr>
<tr>
<td>19. Application of pressure to specific points of the body to relieve certain symptoms/pain.</td>
</tr>
<tr>
<td>21. Relief of pain by pressure on points on body nerves.</td>
</tr>
<tr>
<td>26. Applying pressure to specific nerve areas.</td>
</tr>
<tr>
<td>27. Pressure on acupuncture points to relieve pain.</td>
</tr>
<tr>
<td>28. Putting a certain amount of finger pressure on particular pressure points on the body to realign parts of the body.</td>
</tr>
</tbody>
</table>
Pressure points to relieve pain, nausea etc.

31. Use of pressure points to relieve pain, relaxation and stress.
32. I have learnt some of the acupressure points and use them personally, for family members. Have books on the topic.
33. Use of pressure on specific points on the body for various purposes.
34. Using pressure points to relieve tension/endorphin in the body.
37. Using of different pressure points on the body to help with problems like headache, pain etc.
38. The use of pressure on certain points around the body to provide relief of symptoms e.g. nausea and promote relaxation and healing.
41. Use of pressure points to relieve pain.
42. Pressure points digital or hand pressure to areas of the body.
46. Applying pressure to some areas of the body which could alleviate pain from specific areas.
50. Finding a specific pressure point and applying pressure, usually with the finger tip.
53. Using pressure on pressure points (usually with fingers or thumb) on the body to help relieve pain, ache or discomfort.
54. The use of finger tip pressure on various parts of the body.
55. Using pressure on certain points of the body to include a certain effect.
56. The use of pressure on special points on the body to relieve pain, decrease appetite and restore balance.
58. Applying pressure to certain points on a person “acupressure points” to provide pain relief.
59. Similar to acupuncture without invasive needles.
60. Applying pressure to certain spots.
63. Using pressure points around the body, specific to each condition being treated.
65. Uses pressure points on body to heal or relieve pain.
66. Use of pressure points to work on different parts of the body.

**Good Knowledge**

8. Use of pressure on specific energy points along the body (meridians).
18. Using specific pressure areas with your fingers along various median points on the body for relieving symptoms.
40. Using pressure points related to nerve paths to relieve pain.
45. Enhancement of body functions by pressure on certain meridian points.

**Aromatherapy Midwives**

0 - No Answer - Nothing written.
1 - Incorrect Answer - Anything that does not talk of essential oils, eg oils or scents or aromas.
2 - Some Knowledge - a. Knowledge about essential oils or
b. Knowledge about any method of use or
c. Knowledge about results obtained.
3 - Good Knowledge - a. Knowledge about essential oils and
b. Knowledge about different routes of administration and
c. Knowledge about results obtained.
<table>
<thead>
<tr>
<th>No Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>3, 9, 20, 23, 24, 30, 52</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Incorrect Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Use of oils etc. to treat ailments.</td>
</tr>
<tr>
<td>47. Aromas.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Some Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The use of essential oils to aid relaxation and or stimulation.</td>
</tr>
<tr>
<td>2. Blending essential oils.</td>
</tr>
<tr>
<td>4. The use of different smells inhaling.</td>
</tr>
<tr>
<td>5. The use of aroma to relax the body.</td>
</tr>
<tr>
<td>6. The use of aromas to bring about a desired effect ie analgesia, relaxa</td>
</tr>
<tr>
<td>7. Different smells and oils.</td>
</tr>
<tr>
<td>10. Can affect moods. Involves use of fragrances to promote well-being,</td>
</tr>
<tr>
<td>11. A therapy involving the use of fragrance to promote a feeling of well being.</td>
</tr>
<tr>
<td>12. Aromatherapy can affect moods, for example in a calming manner or give you extra zing.</td>
</tr>
<tr>
<td>15. Use of smell sensation as relaxation.</td>
</tr>
<tr>
<td>17. Use of different scents for relaxation, therapeutic.</td>
</tr>
<tr>
<td>22. Is used as a form of relaxation in labour eg. lavender oil.</td>
</tr>
<tr>
<td>25. The use of essential oils for a desired therapeutic effect.</td>
</tr>
<tr>
<td>27. Use of essential oils. A need to understand which oils suitable in pregnancy and labour.</td>
</tr>
<tr>
<td>29. To relieve symptoms by smell.</td>
</tr>
<tr>
<td>31. Use of oils for burning or massage.</td>
</tr>
<tr>
<td>32. I use various oils health and healing mostly for personal use. Have books on this topic.</td>
</tr>
<tr>
<td>33. Use of essential oils for various purposes eg. relaxation, stimulate</td>
</tr>
<tr>
<td>35. Soothing effect obtained by burning oil.</td>
</tr>
<tr>
<td>36. Some aromas are capable of producing relaxation and thus accelerating labour.</td>
</tr>
<tr>
<td>41. Use of aromatic oils to induce relaxation.</td>
</tr>
<tr>
<td>42. Use of aromatic essential oils to aid in creating an atmosphere of calm and relaxation.</td>
</tr>
<tr>
<td>43. Oils of fragrance to help to relieve stress and anxiety.</td>
</tr>
<tr>
<td>45. Use of essential oils in various forms to enhance body functions, induce relaxation, relieve nausea etc.</td>
</tr>
<tr>
<td>46. Obtaining relief from something of smell.</td>
</tr>
<tr>
<td>51. Essential oils.</td>
</tr>
<tr>
<td>54. The use of essential oils to enhance relaxation and stimulate labour.</td>
</tr>
<tr>
<td>56. The use of essential oils to affect mood and relaxation, energy levels.</td>
</tr>
</tbody>
</table>
59. Use of essential oils for balancing mind, body and spirit.
60. Use of essential oils.
61. Use of essential oils to improve feeling of wellbeing, treat specific health problems, relaxation.
62. The enhancement and smell of various herbs, how it affects the body and mind.
63. Use scented oils to aid in healing.

Good Knowledge:
8. Use of oils/essences by inhalation topical application ingestion for relief of symptoms.
18. Using essential oils to assist with various stages of labour, like using with hot packs, inhalation/ massage.
19. Use of essential oils (to burn, massage, baths etc) to promote a sense of wellbeing.
21. Relaxation from fragrances and rubbing of essential oils onto painful areas.
26. Use of essential oils for inhalation massage or soaking in.
28. Inhaling herbal essences using massage oils, burners, baths, oils on cloth or clothing for relieving symptoms.
34. Using herbal aromas along with massage, acupressure to enhance treatment.
37. Using different smells for different complaints usually in form of essential oils.
38. The use of essential oils of plants in a variety of ways to relieve symptoms, promote healing relaxation and well being. Used externally.
39. Use of essential oils in massage, baths or as aromatic in oil burners - can be used for pain relief, stress calm - need to be aware of different oils, also essential to have knowledge of what can harm.
40. Using essential oils or creams either on the skin or in lamps to relieve tension.
44. Essential oils in vapourisers, carrier oils or baths to stimulate relax, soothe etc.
48. The use of essential oils for massage, burning/candles etc to relieve symptoms/stress etc.
49. Burning of different oils to create special scents for desired results, eg. relieving stress.
50. Use of (herbs or scents) essential oils that are warmed to release an aroma that is pleasing and advantageous to labour.
53. The use of aromatic essential oils, which are obtained from plants and trees for treatment of various ailments, and can be used in vapourisers, creams, compresses and lotions.
55. The use of essential oils - eg. in baths, in massage oils, the use of vapourisers.
57. Essential oils have elements that relax or stimulant can be inhaled (through oil burners) or massages absorbed by the skin.
58. Use of essential oils either in oil burner or massage oils etc provide different benefits depending on different oils.
62. Use of essential oils for massage burning etc for pain relief.
63. Using herbs and flower essences, either massaged in or burnt and smell to treat appropriate condition.
66. Use of essential oils (massage, burner, bath, inhalation) to gain the desired effect (relaxing uplifting).
## Herbal Midwives

0 - No Answer. Nothing written.
1 - Incorrect Answer. Anything that does not talk of herbs, eg drinks, leaves.
2 - Some Knowledge -
   a. Knowledge about herbs or
   b. Knowledge about any method of use, ingestion or
   c. Knowledge about results obtained.
3 - Good Knowledge -
   a. Knowledge about herbs and herbal medicine
   b. Knowledge about different routes of application and ingestion and
   c. Knowledge about results obtained.

### Table A 5.2.3 Midwives' understanding of herbal medicine

<table>
<thead>
<tr>
<th>No Answer</th>
<th>Incorrect answer</th>
<th>Some Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>42, 44, 52, 54, 59, 61, 62, 63, 64.</td>
<td>3. A gentle way of encouraging the body to overcome problems. 29. Instead of conventional medicine, using natural remedies. 47. Leaves and things. 51. Drinks or drops.</td>
<td>2. Using herbs for health problems. 4. The use of herbs ingested by teas. 5. The use of herbs medicinally to treat specific disorders or disease. 6. The use of herbs for analgesia, relaxation and calmness. 7. Herbs as medicine. 8. Use of herbal plants/extracts with medicinal properties. 10. Mixture of various herbs to assist in relieving symptoms. 14. Ingredients made from leaves and herbs. 16. Use of herbs etc. to treat complaints. 18. Using herbal medicine to assist with ailments/pain, should be used under the directions of a herbalist, can be dangerous. 25. The use of herbs. 27. A correct knowledge of which herbs to use in herbal teas etc. is vitally important. 32. I have used herbs for healing and well-being within family structure, have books on this topic. 33. Use of herbs for relaxation stimulation. 34. Use of herbal therapies for management of symptoms. (Naturopathy). 39. Used as calming agents, can be used as laxatives. Ease labour contractions, mild sedatives. 40. Use of herbs in drinks to calm and soothe. 45. Medicinal use of herbal preparations without as great a risk of undesirable side effects as with conventional medications.</td>
</tr>
</tbody>
</table>
56. The use of herbal products to cure and treat ills.
57. All medication originally comes from plants. Herbal is in its purest form.
60. Use of herbs.
65. Different herbs contain medicine and heal.

**Good Knowledge**

11. A mixture of various herbs to aid in relief of symptoms eg. an oral mixture of herbs especially formulated for the client as an aid in relief of their personal problems.
19. Infusions/teas/mixtures herbs have medicinal properties. Specific herbs for different ailments.
28. Using extracts of herbs as teas, infusions, tinctures, food to heal.
37. Taking of herbal medicines ie. raspberry leaf tea.
38. The use of plant remedies to treat the patient for a variety of problems. Come in a variety of forms from teas to tinctures. Taken orally.
43. Herbal teas/drinks to help with stress and induce relaxation.
46. Using herbs, ie. special tea to help pain.
48. Herbal mixtures as poultices/inhalants ingested for relief.
49. Taking herbal tablets/teas to enhance labour, lactation. Using herbs for facilitating healing of perineal wounds.
50. Use of herbs in an oral mixture that is taken internally to facilitate labour etc.
53. The use of herbs in the form of drops or infusions or topical for the treatment of various ailments.
55. Herbs which are usually made up as a liquid form and taken usually to tone the uterus but also for morning sickness.
58. Drinking herbal teas, combining in foods to help different ailments.
66. Use of herbal tablets, drops, teas, to support body systems.

**Hydrotherapy Midwives**

0 - No Answer - Nothing written.
1 - Incorrect Answer - Anything that does not talk of use of water eg. water.
2 - Some Knowledge -
   a. Knowledge about water as a therapy or
   b. Knowledge about any method of use or
   c. Knowledge about results obtained.
3 - Good Knowledge -
   a. Knowledge about different methods of use and application and
   b. Knowledge about results obtained.

Table A 5.2.4 Midwives' understanding of hydrotherapy

<table>
<thead>
<tr>
<th>No Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>13, 16, 17, 20, 21, 24, 34, 52, 57, 58, 62</td>
</tr>
</tbody>
</table>
**Incorrect Answer**

14. Water
47. Water
51. Warm water.

**Some Knowledge**

1. The use of water to eliminate or reduce pain.
2. Water therapy.
3. Hot and cold water particularly to promote blood circulation, healing.
4. Warmed water to help with relaxation and pain relief.
5. The use of water and its movement to bring about a desired effect.
7. Do you mean using hot water eg. in showers/baths or movement through water?
8. In labour and delivery can help reduce backache and pain.
9. Use of warm water to soothe.
10. Water and exercises-warmth, soothing to areas concerned.
11. Use of water on the body to produce a soothing and healing effect.
14. Specially devised water therapies suited to individual needs.
16. Have heard about this therapy but have only used deep baby baths with massage as soothing technique for unsettled babies.
17. Use of water for relaxation and pain relief.
20. Use of water.
22. Using water to becomeweightless and relax in warm environment.
23. Soothing/relaxing in warm water.
25. Getting relief from water.
27. Using water as a means to facilitate comfort and ease of pain.
28. The use of water to help to ease pain.
29. The use of water.
30. Therapy in water.
31. The use of water to aid in healing.
32. The use of water, usually deep pools.
**Good Knowledge**

5. Using the weightlessness of the body in water to increase the range of movement of joints and improve mobility. Also useful to alleviate pain.

8. Use of water-bath, spa, mineral spa, shower, hot pools to alleviate muscular aches and pains.

10. In labour, reduces pain and low backache eg. use of water baths.

11. A therapy including the use of water eg. swimming pool, rehabilitation.

18. The use of water spas to assist with recovery of injuries as it is using stress reduced exercises in water.

19. Water therapy eg. baths, spas, showers for the relief of labour pain/ arthritis, etc.

23. Aid clients to exercise with reduced weight in a controlled setting.

27. Baths and showers to reduce pain in labour.

28. Using water to help heal, exercising in warm water, relaxing in warm hot baths, spa baths.

35. Use of water to aid relaxation and provide comfort, usually by immersing in a bath.

42. Use of warm deep water as a facilitator in pain relief management.

44. Hot, cold, warm water to ease tension, pain relief, reduce swelling etc. shower, bath spa.

45. Use of warm baths (or showers) to enhance/ induce relaxation at times of stress. Can also be used in rehabilitation to support the body.

49. Using water-eg. baths/showers to relieve pain.

50. Use of water, usually hot bath to aid in pain relief and relaxation.

53. Using water, usually warm, to help relieve pain, ache or discomfort by using a pool bath or spa.

56. The use of water as therapy, ie. water reduces weight when exercising and can be used for pain relief.

61. The use of water to soothe relax and assist exercise for asthmatics, arthritics, the elderly and the disabled.

63. The use of water either still or spa to induce relaxation or to treat injuries.

64. Exercise in water to massage muscles and joints, as a gentle exercise to various body areas.

---

**Massage Midwives**

0 - No Answer - Nothing written.

1 - Incorrect Answer - Anything that does not talk of massage eg very nice.

2 - Some Knowledge -
   a. Knowledge about how massage works or
   b. Knowledge about any method of massage or
   c. Knowledge about results obtained.

3 - Good Knowledge -
   a. Knowledge about different types of massage and
   b. Knowledge about results obtained.
Table A 5.2.5 Midwives' understanding of massage

<table>
<thead>
<tr>
<th>No Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>5, 9, 12, 14, 20, 24, 36, 41, 52, 65.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Incorrect Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>27. Really helpful during labour.</td>
</tr>
<tr>
<td>47. Very nice.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Some knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Soft tissue manipulation to decrease tension and pain in muscles.</td>
</tr>
<tr>
<td>2. Massaging on affected areas.</td>
</tr>
<tr>
<td>3. This again stimulates circulation and probably works on nerve centres.</td>
</tr>
<tr>
<td>4. For relaxation.</td>
</tr>
<tr>
<td>7. Relaxation and muscle tension relief.</td>
</tr>
<tr>
<td>10. Apply touch to promote wellness and relieve symptoms.</td>
</tr>
<tr>
<td>11. Applying touch to an individual to promote wellness and alleviate symptoms.</td>
</tr>
<tr>
<td>13. Using regular rhythmic pressure to relieve pain.</td>
</tr>
<tr>
<td>15. Relaxation through touch.</td>
</tr>
<tr>
<td>16. Massage to body to treat complaints.</td>
</tr>
<tr>
<td>17. Pressure points to give relief.</td>
</tr>
<tr>
<td>19. Touching/touching different bodies with/without oils to relieve painful or tense areas.</td>
</tr>
<tr>
<td>21. Massage of muscular areas of the body to relieve pain.</td>
</tr>
<tr>
<td>22. The use of massage to the pain related areas in labour to relax patient.</td>
</tr>
<tr>
<td>23. Use of massage to relieve tension and assist in drainage of toxins and fluid retained by the body.</td>
</tr>
<tr>
<td>25. Physical pressure on muscles etc. to relieve tension.</td>
</tr>
<tr>
<td>26. Rubbing with firmness, muscle areas.</td>
</tr>
<tr>
<td>28. Using hands, feet, elbows, mechanical vibrator to massage muscles.</td>
</tr>
<tr>
<td>29. Rubbing of areas for relief of symptoms.</td>
</tr>
<tr>
<td>30. A hands on approach for muscular pain, especially useful for relaxation.</td>
</tr>
<tr>
<td>31. Relief of muscle tension, stress, relaxation, toxins and fluid from the body.</td>
</tr>
<tr>
<td>32. The massage for labouring women and for settling techniques for babies. Buck massage in parenting classes.</td>
</tr>
<tr>
<td>33. Touch and massage for relaxation of muscles.</td>
</tr>
<tr>
<td>34. Use of massage therapy to relieve tensions and release endorphins to enhance treatment.</td>
</tr>
<tr>
<td>35. Gentle massage on back, legs to provide comfort.</td>
</tr>
<tr>
<td>37. Using firm but gentle hand movements on different parts of the body to help relax.</td>
</tr>
<tr>
<td>38. Hands applying a variety of pressures to muscles and associated structures through the skin to relieve pain, tension, injury etc.</td>
</tr>
<tr>
<td>39. Useful for pain relief, stress relief (knowledge essential).</td>
</tr>
<tr>
<td>42. Gentle rubbing of parts of the body requested by the patient to facilitate pain relief to that area.</td>
</tr>
<tr>
<td>43. Touch to the body at certain points to relieve tension stress pain. Movement of the hands over the body.</td>
</tr>
</tbody>
</table>
44. Using hands, fingers, elbows, fists etc. to release tension of muscles.
45. Therapeutic stroking of muscles to enhance/induce relaxation and/or relieve pain.
46. Massage to specified areas.
48. Use of massage over body areas for pain relief/relaxation.
49. Using gentle pressure with palms to relieve pain eg. headache or to relax patient.
50. Massage areas of discomfort during labour ie. lower back, thighs, lower abdomen.
51. Using oil or cream to rub the affected area.
53. Using massage, either whole or part of the body to help relieve stress or pain.
54. Applying touch to various parts of the body, usually rhythmic, firm.
55. Use of hands on various parts of the body- rubbing, stroking.
56. Massage can be used to relieve pain, improve circulation or give pleasure.
57. Muscles can be relaxed and soothed, tired and aching muscles.
58. Different types of massage for different purposes, eg. Swedish lymph drainage.
59. Stimulates and relaxes mind body and spirit.
60. Rubbing certain areas.
61. Massage assists in relaxation of muscles, reduces tension, improves circulation and feeling of wellbeing.
62. The use of touch for pain relief and relaxation.
63. To treat injuries to muscles.
64. Aids in the circulation and drainage of various lymphatic drainage areas.
66. Hands on touching, massageing muscles.

**Good Knowledge**

6. The use of hands to rub, knead, pat, or soothe ones skin and muscles.
8. Muscular therapy by way of stroking, rubbing, kneading, percussion and vibration- relieves aches, pains, stress, aids lymphatic drainage.
18. Using rubbing and pressure, using strokes on the body to relieve pain.
40. Rubbing or kneading the body to promote circulation or treat stiff muscles.

**Music Midwives**

0 - No Answer- Nothing written.
1 - Incorrect Answer- Anything that does not talk of music, eg. self explanatory.
2 - Some Knowledge- a. Knowledge about listening to music or
b. Knowledge about results obtained.
3 - Good Knowledge- a. Knowledge about types of music, singing, instruments and
b. Knowledge about results obtained.
<table>
<thead>
<tr>
<th>No Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 3. 5. 7. 9. 12. 14. 16. 20. 23. 24. 31. 34. 36. 46. 62.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Incorrect Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>37. Self explanatory.</td>
</tr>
<tr>
<td>49. Self explanatory.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Some Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. To give positive feelings if favourite music is listened to.</td>
</tr>
<tr>
<td>4. Relaxation.</td>
</tr>
<tr>
<td>6. The use of music and listening to it to bring about a desired effect.</td>
</tr>
<tr>
<td>11. Involving the playing of various types of music to create an atmosphere desirable to promote the wellbeing of an individual.</td>
</tr>
<tr>
<td>13. Again using rhythms to relax and or distract labouring ladies from pain.</td>
</tr>
<tr>
<td>15. Background music allows concentration on other than current situation presented.</td>
</tr>
<tr>
<td>17. Relaxation different focus.</td>
</tr>
<tr>
<td>18. Soft rhythmic sounds to calm and relax people.</td>
</tr>
<tr>
<td>19. Specific music which is pleasing to the patient, often used in conjunction with visual imagery.</td>
</tr>
<tr>
<td>21. Stimulation of the senses through music.</td>
</tr>
<tr>
<td>23. Relaxation, soothing music used in delivery suite.</td>
</tr>
<tr>
<td>25. The use of music to relax a person.</td>
</tr>
<tr>
<td>26. Soothing music being played.</td>
</tr>
<tr>
<td>27. Good for relaxation.</td>
</tr>
<tr>
<td>28. Listening and relaxing to music.</td>
</tr>
<tr>
<td>30. Based on nature especially encourages relaxation.</td>
</tr>
<tr>
<td>32. Use music as background for relaxation session in parenting classes and also for personal use as relaxation.</td>
</tr>
<tr>
<td>33. For relaxation.</td>
</tr>
<tr>
<td>35. I am very interested in music therapy having read a paper on this.</td>
</tr>
<tr>
<td>36. Use of different types of music to promote relaxation and well being.</td>
</tr>
<tr>
<td>39. Don't know much but believe could be useful for mood problems.</td>
</tr>
<tr>
<td>40. Using rhythmic, harmonious sounds for relaxation.</td>
</tr>
<tr>
<td>41. Relaxation tapes have observed this used successfully in labour.</td>
</tr>
<tr>
<td>42. Powerful medicine for relaxation.</td>
</tr>
<tr>
<td>43. To help relaxation by listening to calming music.</td>
</tr>
<tr>
<td>44. For relaxation, mood change, can act subconsciously.</td>
</tr>
<tr>
<td>45. Appropriate to the individual to enhance/induce relaxation.</td>
</tr>
<tr>
<td>47. Relaxing.</td>
</tr>
<tr>
<td>48. Focus on music to relax/centre, focus on for pain relief in labour.</td>
</tr>
<tr>
<td>50. Use of music as a calming and concentration tool.</td>
</tr>
</tbody>
</table>
51. Playing selected choices can calm and relax a person.
53. Using music, can be different types, which helps relax the person listening.
54. Enhancing relaxation via music.
55. The use of music to create a relaxed environment.
56. A method of communication that transcends words and accesses emotions.
57. It relaxes.
58. Calming relaxing music, enjoyable.
59. Powerful used with visual imagery.
60. Music being played.
61. Music reflects our mood and can assist in relaxation or elevation of mood.
62. Sounds to create relaxation or mood changes — calming, soothing.
64. Is used to soothe and relax the mind and body. A universal language.
65. Soothes the ear, relaxes the brain.
66. Use of music for diversional therapy for relaxation.

**Good Knowledge**

- Use of various types of instrumental/melodic/voice patterns to stimulate various states of being e.g., relaxation.
- Playing various types of music to create atmosphere soothing for the mind and soul. Relaxing and calming.
- Music for relaxing techniques. Also using instruments as a form of expressing self.
- As an aid to relaxation for mother and baby. Also during labour if appropriate (classical, ambient or soft modern).

---

**Reflexology Midwives**

0 - No Answer - Nothing written.
1 - Incorrect Answer - Anything that does not talk of pressure on feet, eg study of the eyes.
2 - Some Knowledge -
   a. Knowledge about pressure points on the feet or
   b. Knowledge about results obtained.
3 - Good Knowledge -
   a. Knowledge about pressure being applied on feet and hands points on the feet and
   b. Knowledge about results obtained.
### Table A 5.2.7  Midwives’ understanding of reflexology

<table>
<thead>
<tr>
<th>No Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1, 3, 6, 7, 9, 10, 11, 12, 14, 15, 16, 17, 20, 21, 22, 23, 24, 26, 29, 30, 31, 35, 36, 39, 41, 42, 46, 47, 49, 51, 52, 54, 56, 57, 61, 62, 63, 64, 65, 66.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Incorrect Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Study of the eyes.</td>
</tr>
<tr>
<td>61. Deals with various reflexes and massage.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Some Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Application of pressure to areas of the foot.</td>
</tr>
<tr>
<td>8. Use of pressure and massage on particular areas of the foot and ankle to alleviate body disorders.</td>
</tr>
<tr>
<td>13. Using pressure and massage on certain points of the feet to relieve pain.</td>
</tr>
<tr>
<td>18. Massage and acupressure on the feet to relieve symptoms in the body.</td>
</tr>
<tr>
<td>19. Applying pressure to various areas of the feet to relieve different symptoms.</td>
</tr>
<tr>
<td>25. Pressure on certain parts of the body that relate to another part.</td>
</tr>
<tr>
<td>27. Needs someone trained who knows the correct areas of the foot to massage.</td>
</tr>
<tr>
<td>28. Pressure and massage on particular points on the soles of the feet.</td>
</tr>
<tr>
<td>32. Have heard about this alternative therapy and would like to find out more.</td>
</tr>
<tr>
<td>33. Especially feet -application of pressure points represent organs - pressure stimulates organ.</td>
</tr>
<tr>
<td>34. Acupressure of pressure points in feet to relieve symptoms reflected in body.</td>
</tr>
<tr>
<td>37. Gentle massage usually on feet to alleviate pain or problems in different parts of the body.</td>
</tr>
<tr>
<td>38. Use of pressure on different parts of the feet that correspond with a body part to promote healing, relieve stress.</td>
</tr>
<tr>
<td>40. Massaging soles of the feet to stimulate circulation to relieve tension.</td>
</tr>
<tr>
<td>43. Pressure points on the feet to induce relaxation - reduce stress. To pin point areas of stress/pain.</td>
</tr>
<tr>
<td>45. Pressure on certain points in the feet which correspond with body organs in order to enhance the function of those organs.</td>
</tr>
<tr>
<td>48. Pressure points. Different points of body are used to treat other areas of the body.</td>
</tr>
<tr>
<td>50. Same as acupressure.</td>
</tr>
<tr>
<td>53. Using massage or pressure points on the feet to help relieve stress, pain or symptoms of an ailment.</td>
</tr>
<tr>
<td>58. Massaging feet in different parts to stimulate different parts of the body.</td>
</tr>
<tr>
<td>59. Foot pressure points, zonal therapy.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Good Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Massage of the different parts of the hands and feet affect different nerves for pain relief.</td>
</tr>
<tr>
<td>44. Pressing points on feet, hands to affect other parts of the body.</td>
</tr>
<tr>
<td>55. The feet and hands are maps of our bodies and by using pressure on certain points of the feet or hands we can affect certain parts of the body.</td>
</tr>
</tbody>
</table>
Therapeutic touch Midwives

0. No Answer - Nothing written.
1. Incorrect Answer - Anything that does not talk of the appropriate touch, e.g. massage
2. Some Knowledge -
   a. Knowledge about touching the body for relief or
   b. Knowledge about results obtained.
3. Good Knowledge -
   a. Knowledge about process of therapeutic touch and
   b. Knowledge about results obtained.

Table A 5.2.8 Midwives’ understanding of therapeutic touch

<table>
<thead>
<tr>
<th>No Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1, 3, 4, 7, 9, 10, 11, 12, 14, 15, 16, 17, 20, 21, 22, 23, 24, 26,</td>
</tr>
<tr>
<td>27, 29, 30, 31, 34, 35, 36, 37, 39, 41, 42, 46, 49, 51, 52, 53, 54, 57, 58, 60, 61, 62, 63, 64, 65.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Incorrect Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Much like acupressure and massage combined.</td>
</tr>
<tr>
<td>33. Massage and touch to aid relaxation.</td>
</tr>
<tr>
<td>38. A type of massage.</td>
</tr>
<tr>
<td>47. Gentle.</td>
</tr>
<tr>
<td>48. Similar to massage and use of pressure points.</td>
</tr>
<tr>
<td>50. Same as acupressure.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Some Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Form of touching patient.</td>
</tr>
<tr>
<td>5. Using touch during interaction with patient to reassure them of your empathy and understanding of their circumstance.</td>
</tr>
<tr>
<td>8. Hands on healing techniques.</td>
</tr>
<tr>
<td>13. Using loving soothing strokes to relieve pain by promoting an environment of support and understanding</td>
</tr>
<tr>
<td>18. Soft touching strokes to the body.</td>
</tr>
<tr>
<td>19. Soothing calming touch to different body parts to relieve / ease different symptoms.</td>
</tr>
<tr>
<td>25. Gentle touch to provide support.</td>
</tr>
<tr>
<td>28. Reiki using hands to conduct therapeutic thoughts.</td>
</tr>
<tr>
<td>32. Understand the principle of this therapy but have not used it myself.</td>
</tr>
<tr>
<td>40. Gentle stroking of the skin to soothe and relax.</td>
</tr>
<tr>
<td>43. Touch of the hands to certain parts of the body.</td>
</tr>
<tr>
<td>44. Transferring caring energy through skin to skin contact.</td>
</tr>
<tr>
<td>45. Have trained in Reiki. This is certainly therapeutic touch but I am not sure exactly what you mean.</td>
</tr>
<tr>
<td>56. I think this is the therapy that passes energy from the toucher to the touchee.</td>
</tr>
<tr>
<td>59. The power of touch and healing.</td>
</tr>
</tbody>
</table>
66. Touch of caring hands.

**Good Knowledge**

55. Manipulating a person’s aura to help in relief and treat illness.

### Visual Imagery Midwives

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No Answer - Nothing written.</td>
</tr>
<tr>
<td>1</td>
<td>Incorrect Answer - Anything that does not talk of imagining of images.</td>
</tr>
</tbody>
</table>
| 2     | Some Knowledge -
|       | a. Knowledge about process of imagination or |
|       | b. Knowledge about results obtained. |
| 3     | Good Knowledge -
|       | a. Knowledge about process of imagination and |
|       | b. Knowledge about results obtained. |

#### Table A 5.2.9 Midwives' understanding of visual imagery

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2</td>
<td>The use of sight and looking at images to bring about a desired effect.</td>
</tr>
<tr>
<td>3-6</td>
<td>Imaginary - being somewhere else.</td>
</tr>
<tr>
<td>7-10</td>
<td>Focusing on something.</td>
</tr>
<tr>
<td>11-14</td>
<td>Portrayal of an image to escape reality.</td>
</tr>
<tr>
<td>15-18</td>
<td>Visual focusing on specific things.</td>
</tr>
<tr>
<td>19-22</td>
<td>Visualisation is one of the teaching strategies that can be used in parenting education. I am familiar with it but am uncomfortable using the technique.</td>
</tr>
<tr>
<td>23-26</td>
<td>Distraction for relaxation and meditation.</td>
</tr>
<tr>
<td>27-30</td>
<td>Similar to guided meditation.</td>
</tr>
<tr>
<td>31-34</td>
<td>Reduce brain’s awareness of length and strength of contraction. Reduced awareness of pain increases relaxation.</td>
</tr>
<tr>
<td>35-38</td>
<td>Imagining being in different areas/places. Seeing nice things.</td>
</tr>
<tr>
<td>39-42</td>
<td>Used for motivation, relaxation, transference of stressful tension.</td>
</tr>
<tr>
<td>43-46</td>
<td>Facilitating the patient to use images as a way of coping with pain.</td>
</tr>
<tr>
<td>47-50</td>
<td>Using pleasurable images by imagination to focus attention away from unpleasant experience.</td>
</tr>
<tr>
<td>51-54</td>
<td>Using soothing images via imagination to put your unconscious self in another environment.</td>
</tr>
<tr>
<td>55-58</td>
<td>Talking through various images to focus a patient’s thoughts to help calm and relax.</td>
</tr>
<tr>
<td>59-62</td>
<td>Imagining/ focusing on certain objects/ places in mind’s eye for relaxation.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>22.</td>
<td>The use of imaginary visual images to soothe and relax women in labour and take her mind off the pain in labour.</td>
</tr>
<tr>
<td>27.</td>
<td>Concentrating on an imagined scene to take mind off pain.</td>
</tr>
<tr>
<td>28.</td>
<td>Imagining healing visions, quiet places, safe places, visualising a diseased part of the body getting better.</td>
</tr>
<tr>
<td>37.</td>
<td>When the person imagines different sights to displace them from the situation.</td>
</tr>
<tr>
<td>38.</td>
<td>Use of the imagination to allow a patient to detach themselves from a painful situation and promote relaxation.</td>
</tr>
<tr>
<td>40.</td>
<td>Using aids to help imagination form a mental image of peace, contentment, happiness.</td>
</tr>
<tr>
<td>42.</td>
<td>Focus therapy during the height of contractions helps to control the pain.</td>
</tr>
<tr>
<td>44.</td>
<td>To imagine relaxing, pleasing places to ease pain and worry.</td>
</tr>
<tr>
<td>45.</td>
<td>Using one's imagination to visualise a scene, in order to focus one's thoughts and/or induce relaxation.</td>
</tr>
<tr>
<td>48.</td>
<td>Focus on an image to distract from pain procedure.</td>
</tr>
<tr>
<td>49.</td>
<td>Focusing on an imaginary picture, eg. flower opening up as cervix dilates.</td>
</tr>
<tr>
<td>50.</td>
<td>Visualisation of another scene to take you away from present surroundings.</td>
</tr>
<tr>
<td>55.</td>
<td>Imagining a different place, special event to take your mind off the pain.</td>
</tr>
<tr>
<td>56.</td>
<td>A method of allowing a person to experience situations in their imagination and deal with it satisfactorily.</td>
</tr>
</tbody>
</table>
APPENDIX 6

6.1 WOMEN'S RESPONSES TO UNDERSTANDING OF COMPLEMENTARY THERAPIES

6.2 ANALYSIS OF WOMEN'S RESPONSES TO UNDERSTANDING OF COMPLEMENTARY THERAPIES
6.1 WOMEN'S RESPONSES TO UNDERSTANDING OF COMPLEMENTARY THERAPIES

ACUPRESSURE WOMEN

1. Needles to release pressure.
2. Pressure points used on different parts of the body to relieve pain etc.
3. Applying pressure to different points to stimulate organs, relieve pain etc.
4. Using needles to apply pressure to relieve pain or tension.
5. Placing small needles at certain points on the body to relieve pain etc.
6. Applying pressure to pressure points to give relief.
8. 
9. Using pressure points to help relieve pain.
10. Press certain points along meridians to relieve pain.
11. 
12. Relief using pressure points.
13. 
14. 
15. 
16. 
17. 
18. 
19. I think it's like the acupuncture wherein patient is being massaged on his bones especially.
20. Where needles or pressure is applied in a series of spots to eliminate pain.
21. 
22. 
23. 
24. 
25. 
26. 
27. 
28. 
29. 
30. 
31. The use of pressure on certain points (pressure points) on your body to relieve pain.
32. Pressure on points of body to relieve stress or pain.
33. Using pressure points to relieve pain.
34. 
35. 
36. Fine needles used in certain points of one's body.
37. 
38. 
39. Pressure on certain points of the body to relieve pain.
40. Using needles (for relieving pain) applied into pressure points.
41. Using different pressure points in the body to relieve pain.
42. Using pressure points to relieve certain aches and pains.
43. 
44. I understand this is done with very thin type of silver needles
45. Use of needles in designated areas of the body to relieve pain etc.
46. To place pressure on points in the body that help to release tension and allow energy to flow.
47. 
48. 
49. 
50. Pressure on particular points on your body for pain relief. Points that have a connection.
51. 


57. Put finger pressure on specific points on the body.
58. Uses acupuncture sites, but just uses pressure at each point, rather than needles.
59.
60. Pressure in some points of the body.

AROMATHERAPY WOMEN

- 1. Incense.
2. Oils/smells used to stimulate/relax etc. body.
3. Heating of essential oils or use of oil in massage.
4. Using scents to stimulate relaxation.
5. Smelling of oils or oil burning for relaxation.
6. Soothing oils burned to calm or relax.
7. Oils.
8.
9.
10. Use of scented oils in baths or massaged into certain parts of the body for relaxation (external use).
11. Relaxation oil.
14.
15. To soothe and heal through smell.
16.
17.
18. The use of oils.
19.
20. Where certain fragrants and oils are combined to help soothe pain.
21. Using scenting oils for healing etc. Oils that work for headaches and other things.
22.
23.
24. Relieves stress and tension.
25.
26. Use of different smells or aromas to relieve stress anxiety, to help with sleep etc.
27.
28. The use of oils to relieve pain, tiredness, aches etc.
29. Relaxation through smell.
30. Natural oils used in your environment to relax you.
31. The inhalation of various oils for relaxation.
32. Inhalation of various essential oils to promote wellbeing.
33. Burning oils, massage oils.
34.
35.
36. Use of oils and massage.
37.
38. The use of essential oils to create a desired atmosphere eg. relaxing.
40. The use of essential oils either rubbed in or inhaled to soothe.
41. Using fragrant oils made from natural substances in creams, oils, candles.
42. Natural oils used on skin in massage or burned to scent the room.
43. The burning of essential oils to help heal ones aches and pains. Natural therapy.
44.
45. Use of herbal oils, incense etc. to calm and relax.
46.
47. Burning scented oil to aid relaxation.
48.
49. The use of oils to aid healing.
50. Oils with different flavour to put in a bath or on a lamp.
51. Using incense, burning oils to calm you down.
52. The use of different fragrances to help in relaxation.
53. The use of oils to burn to relax you.
54. Burning or massaging with essential oils to relieve sickness etc.
55. Therapy using oils.
56. Different oils for each problem.
57. Burn, vaporise or inhale etheric oils - but only organic grown ones without any chemicals, use only as recommended in specific literature.
58. Uses essential oils derived from various plants in massage oils/ bath/ burners to treat ailments.
59. The burning of different oils that produce scents that can relax the body.
60. Smell.

HERBAL WOMEN

1.
2. Different herbs used to treat different illnesses/ stress etc.
3.
5. Drinking different herbs.
6.
7. Herbs.
8.
9.
10. Use of herbs, internal use tea capsules.
11.
12. Natural herbs.
13. Healing with herbs.
14.
15. Natural.
16.
17.
18. The use of herbs to treat medical problems.
19. This is done by giving the patient only herbal medicine.
20. Where different remedies are mixed together to achieve pain relieving results.
21.
22.
23.
24. Relieves stress and tension.
25.
26.
27. Use of non prescribed medication as a form of pain relief.
28. The use of herbs to relieve some symptoms.
29. Natural remedies.
30.
31.
32.
33. Heard of it.
34.
35.
36. Tonics medicines.
37.
38. Use of herbs instead of artificial medicines.
39. 
40. Herbal potions, lotions made for each individual to treat.
41. 
42. 
43. Herbal teas used for specific problems such as colds, heartburn, period pain. Studied some myself when I was a teenager, now I am in my 20's, not so familiar with it anymore.
44. Similar to Aromatherapy.
45. Treating symptoms with specific herbs or using herbs to bring about change ie. relaxation etc.
46. 
47. 
48. 
49. 
50. Eat different herbal plants, in tablets, in food or plain or in tea for benefits.
51. Herbal teas to calm the nerves and induce labour.
52. 
53. 
54. Using herbs for sickness to keep healthy, instead of prescribed medicines.
55. 
56. 
57. Intake as tea or in medication (bottles) bought at health food stores or chemist - preferably organic grown herbs.
58. Herbal preparation dispensed by a qualified herbalist or naturopath.
59. Using extracts of herbs for natural medicinal purposes.
60. There are like tea.

HYDROTHERAPY WOMEN

1. 
2. Water used to relax etc.
3. Weight free exercise in heated pools for physiotherapy purposes.
4. Using water to relieve pain and tension.
5. Use of water.
6. 
7. Hot water.
8. 
9. Therapy with water.
10. To do with water.
11. 
12. Relief in water.
13. 
14. 
15. 
16. 
17. 
18. 
19. 
20. Where the pool is involved for relief and exercise.
21. 
22. 
23. 
24. Is good for the body (ie. muscles etc).
26. 
27. 
28. 
29. 
30. 
31. 
32. 
33. 
34. 
35. 
36. 
37. 
38. 
39. 
40.
30.
31.
32. Exercise in water.
33.
34.
35.
36. Water therapy.
37.
38.
40. Using hot baths to soothe.
41. Using water at pressure to relieve pain or improvement, without having to bear weight.
42.
43.
44. This is done with water. I have had this therapy but not for pregnancy.
45. Use of water -immerse yourself in warm water etc. to relieve stress/pain etc.
46.
47. Bath and shower for relaxation and pain relief.
48.
49.
50.
51.
52. The use of water in relaxation.
53.
54.
55. Therapy using water.
56. Floating and relaxing in water.
57.
58. Physiotherapy type exercises in a heated pool, for rehabilitation after injury, treatment of arthritis etc.
59. Doing gentle exercise in a large warm water bath/pool.
60. Water.

**MASSAGE WOMEN**

1. Feels good.
2. Usually hands on to relax muscles/stress/tension in the body.
3. Use of touch to soothe or pacify.
4. Applying pressure to relieve pain and tension.
5.
6. Massage given to relax.
7. Muscle manipulation.
8.
9. Massage for relaxation and muscle strains.
10. Relaxation through touch, rubbing, working on body, whole body or parts.
11.
12. Relief due to touch.
13. Healing through nerve points/massage.
14.
15.
16.
17.
18. Working with the muscles.
19. This is done mostly in all parts of the body, especially on back, upper and lower extremities.
20. Where touching is involved to relieve sore aching and tired parts of the body.
21. Relaxation for the whole body with oil or powder.
22.
23. Stress relief.
24. Relaxation
25. Relaxation of muscle to relieve tension.
26. To massage certain pressure or tension places to relieve stress and tenseness.
27. Rubbing of partners hands to help relieve the pain, you may be experiencing.
28. The manipulation of ones body to relieve pains and aches.
29. Muscle relaxant.
30.
31. Massaging muscles to relieve tension and stress.
32. Massage of tension in all muscles.
33. Using massage to relieve discomfort, stress, toxins.
34.
35.
36. Pain relief.
37.
38.
39. Rubbing of body.
40. Rubbing muscles and pressure points.
41. Manipulating the muscles to help relieve pain and to improve movement of limbs.
42. Using hands to rub parts of the body for healing or relaxation.
43. Massaging certain parts of the body to relieve pressure points.
44. Mainly my boyfriend gives me a massage when I am sore.
45. Massaging for relaxation.
46. Help release toxins from the skin and in turn help organs such as liver to do their job more effectively.
47. Physically tension releasing, stress relieving.
48.
49.
50. Use the hands to make a massage on the muscles of the body.
51. Back massage to ease the pain during birth.
52. Releasing of tension by having your body rubbed.
53. Massage is rubbing muscles to relax.
54. Using hands on the body to relax tension and stress.
55.
56. Massaging muscles.
57. Special touch and movement of mainly hands on parts of the body for relief, depending on the type of massage, eg. Traditional, Shiatsu, Thai, Chinese ...etc.
58. Relaxation or stimulation of muscles using the hands by rhythmic massage.
59. The use of touch (stroking, kneading, pressures) to relax muscles.
60.

MUSIC WOMEN

1. Relaxing.
2. Used to provide stimulating or calming effect on environment.
3. Using music to soothe, pacify.
4. Using music that someone finds relaxing or therapeutic.
5. Listening to music to calm.
6.
7.
8.
10. Relaxation through music.
11. Relaxing and soothing.
12. Different music for different emotions.
13. Calming.
14.
15. Relaxes your mind and muscles. Tai chi music.
16. Using the music to sooth.
17. Patient should listen to pleasing music that he/she likes.
18. Where certain sounds are used to help calm and relax stress.
19. Form of relaxation and stress relief.
20. Relaxation.
21.
22.
23. Focusing your thoughts on the music to relax while going through pain.
24. The use of music to calm and soothe and relax.
25. Spiritual and mental relaxant.
26. Different music has different effects on the body and mind. Soft, slow music has a
27. soothing effect.
28. Relaxation with music.
29. Calming.
30.
31. For relaxation.
32. Listening to peaceful music.
33.
34.
35.
36. To relax the mind. Played to help you focus eg. Surf and Sea to visualise.
37. Relaxation music is an excellent way to relieve the stresses of the day.
38. I find generally listening sometimes can be a therapy in itself.
39. Relaxation music is played to calm and soothe the mind and body.
40. Can create moods ie. active, balance, inactive to overcome imbalances etc.
41. Take your mind off pain. Calmed mood and emotion.
42.
43.
44. Listen to music to calm down, relax and try to get the mental part of your body strong
45. Familiar music to relax mothers.
46.
47. Happy sounds.
48. Focus on - especially- relaxing, soft music-relaxation technique to release tension.
49. The use of music to aid relaxation.
50. Choosing a piece of music that has personal significance that is known to calm the body/
51. mind.
52. Listening.

REFLEXOLOGY WOMEN

1.
2.
3.
10. Working on certain points of the body which reflex organs.
11.
12.
13.
14.
15.
16.
17.
18. Checking reflex.
19. This is done to patient who has bones or ligaments pains through proper massage.
20. Unsure. Maybe where reflexes are tested through touching sensitive spots.
21.
22.
23.
24.
25.
26.
27.
28.
29.
30.
31. The use of pressure points in the feet.
32.
33.
34.
35.
36.
37.
38.
39.
40.
41. Using the eyes, looking at them, to find disease in other parts of the body.
42.
43.
44.
45. Similar to massage/acupressure.
46. On feet-hands using nerve endings to stimulate proper function of organs and areas connected with those nerve endings.
47.
48.
49.
50.
51.
52.
53.
54.
55.
56.
57. Similar to acupressure of the feet.
58. Specific massage of the feet, where each area of the foot represents different parts of the body.
59. Applying pressure to different parts of the body to stimulate an effect elsewhere in the body.

60.

**THERAPEUTIC TOUCH**

1.
2.
3.
- 4.
5.
6. Placing hands on affected area and their touch is relaxing.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.
18.
19.
20. Unsure totally on this one. Maybe a form of massage.
21.
- 22.
23.
24.
25.
26.
27.
28.
29.
30.
31.
32.
33.
34.
35.
36.
37.
38.
39.
- 40.
41.
42.
43.
44.
45.
46.
47. Consoling soothing touch. Reassurance on arm/hand etc.
48.
49.
50.
51.
52.
53. 
54. 
55. 
56. 

57. 
58. Not sure, laying on of hands. 
59. 
60. 

**VISUAL IMAGERY: WOMEN**

1. 
2. I think this is where you use your mind to visualise relaxing different parts of the body. 
3. 
4. Using your brain to imagine serene places in times of need. 
5. 
6. 
7. 
8. 
9. 
10. 
11. 
12. 
13. 
14. 
15. 
16. 
17. 
18. 
19. 

"20. Where you are given pictures, scenarios or something to focus onto to get by the pain you are in. 
21. 
22. 
23. 
24. 
25. 
26. 
27. Focusing on something in the room you can see. 
28. 
29. 
30. 
31. The use of certain images to calm someone, e.g., waterfalls and rainforests tend to have a calming effect. 
32. 
33. 
34. 
35. 
36. 
37. 
38. 
39. 
40. 
41. 
42. 
43. Used with music. Is a way of meditation. 

28/1
As I am an artist myself I find this is a soothing pastime.

Imagining a place and focussing on that place, what it sounds/smells/looks/feels like to relax.

ANY OTHER THERAPY KNOWN WOMEN

35. Reiki: is a form of hand healing using chie energy.
36. Meditation helps you come into balance and live in the moment rather than worrying about the future or the past, hence brings about health and positive mind body and spirit.
37. Prayer to Jesus the father.
38. Reiki Another person puts the hand on the place on the body where the pain is. The heat goes from one person to another.
40. Iridology looks for signs of ill health within the iris of the eye.
41. Bach flower uses a distillation process with flowers in water, left in the sun to collect the essence. Each flower has certain properties.
6.2 ANALYSIS OF WOMENS' RESPONSES TO UNDERSTANDING OF COMPLEMENTARY THERAPIES

**Acupressure Women**

0 - No Answer - Nothing written.
1 - Incorrect Answer - Anything other than pressure applied.
2 - Some Knowledge -
   a. Being able to describe about pressure being applied on different parts of the body or
   b. Knowledge about its working or
   c. Knowledge about results obtained.
3 - Good Knowledge -
   a. Knowledge about pressure being applied on different parts of the body and
   b. Knowledge about its working and
   c. Knowledge about results obtained.

<table>
<thead>
<tr>
<th>Table A 6.2.1</th>
<th>Women's understanding of acupressure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No Answer</strong></td>
<td>8, 11, 13, 14, 15, 16, 17, 18, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 34, 35, 37, 38, 43, 47, 48, 49, 51, 52, 53, 54, 55, 56, 59.</td>
</tr>
</tbody>
</table>
| **Incorrect Answer** | 1. Needles to release pressure.  
2. Using needles to apply pressure to relieve pain or tension.  
3. Placing small needles at certain points on the body to relieve pain etc.  
5. Fine needles used in certain points of one's body.  
6. Using needles (for relieving pain) applied into pressure points.  
7. I understand this is done with very thin type of silver needles.  
8. Use of needles in designated areas of the body to relieve pain etc. |
| **Some Knowledge** | 2. Pressure points used on different parts of the body to relieve pain etc.  
3. Applying pressure to different points, to stimulate organs, relieve pain etc.  
4. Applying pressure to pressure points to give relief.  
5. Using pressure points to help relieve pain.  
6. Relief using pressure points.  
7. I think its like the acupuncture wherein patient is being massaged on his bones especially.  
8. Where needles or pressure is applied in a series of spots to eliminate pain.  
9. The use of pressure on certain points (pressure points) on your body to relieve pain.  
10. Pressure on points of body to relieve stress or pain.  
11. Using pressure points to relieve pain.  
12. Pressure on certain points of the body to relieve pain.  
13. Using different pressure points in the body to relieve pain. |
42. Using pressure points to relieve certain aches and pains.
57. Put finger pressure on specific points on the body.
58. Uses acupuncture sites, but just uses pressure at each point, rather than needles.
60. Pressure in some points of the body.

**Good Knowledge**
10. Press certain points along meridians to relieve pain etc.
46. To place pressure on points in the body that help to release tension and allow energy to flow.
50. Pressure on particular points on your body. Points that have a connection.

**Aromatherapy Women**

0 - No Answer - Nothing written.
1 - Incorrect Answer - Anything that does not talk of essential oils, eg oils or scents or aromas.
2 - Some Knowledge -
   a. Knowledge about essential oils or
   b. Knowledge about any method of use or
   c. Knowledge about results obtained.
3 - Good Knowledge -
   a. Knowledge about essential oils and
   b. Knowledge about different routes of administration and
   c. Knowledge about results obtained.

**Table A 6.2.2** Women's understanding of aromatherapy

| No Answer |
| 8, 9, 14, 16, 17, 19, 22, 23, 25, 27, 34, 35, 37, 44, 46, 48. |

| Incorrect Answer |
| 1. Insense. |
| 7. Oils. |
| 11. Relaxation oil. |
| 18. The use of oils. |
| 24. Relieves stress and tension |
| 28. The use of oils to relieve pain, tiredness, aches, etc. |
| 49. The use of oils to aid healing |
| 55. Therapy using oils. |
| 60. Smell. |
Some Knowledge
2. Oils/smells used to stimulate/relax etc. body.
3. Heating of essential oil or use of oil in massage.
4. Using scents to stimulate relaxation.
5. Smelling of oils or oil burning for relaxation.
6. Soothing oils burned to calm or relax.
15. To soothe and heal through smell.
20. Where certain fragrants and oils are combined to help soothe pain.
21. Using scented oils for healing etc. Oils that work for headaches and other things.
26. Use of different smells or aromas to relieve stress anxiety, to help with sleep etc.
29. Relaxation through smell.
30. Natural oils used in your environment to relax you.
31. The inhalation of various oils for relaxation.
33. Burning oils, massage oils.
36. Use of oils and massage.
38. The use of essential oils to create a desired atmosphere, eg. relaxing.
41. Using fragrant oils made from natural substances in creams, oils, candles.
42. Natural oils used on skin in massage or burned to scent the room.
45. Use of herbal oils, incense etc. to calm and relax.
50. Oils with different flavour to put in a bath or on a lamp.
51. Using incense, burning oils to calm you down.
52. The use of different fragrances to help in relaxation.
53. The use of oils to burn to relax you.
56. Different oils for each problem.
57. Burn, vaporise or inhale etheric oils - but only as recommended in specific literature.
59. The burning of different oils that produce scents that can relax the body.

Good Knowledge
10. Use of scented oils in baths or massaged into certain parts of the body (external use).
32. Inhalation of various essential oils to promote wellbeing.
40. The use of essential oils either rubbed in or inhaled to soothe.
43. The burning of essential oils to help heal ones aches and pains, Natural therapy
47. Burning scented oil to aid in relaxation.
54. Burning or massaging with essential oils to relieve sickness etc.
58. Uses essential oils derived from various plants in massage oils/bath/burners to treat ailments.
**Herbal Women**

0 - No Answer: Nothing written.
1 - Incorrect Answer: Anything that does not talk of herbs, eg drinks, leaves.
2 - Some Knowledge:
   a. Knowledge about herbs or
   b. Knowledge about any method of use, ingestion or
   c. Knowledge about results obtained.
3 - Good Knowledge:
   a. Knowledge about herbs and herbal medicine
   b. Knowledge about different routes of application and ingestion and
   c. Knowledge about results obtained.

<table>
<thead>
<tr>
<th>Table A 6.2.3</th>
<th>Women's understanding of herbal medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No Answer</strong></td>
<td>1, 3, 6, 8, 9, 11, 14, 16, 17, 21, 22, 23, 25, 26, 30, 31, 32, 34, 35, 37, 39, 41, 42, 47, 48, 49, 52, 53, 55, 56.</td>
</tr>
</tbody>
</table>
| **Incorrect Answer** | 15. Natural
   20. Where different remedies are mixed together to achieve pain relieving results.
   24. Relieves stress and tension.
   27. Use of non prescribed medication as a form of pain relief
   29. Natural remedies.
   33. Heard of it.
   36. Tonics medicines.
   44. Studied some myself when I was a teenager, now I am in my 20's, not so familiar with it anymore.
   45. Similar to Aromatherapy. |
| **Some Knowledge** | 2. Different herbs used to treat different illnesses/ stress etc.
   5. Drinking different herbs.
   7. Herbs. |
| | 10. Use of herbs internal teas capsules.
   12. Natural herbs.
   13. Healing with herbs.
   18. The use of herbs to treat medical problems.
   19. This is done by giving the patient only herbal medicine.
   28. The use of herbs to relieve some symptoms.
   38. Use of herbs instead of artificial medicines.
   40. Herbal potions, lotions made for each individual to treat. |
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>46. Treating symptoms with specific herbs or using herbs to bring about change e.g. relaxation etc.</td>
<td></td>
</tr>
<tr>
<td>54. Using herbs for sickness to keep healthy, instead of prescribed medicines.</td>
<td></td>
</tr>
<tr>
<td>57. Intake as tea or in medication (bottles) bought at health food stores or chemist - preferably organic grown herbs.</td>
<td></td>
</tr>
<tr>
<td>58. Herbal preparation dispensed by a qualified herbalist or naturopath.</td>
<td></td>
</tr>
<tr>
<td>59. Using extracts of herbs for natural medicinal purposes.</td>
<td></td>
</tr>
<tr>
<td>60. There are like tea.</td>
<td></td>
</tr>
</tbody>
</table>

**Good Knowledge**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>43. Herbal teas used for specific problems such as colds</td>
<td></td>
</tr>
<tr>
<td>50. Eat different herbal plants, in tablets, in food or plain or in tea for benefits.</td>
<td></td>
</tr>
<tr>
<td>51. Herbal teas to calm the nerves and induce labour.</td>
<td></td>
</tr>
</tbody>
</table>
### Hydrotherapy Women

0 - No Answer - Nothing written.
1 - Incorrect Answer - Anything that does not talk of use of water eg. water.
2 - Some Knowledge - a. Knowledge about water as a therapy or
   b. Knowledge about any method of use or
   c. Knowledge about results obtained.
3 - Good Knowledge - a. Knowledge about different methods of use and application and
   b. Knowledge about results obtained.

#### Table A 6.2.4  Womens' understanding of hydrotherapy

<table>
<thead>
<tr>
<th>No Answer</th>
<th>1, 6, 8, 11, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 26, 27, 28, 29, 30, 31, 33, 34, 35, 37, 38, 42, 43, 46, 48, 49, 50.</th>
</tr>
</thead>
</table>
| Incorrect Answer   | 7. Hot water.  
|                    | 10. To do with water.  
|                    | 24. Is good for the body (ie. muscles etc.).  
|                    | 60. Water. |
| Some Knowledge     | 2. Water used to relax etc.  
|                    | 4. Using water to relieve pain and tension.  
|                    | 5. Use of water.  
|                    | 9. Therapy with water.  
|                    | 12. Relief in water.  
|                    | 32. Exercise in water.  
|                    | 36. Water therapy.  
|                    | 40. Using hot baths to soothe.  
|                    | 41. Using water at pressure to relieve pain or improvement, without having to bear weight.  
|                    | 44. This is done with water. I have had this therapy but not for pregnancy.  
|                    | 52. The use of water in relaxation.  
|                    | 55. Therapy using water.  
|                    | 56. Floating and relaxing in water. |
| Good Knowledge     | 3. Weight free exercise in heated pools for physiotherapy purposes.  
|                    | 20. Where the pool is involved for relief and exercise.  
|                    | 45. Use of water - immerse yourself in warm water etc. to relieve stress/ pain etc. |
47. Bath and shower for relaxation and pain relief.
58. Physiotherapy type exercises in a heated pool, for rehabilitation after injury, treatment of arthritis etc.
59. Doing gentle exercise in a large warm water bath/pool

**Massage Women**

<table>
<thead>
<tr>
<th>0 - No Answer</th>
<th>Nothing written.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - Incorrect Answer</td>
<td>Anything that does not talk of massage eg very nice.</td>
</tr>
</tbody>
</table>
| 2 - Some Knowledge | a. Knowledge about how massage works or 
| | b. Knowledge about any method of massage or 
| | c. Knowledge about results obtained. |
| 3 - Good Knowledge | a. Knowledge about different types of massage and 
| | b. Knowledge about results obtained. |

Table A 6.2.5  Women’s understanding of massage

<table>
<thead>
<tr>
<th>No answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>5, 8, 11, 14, 15, 16, 17, 22, 30, 34, 35, 37, 38, 48, 49, 55, 60.</td>
</tr>
</tbody>
</table>

**Incorrect Answer**

| 1. Feels good |

**Some Knowledge**

2. Usually hands on to relax muscles/stress tension in the body.
3. Use of touch to soothe or pacify.
4. Applying pressure to relieve pain and tension.
5. Massage given to relax.
7. Massage for relaxation and muscle strains
8. Relief due to touch.
9. Healing through nerve points/massage.
10. Working with the muscles.
11. This is done mostly in all parts of the body, especially on back, upper and lower extremities.
12. Where touching is involved to relieve sore aching and tired parts of the body.
13. Relaxation for the whole body with oil or powder.
15. Relaxation.
<table>
<thead>
<tr>
<th>25.</th>
<th>Relaxation of muscle to relieve tension.</th>
</tr>
</thead>
<tbody>
<tr>
<td>26.</td>
<td>To massage certain pressure or tension places to relieve stress and tenseness.</td>
</tr>
<tr>
<td>28.</td>
<td>The manipulation of one's body to relieve pains and aches.</td>
</tr>
<tr>
<td>29.</td>
<td>Muscle relaxant.</td>
</tr>
<tr>
<td>31.</td>
<td>Massaging muscles to relieve tension and stress.</td>
</tr>
<tr>
<td>32.</td>
<td>Massage of tension in all the muscles.</td>
</tr>
<tr>
<td>33.</td>
<td>Using massage to relieve discomfort stress and toxins.</td>
</tr>
</tbody>
</table>

| 36. | Pain relief. |
| 39. | Rubbing of body. |
| 40. | Rubbing muscles and pressure points. |
| 43. | Massaging certain parts of the body to relieve pressure points. |
| 44. | Mainly my boyfriend gives me a massage when I am sore. |
| 45. | Massaging for relaxation. |
| 46. | Help release toxins from the skin and in turn help organs such as liver to do their job more effectively. |
| 47. | Physically tension releasing, stress relieving. |
| 50. | Use the hands to make a massage on the muscles of the body |
| 51. | Back massage to ease the pain during birth. |
| 54. | Using hands on the body to relax tension and stress. |
| 56. | Massaging muscles. |

**Good Knowledge**

| 10. | Relaxation through touch, rubbing, working on body, whole body or parts. |
| 27. | Rubbing of partners hands to help relieve the pain, you may be experiencing. |
| 42. | Using hands to rub parts of the body for healing and relaxation. |
| 52. | Releasing of tension by having your body rubbed. |
| 53. | Massage is rubbing muscles to relax. |
| 57. | Special touch and movement of mainly hands on parts of the body for relief, depending on the type of massage, eg. Traditional, Shiatsu, Thai, Chinese etc. |
| 58. | Relaxation or stimulation of muscles using the hands by rhythmic massage. |
| 59. | The use of touch (stroking, kneading, pressures) to relax muscles. |
**Music Women**

0 - No Answer - Nothing written.
1 - Incorrect Answer - Anything that does not talk of music, eg self explanatory.
2 - Some Knowledge -
   a. Knowledge about listening to music or
   b. Knowledge about results obtained.
3 - Good Knowledge -
   a. Knowledge about types of music, singing, instruments and
   b. Knowledge about results obtained.

<table>
<thead>
<tr>
<th>Table A 6.2.7  Womens' understanding of music</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No Answer</strong></td>
</tr>
<tr>
<td>6, 7, 8, 12, 14, 16, 21, 22, 25, 26, 30, 33, 34, 35, 37, 38, 41, 48, 49, 52, 53, 54, 55.</td>
</tr>
<tr>
<td><strong>Incorrect Answer</strong></td>
</tr>
<tr>
<td>None.</td>
</tr>
<tr>
<td><strong>Some Knowledge</strong></td>
</tr>
<tr>
<td>1. Relaxing.</td>
</tr>
<tr>
<td>2. Used to provide stimulating or calming effect on environment</td>
</tr>
<tr>
<td>3. Using music to soothe pacify.</td>
</tr>
<tr>
<td>4. Using music that someone finds relaxing or therapeutic.</td>
</tr>
<tr>
<td>5. Listening to music to calm.</td>
</tr>
<tr>
<td>10. Relaxation through music.</td>
</tr>
<tr>
<td>11. Relaxing and soothing.</td>
</tr>
<tr>
<td>13. Different music for different emotions.</td>
</tr>
<tr>
<td>15. Calming.</td>
</tr>
<tr>
<td>17.Relaxes your mind and muscles.Tai chi music.</td>
</tr>
<tr>
<td>18. Using the music to soothe.</td>
</tr>
<tr>
<td>19. Patient should listen to pleasing music that he/she likes.</td>
</tr>
<tr>
<td>20. Where certain sounds are used to help calm and relax stress.</td>
</tr>
<tr>
<td>23. Form of relaxation and stress relief.</td>
</tr>
<tr>
<td>24. Relaxation.</td>
</tr>
<tr>
<td>27. Focusing your thoughts on the music to relax while going through the pain.</td>
</tr>
<tr>
<td>28. The use of music to calm and soothe and relax.</td>
</tr>
<tr>
<td>29. Spiritual and mental relaxant.</td>
</tr>
<tr>
<td>31. Different music has different effects on the body and mind. Soft, slow music has a soothing effect.</td>
</tr>
<tr>
<td>32. Relaxation with music.</td>
</tr>
<tr>
<td>36. Calming.</td>
</tr>
<tr>
<td>39. For relaxation.</td>
</tr>
</tbody>
</table>
40. Listening to peaceful music.
42. To relax the mind. Played to help you focus eg. Surf and Sea to visualise.
43. Relaxation music is an excellent way to relieve the stresses of the day.
45. Relaxation music is played to calm and soothe the mind and body.
46. Can create moods i.e. active, balance, inactive to overcome imbalances etc.
47. Take your mind off pain. Calmed mood and emotion.
50. Listen to music to calm down, relax and try to get the mental part of your body strong.
51. Familiar music to relax mothers.
56. Happy sounds.
57. Focus on - especially relaxing, soft music-relaxation technique to release tension.
58. The use of music to aid relaxation.
59. Choosing a piece of music that has personal significance that is known to calm the body/mind.
60. Listening.

**Good Knowledge**

None.

---

**Reflexology Women**

0 - No Answer - Nothing written.
1 - Incorrect Answer - Anything that does not talk of pressure on feet, eg study of the eyes.
2 - Some Knowledge -
   a. Knowledge about pressure points on the feet or
   b. Knowledge about results obtained.
3 - Good Knowledge -
   a. Knowledge about pressure being applied on feet and hands points on the feet and
   b. Knowledge about results obtained.

**Table A 6.2.7** Women's understanding of reflexology

<table>
<thead>
<tr>
<th><strong>No Answer</strong></th>
<th>1. 2. 3. 4. 5. 6. 7. 8. 9. 11. 12. 13. 14. 15. 16. 17. 21. 22. 23. 24. 25. 26. 27.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>28. 29. 30. 32. 33. 34. 35. 36. 37. 38. 39. 40. 42. 43. 44. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 60.</td>
</tr>
<tr>
<td><strong>Incorrect Answer</strong></td>
<td>18. Checking reflex.</td>
</tr>
<tr>
<td></td>
<td>20. Unsure. Maybe where reflexes are tested through touching sensitive spots.</td>
</tr>
<tr>
<td></td>
<td>41. Using the eyes, looking at them, to find disease in other parts of the body.</td>
</tr>
<tr>
<td><strong>Some Knowledge</strong></td>
<td>10. Working on certain parts of the body which reflects organs.</td>
</tr>
<tr>
<td></td>
<td>19. This is done to patient who has bone or ligament pains through proper massage.</td>
</tr>
</tbody>
</table>
The use of pressure points on the feet.
45. Similar to massage/ acupressure.
57. Similar to acupressure of the feet.
58. Specific massage of the feet, where each area of the foot represents different parts of the body.
59. Applying pressure to different parts of the body to stimulate an effect elsewhere in the body.

**Good Knowledge**

- 46. On feet and hands-using nerve endings to stimulate proper function of organs and areas connected with those nerve endings.

---

**Therapeutic touch Women**

0 - No Answer - Nothing written.
1 - Incorrect Answer - Anything that does not talk of the appropriate touch, eg massage
2 - Some Knowledge -
   a. Knowledge about touching the body for relief or
   b. Knowledge about results obtained.
3 - Good Knowledge -
   a. Knowledge about process of therapeutic touch and
   b. Knowledge about results obtained.

---

**Table A 6.2.8  Womens' understanding of therapeutic touch**

| No Answer | 1, 2, 3, 4, 5, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 59, 60. |
|-----------------------------|
| Incorrect Answer | 20. Unsure totally on this one. Maybe a form of massage. |
| Some Knowledge | 6. Placing hands on affected area and their touch is relaxing. 47. Consoling soothing touch. Reassurance on arm/hand etc. 58. Not sure, laying on of hands. |
| Good Knowledge | None. |
Visual Imagery Women

0 - No Answer - Nothing written.
1 - Incorrect Answer - Anything that does not talk of imagining of images.
2 - Some Knowledge -
   a. Knowledge about process of imagination or
   b. Knowledge about results obtained.
3 - Good Knowledge -
   a. Knowledge about process of imagination and
   b. Knowledge about results obtained.

Table A 6.2.9 Women's understanding of visual imagery

<table>
<thead>
<tr>
<th>No Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1, 3, 5, 6, 7, 8, 9, 10, 11, 12, 14, 16, 17, 18, 19, 21, 23, 24, 25, 26, 28, 29, 30, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 60.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Incorrect Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>None.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Some knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>20. Where you are given pictures scenarios or something to focus onto to get by the pain you are in.</td>
</tr>
<tr>
<td>27. Focusing on something in the room you can see.</td>
</tr>
<tr>
<td>43. Used with music. Is a way of meditation.</td>
</tr>
<tr>
<td>44. As an artist myself, I find this is a soothing pastime.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Good Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. I think this is where you use your mind to visualise relaxing different parts of the body.</td>
</tr>
<tr>
<td>4. Using your brain to imagine serene places in times of need.</td>
</tr>
<tr>
<td>31. The use of certain images to calm someone, e.g., waterfalls and rainforests tend to have a calming effect.</td>
</tr>
<tr>
<td>59. Imagining a place and focussing on that place, what it sounds/ smells/ looks/ feels like to relax.</td>
</tr>
</tbody>
</table>
APPENDIX 7

USE OF COMPLEMENTARY THERAPIES

A. GENERAL NURSING

B. MIDWIFERY PRACTICE.
## USE OF COMPLEMENTARY THERAPIES

### A. GENERAL NURSING

#### ACUPRESSURE A.

<table>
<thead>
<tr>
<th>No</th>
<th>Type of Situation</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
<td>Nausea from flying.</td>
<td>Some improvement, still not able to eat but could drink.</td>
</tr>
<tr>
<td>31</td>
<td>Headache</td>
<td>Relief from headache.</td>
</tr>
<tr>
<td>32</td>
<td>Migraine headache.</td>
<td>Relief from headache in a short time.</td>
</tr>
</tbody>
</table>

#### ACUPRESSURE B

<table>
<thead>
<tr>
<th>No</th>
<th>Type of Situation</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>45</td>
<td>Labour</td>
<td>Enhancement of uterine activity.</td>
</tr>
<tr>
<td>59</td>
<td>Labour and delivery.</td>
<td></td>
</tr>
<tr>
<td>63</td>
<td>Pressure points on feet.</td>
<td>More relaxed.</td>
</tr>
</tbody>
</table>

### B. MIDWIFERY PRACTICE

#### AROMATHERAPY A

<table>
<thead>
<tr>
<th>No</th>
<th>Type of Situation</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>I was morning sick while at work.</td>
<td>Peppermint eased my nausea.</td>
</tr>
<tr>
<td>12</td>
<td>Children.</td>
<td>Calming children after school.</td>
</tr>
<tr>
<td></td>
<td>Making love.</td>
<td>Heightening our awareness of each other.</td>
</tr>
<tr>
<td>15</td>
<td>Oncology.</td>
<td>Soothing.</td>
</tr>
<tr>
<td>19</td>
<td>Palliative care.</td>
<td>This seemed to be of value only if the patient was aware of the principles of aromatherapy and believed in it themselves. It did make the room smell nice.</td>
</tr>
<tr>
<td>28</td>
<td>Clinic waiting room, introduced clients to an alternative therapy.</td>
<td>Creating a calming atmosphere.</td>
</tr>
<tr>
<td>32</td>
<td>Cleansing and healing throughout the house; Vapourising and skin application.</td>
<td>Result effective.</td>
</tr>
<tr>
<td>33</td>
<td>Palliative care.</td>
<td>Soothing, especially in terminal situation.</td>
</tr>
<tr>
<td>39</td>
<td>Clinic waiting room, menopausal clinic.</td>
<td>Clients more relaxed, not as stressed if waiting.</td>
</tr>
<tr>
<td>45</td>
<td>Vapouriser to induce relaxation and sleep in dementia.</td>
<td>Some success, becoming less as dementia progressed.</td>
</tr>
<tr>
<td>57</td>
<td>Aromatherapy in nursing home.</td>
<td>Useful in pain control and relaxation.</td>
</tr>
<tr>
<td>57</td>
<td>Aromatherapy in Palliative Care.</td>
<td>Useful in pain control and relaxation.</td>
</tr>
<tr>
<td>60</td>
<td>Inhalation.</td>
<td>Good.</td>
</tr>
<tr>
<td>66</td>
<td>Bath, massage, oil burner</td>
<td>Calming, relaxing feeling.</td>
</tr>
</tbody>
</table>
# Aromatherapy B

<table>
<thead>
<tr>
<th>No.</th>
<th>Type of Situation</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Labour and delivery, nauseous patients (peppermint)</td>
<td>Hopefully aided relaxation.</td>
</tr>
<tr>
<td>2.</td>
<td>In labour, use of lavender and peppermint</td>
<td>Lavender for relaxation and peppermint works well for nausea.</td>
</tr>
<tr>
<td>13.</td>
<td>In labour.</td>
<td>Relax patient, help her cope better.</td>
</tr>
<tr>
<td>17.</td>
<td>In labour and delivery.</td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>In labour.</td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>In labour, labouring lady.</td>
<td>Relaxing to patient but only in early labour.</td>
</tr>
<tr>
<td>22.</td>
<td>In labour.</td>
<td>Soothing and relaxing.</td>
</tr>
<tr>
<td>27.</td>
<td>Aromatherapy and massage in labour.</td>
<td>Helps in pain relief.</td>
</tr>
<tr>
<td>31.</td>
<td>In labour, use of oils for massage and burning.</td>
<td></td>
</tr>
<tr>
<td>37.</td>
<td>In labour, lavender.</td>
<td>To relax.</td>
</tr>
<tr>
<td>42.</td>
<td>In first stage of labour.</td>
<td>Positive.</td>
</tr>
<tr>
<td>43.</td>
<td>In labour.</td>
<td>Helps to induce relaxation and reduce pain levels.</td>
</tr>
<tr>
<td>44.</td>
<td>Antenatal, postnatal, labour.</td>
<td>Good.</td>
</tr>
<tr>
<td>45.</td>
<td>In labour.</td>
<td>Relief from nausea, enhancement of relaxation.</td>
</tr>
<tr>
<td>50.</td>
<td>Labour ward.</td>
<td>Unable to tell if it made any difference.</td>
</tr>
<tr>
<td>51.</td>
<td>Essential oils in labour.</td>
<td>Relaxes ladies well and speeds labour.</td>
</tr>
<tr>
<td>53.</td>
<td>During labour and in midwives clinic.</td>
<td>Pleasing.</td>
</tr>
<tr>
<td>54.</td>
<td>All stages of labour.</td>
<td>Enhanced relaxation.</td>
</tr>
<tr>
<td>55.</td>
<td>Postnatally.</td>
<td>Ease sore breasts.</td>
</tr>
<tr>
<td>55.</td>
<td>In labour.</td>
<td>Helps to relax the women and give the delivery room a more relaxed atmosphere.</td>
</tr>
<tr>
<td>58.</td>
<td>Delivery suite.</td>
<td>Useful.</td>
</tr>
<tr>
<td>59.</td>
<td>Labour and delivery.</td>
<td></td>
</tr>
<tr>
<td>63.</td>
<td>In labour.</td>
<td>Faster labour, more relaxed.</td>
</tr>
<tr>
<td>65.</td>
<td>In labour.</td>
<td>Feeling of well being, calming.</td>
</tr>
<tr>
<td>66.</td>
<td>In labour. Oils on electric burners/oils used to massage abdomen and rub abdomen</td>
<td>Used to create a relaxing atmosphere.</td>
</tr>
</tbody>
</table>
**HERBAL A**

<table>
<thead>
<tr>
<th>No</th>
<th>Type of Situation</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>29.</td>
<td>Long term bronchitis.</td>
<td>Continues to have mild bronchitis, but condition improved.</td>
</tr>
<tr>
<td>32.</td>
<td>Hot flushes and blood pressure.</td>
<td>Current medications by herbal preparations maintaining health.</td>
</tr>
<tr>
<td>39.</td>
<td>In European hospital, prescribed by doctor as sedative, diuretic.</td>
<td></td>
</tr>
<tr>
<td>45.</td>
<td>As prescribed by medical herbalist for husband with dementia.</td>
<td>Successful analgesia, delay in progress of dementia,</td>
</tr>
<tr>
<td>56.</td>
<td>Herb arnica for bruising.</td>
<td>Good</td>
</tr>
</tbody>
</table>

**HERBAL B**

<table>
<thead>
<tr>
<th>No</th>
<th>Type of Situation</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>45.</td>
<td>Pregnancy.</td>
<td>Toning and strengthening of uterus, enhancement of function.</td>
</tr>
<tr>
<td>56.</td>
<td>Cabbage leaves for breast engorgement.</td>
<td>Good</td>
</tr>
</tbody>
</table>

**HYDROTHERAPY A**

<table>
<thead>
<tr>
<th>No</th>
<th>Type of Situation</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>Geriatric rehabilitation.</td>
<td>Good with recovering C.V.A. patients.</td>
</tr>
<tr>
<td>3.</td>
<td>Sanitarium situation.</td>
<td>Relaxant</td>
</tr>
<tr>
<td>25.</td>
<td>Disabled children.</td>
<td>Difficult to say, as there only for one session.</td>
</tr>
<tr>
<td>38.</td>
<td>People with arthritis.</td>
<td>Allows the patient to work muscles without causing any further injury.</td>
</tr>
</tbody>
</table>

**HYDROTHERAPY B**

<table>
<thead>
<tr>
<th>No</th>
<th>Type of Situation</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>25.</td>
<td>38/40 separated symphysis pubis.</td>
<td>Patient hated it, made the pain worse.</td>
</tr>
<tr>
<td>27.</td>
<td>Hot showers in labour.</td>
<td>Helps in pain relief.</td>
</tr>
<tr>
<td>42.</td>
<td>During first stage of labour.</td>
<td>Positive</td>
</tr>
<tr>
<td>43.</td>
<td>In labour.</td>
<td>Helps to minimise pain, induce relaxation.</td>
</tr>
<tr>
<td>44.</td>
<td>Antenatal, labour, postnatal.</td>
<td>Good</td>
</tr>
<tr>
<td>49.</td>
<td>Showers in labour.</td>
<td>Good pain relief, relaxing.</td>
</tr>
<tr>
<td>50.</td>
<td>Labour ward.</td>
<td>Relaxing and pain relief.</td>
</tr>
<tr>
<td>51.</td>
<td>In labour.</td>
<td>Good relief</td>
</tr>
<tr>
<td>53.</td>
<td>In labour.</td>
<td>Progress well in labour.</td>
</tr>
<tr>
<td>55.</td>
<td>In labour.</td>
<td>Helps to ease pain.</td>
</tr>
<tr>
<td>56.</td>
<td>Water bath.</td>
<td>Good</td>
</tr>
<tr>
<td>56.</td>
<td>Showers for pain relief.</td>
<td>Good</td>
</tr>
<tr>
<td>61.</td>
<td>In labour, showering.</td>
<td>To relieve backache.</td>
</tr>
</tbody>
</table>
**MASSAGE A**

<table>
<thead>
<tr>
<th>No</th>
<th>Type of Situation</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Sanitarium situation.</td>
<td>Relaxant</td>
</tr>
<tr>
<td>17</td>
<td>On C.V.A. victims.</td>
<td>Muscle tone</td>
</tr>
<tr>
<td>28</td>
<td>Post op gynaec ward.</td>
<td>Decreased patient's discomfort by relieving muscle aches.</td>
</tr>
<tr>
<td>31</td>
<td>For muscle tension, back and neck</td>
<td>Relieve muscle tension</td>
</tr>
<tr>
<td>32</td>
<td>Unsettled babies.</td>
<td>Usually effective in achieving aim.</td>
</tr>
<tr>
<td>32</td>
<td>Relief of tension and muscle contractures.</td>
<td>Personal relief, effect great</td>
</tr>
<tr>
<td>33</td>
<td>Gerontology, palliative care.</td>
<td>Good for muscle and arthritic pain.</td>
</tr>
<tr>
<td>44</td>
<td>Rehabilitation ward.</td>
<td>Very good</td>
</tr>
<tr>
<td>45</td>
<td>Nursing husband with dementia.</td>
<td>Relaxation, sleep induced</td>
</tr>
<tr>
<td>55</td>
<td>Patient with sore back and neck.</td>
<td>Helped to ease the pain</td>
</tr>
<tr>
<td>60</td>
<td>Massage.</td>
<td>Good.</td>
</tr>
</tbody>
</table>

**MASSAGE B**

<table>
<thead>
<tr>
<th>No</th>
<th>Type of Situation</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Antenatal, postnatal, intrapartum.</td>
<td>Relieved tension, aided relaxation.</td>
</tr>
<tr>
<td>5</td>
<td>In labour.</td>
<td>Alleviates back pain.</td>
</tr>
<tr>
<td>9</td>
<td>In labour.</td>
<td>Useful to reduce pain.</td>
</tr>
<tr>
<td>15</td>
<td>Back pain refusing medical pain relief.</td>
<td>Beneficial to patient, providing relief</td>
</tr>
<tr>
<td>17</td>
<td>In labour and delivery.</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>In labour.</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>In labour, back leg massage.</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>In labour, massage aching back.</td>
<td>Soothing and relaxing.</td>
</tr>
<tr>
<td>27</td>
<td>In labour.</td>
<td>Helps in pain relief.</td>
</tr>
<tr>
<td>28</td>
<td>Antenatal patients- long hospital stay.</td>
<td>Decreased patient's discomfort through touch and relaxation.</td>
</tr>
<tr>
<td>32</td>
<td>In labour.</td>
<td>Usually effective in providing relief</td>
</tr>
<tr>
<td>33</td>
<td>In labour.</td>
<td>Effective, good pain relief</td>
</tr>
<tr>
<td>35</td>
<td>In labour.</td>
<td>Assists patient to relax. Used as a way of calming someone who is distressed with pain.</td>
</tr>
<tr>
<td>37</td>
<td>In labour massage is used.</td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>Mastitis, full breasts.</td>
<td>Works well in soothing breast and relaxing patient.</td>
</tr>
<tr>
<td>38</td>
<td>Relieve back pain.</td>
<td>Effective</td>
</tr>
<tr>
<td>40</td>
<td>Early labour.</td>
<td>Helped woman focus on other areas of her body.</td>
</tr>
<tr>
<td>44</td>
<td>In labour, post natal, nursery.</td>
<td>Good.</td>
</tr>
<tr>
<td>45</td>
<td>In labour.</td>
<td>Relaxation induced and enhanced.</td>
</tr>
<tr>
<td>49</td>
<td>In labour.</td>
<td>Good relief for backache.</td>
</tr>
<tr>
<td>50</td>
<td>Labour ward.</td>
<td></td>
</tr>
<tr>
<td>54</td>
<td>First and second stage of labour.</td>
<td>Eased discomfort.</td>
</tr>
<tr>
<td>55</td>
<td>In labour.</td>
<td>Usually eases pain and helps the woman to relax.</td>
</tr>
<tr>
<td>56</td>
<td>Pain relief in labour.</td>
<td>Good.</td>
</tr>
<tr>
<td>58</td>
<td>Massage in delivery suite.</td>
<td>Useful.</td>
</tr>
<tr>
<td>59</td>
<td>In labour and delivery.</td>
<td></td>
</tr>
<tr>
<td>61</td>
<td>In labour.</td>
<td>Relieve tension and relax muscles.</td>
</tr>
<tr>
<td>63</td>
<td>In labour.</td>
<td>Relieve tension and relax muscles.</td>
</tr>
<tr>
<td>65</td>
<td>In labour.</td>
<td>Allows labour to progress by relaxing the muscles.</td>
</tr>
</tbody>
</table>
### MUSIC A

<table>
<thead>
<tr>
<th>No</th>
<th>Type of Situation</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.</td>
<td>Medical ward music, played for staff benefit.</td>
<td>Made us cheer up and get stuck into our work more readily.</td>
</tr>
<tr>
<td>18.</td>
<td>When assisting with dialysis.</td>
<td>Patients relax through painful and stressful procedure.</td>
</tr>
<tr>
<td>57.</td>
<td>In nursing home, palliative care.</td>
<td>Useful in relaxation and pain control.</td>
</tr>
</tbody>
</table>

### MUSIC B

<table>
<thead>
<tr>
<th>No</th>
<th>Type of Situation</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.</td>
<td>During labour and in SCN</td>
<td>Acted as a distraction from pain. In SCN, helps me get through the shift.</td>
</tr>
<tr>
<td>11.</td>
<td>Tape of uterine sounds on unsettled babies.</td>
<td>Usually settled babies as soon as tape started playing.</td>
</tr>
<tr>
<td>17.</td>
<td>During labour and delivery.</td>
<td>Relaxing.</td>
</tr>
<tr>
<td>18.</td>
<td>During labour and pregnancy.</td>
<td>Generally liked, depending on personal taste.</td>
</tr>
<tr>
<td>22.</td>
<td>During labour.</td>
<td>Cannot recall.</td>
</tr>
<tr>
<td>33.</td>
<td>Antenatal, labour and postnatal...</td>
<td>Effective distraction for pain relief.</td>
</tr>
<tr>
<td>35.</td>
<td>During labour.</td>
<td>Used as a distraction from pain and as a way of promoting relaxation.</td>
</tr>
<tr>
<td>37.</td>
<td>During labour.</td>
<td>Soothing music, used to help relax in early labour.</td>
</tr>
<tr>
<td>40.</td>
<td>Throughout labour.</td>
<td>Allowed woman to relax by concentrating her thoughts to the music, possibly at times swaying to it.</td>
</tr>
<tr>
<td>41.</td>
<td>Delivery suite.</td>
<td>Successfully used by someone who was well prepared and motivated.</td>
</tr>
<tr>
<td>42.</td>
<td>During labour</td>
<td>Positive.</td>
</tr>
<tr>
<td>44.</td>
<td>During labour and in nursery.</td>
<td>Good.</td>
</tr>
<tr>
<td>54.</td>
<td>During labour, all stages.</td>
<td>Enhanced relaxation.</td>
</tr>
</tbody>
</table>

### REFLEXOLOGY A

<table>
<thead>
<tr>
<th>No</th>
<th>Type of Situation</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>19.</td>
<td>Chronic back pain, by trained reflexologist.</td>
<td>Provided relief at the time and up to two hours after.</td>
</tr>
<tr>
<td>45.</td>
<td>Used on self when sinus blocked.</td>
<td>Relief obtained.</td>
</tr>
</tbody>
</table>
**REFLEXOLOGY B**

<table>
<thead>
<tr>
<th>No</th>
<th>Type of Situation</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**THERAPEUTIC TOUCH A**

<table>
<thead>
<tr>
<th>No</th>
<th>Type of Situation</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**THERAPEUTIC TOUCH B**

<table>
<thead>
<tr>
<th>No</th>
<th>Type of Situation</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>Close couple, very loving.</td>
<td>Lots of support, soft touching and personal words. Helped patient get through her labour.</td>
</tr>
<tr>
<td>33</td>
<td>Pre labour.</td>
<td>Effective, good relaxation.</td>
</tr>
</tbody>
</table>

**VISUAL IMAGERY A**

<table>
<thead>
<tr>
<th>No</th>
<th>Type of Situation</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>When assisting with dialysis.</td>
<td>Patients relax through a painful and stressful procedure.</td>
</tr>
<tr>
<td>33</td>
<td>Palliative care.</td>
<td>Effective for pain control.</td>
</tr>
<tr>
<td>38</td>
<td>Management of pain and stress in a burns patient.</td>
<td>Allowed patient to have pain relief without resorting to medication.</td>
</tr>
</tbody>
</table>

**VISUAL IMAGERY B**

<table>
<thead>
<tr>
<th>No</th>
<th>Type of Situation</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>In labour.</td>
<td>Taking their mind off labour, relaxation.</td>
</tr>
<tr>
<td>37</td>
<td>In labour and delivery.</td>
<td>Seemed to work very well.</td>
</tr>
<tr>
<td>44</td>
<td>In labour, postnatal</td>
<td>Good.</td>
</tr>
<tr>
<td>45</td>
<td>Prenatal classes.</td>
<td>Positive response from some people.</td>
</tr>
<tr>
<td>56</td>
<td>Antenatal classes.</td>
<td>Good preparation.</td>
</tr>
<tr>
<td>59</td>
<td>In labour and delivery.</td>
<td></td>
</tr>
</tbody>
</table>

**OTHER THERAPIES A**

<table>
<thead>
<tr>
<th>No</th>
<th>Type of Situation</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>Reiki in cancer palliative care.</td>
<td>Patient able to relax and sleep. Patient stated that he could feel the warmth radiating from the therapist's hands.</td>
</tr>
<tr>
<td>55</td>
<td>Alexander Technique for nursing mother's postural/tensional realignment.</td>
<td>To relieve backache and posture related disorders.</td>
</tr>
<tr>
<td>No</td>
<td>Type of Situation</td>
<td>Result</td>
</tr>
<tr>
<td>----</td>
<td>---------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>27</td>
<td>Posture in labour</td>
<td>Helps in pain relief.</td>
</tr>
<tr>
<td>50</td>
<td>Hot packs in labour ward and postnatal ward.</td>
<td>Easing of pain and discomfort.</td>
</tr>
<tr>
<td>55</td>
<td>Alexander Technique in Delivery suite. Postural tension balance and relaxation.</td>
<td>To enhance optimal foetal positioning.</td>
</tr>
</tbody>
</table>
APPENDIX 8

THERAPIES USED IN DAILY LIFE OF WOMEN
### Acupressure

<table>
<thead>
<tr>
<th>No</th>
<th>Type of Situation</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pain relief.</td>
<td>Relieved pain.</td>
</tr>
<tr>
<td>57</td>
<td>Migraine</td>
<td>No result</td>
</tr>
</tbody>
</table>

### Aromatherapy

<table>
<thead>
<tr>
<th>No</th>
<th>Type of Situation</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Labour, lavender oil used.</td>
<td>Relaxing, pleasant smell</td>
</tr>
<tr>
<td>3</td>
<td>With the kids.</td>
<td>Successful in soothing household.</td>
</tr>
<tr>
<td>6</td>
<td>Stress.</td>
<td>Relaxation.</td>
</tr>
<tr>
<td>7</td>
<td>Nausea.</td>
<td>Relief without medication.</td>
</tr>
<tr>
<td>11</td>
<td>Beauty facial.</td>
<td>Relaxing.</td>
</tr>
<tr>
<td>13</td>
<td>Lavender oil in bath.</td>
<td>Calming.</td>
</tr>
<tr>
<td>26</td>
<td>Suffering from post natal depression and not sleeping</td>
<td>Make me calmer and sometimes help me to fall asleep.</td>
</tr>
<tr>
<td>28</td>
<td>Oil added to bath.</td>
<td>Relaxing, relieving stiff muscles.</td>
</tr>
<tr>
<td>32</td>
<td>Labour ward.</td>
<td>Relaxation.</td>
</tr>
<tr>
<td>32</td>
<td>At home.</td>
<td>Nice smell, relaxation</td>
</tr>
<tr>
<td>36</td>
<td>Burner, burn essential oils, orange.</td>
<td>Used for morning sickness.</td>
</tr>
<tr>
<td>38</td>
<td>Lavender used to relax in bath.</td>
<td>Relax.</td>
</tr>
<tr>
<td>40</td>
<td>Labour and birth.</td>
<td>Very soothing, helps to concentrate on breathing through contractions.</td>
</tr>
<tr>
<td>43</td>
<td>At home when a bit stressed.</td>
<td>Helps me to wind down.</td>
</tr>
<tr>
<td>45</td>
<td>Stress relief during labour.</td>
<td>Fantastic result. Subdued the pain.</td>
</tr>
<tr>
<td>49</td>
<td>Asthma in child.</td>
<td>Easier breathing.</td>
</tr>
<tr>
<td>49</td>
<td>Childbirth.</td>
<td>Eased contractions.</td>
</tr>
<tr>
<td>49</td>
<td>During colds.</td>
<td>Quicker recovery.</td>
</tr>
<tr>
<td>53</td>
<td>Oils burned at home.</td>
<td>To help stress.</td>
</tr>
<tr>
<td>57</td>
<td>Urinal infection.</td>
<td>Excellent</td>
</tr>
<tr>
<td>57</td>
<td>Bronchitis.</td>
<td>Very good.</td>
</tr>
<tr>
<td>58</td>
<td>PMT: massage oil around abdomen and back.</td>
<td>Use it regularly.</td>
</tr>
<tr>
<td>58</td>
<td>Pregnancy, morning sickness, stretch marks.</td>
<td>Effective.</td>
</tr>
<tr>
<td>58</td>
<td>General well being, oils in burner.</td>
<td>Helpful.</td>
</tr>
<tr>
<td>59</td>
<td>When studying.</td>
<td>Relaxed body, able to concentrate.</td>
</tr>
</tbody>
</table>
### HERBAL

<table>
<thead>
<tr>
<th>No</th>
<th>Type of Situation</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>40.</td>
<td>Morning sickness.</td>
<td>Fantastic. I was better after the first three days of treatment.</td>
</tr>
<tr>
<td>43.</td>
<td>Period pain, heartburn, feeling low.</td>
<td>Gives relief.</td>
</tr>
<tr>
<td>46.</td>
<td>Extra bodily requirements.</td>
<td>Supply body with necessary vitamins and minerals.</td>
</tr>
<tr>
<td>50.</td>
<td>Flu or cold to improve immune system.</td>
<td>I got better faster.</td>
</tr>
<tr>
<td>57.</td>
<td>Cold and stomach ache.</td>
<td>Very good.</td>
</tr>
<tr>
<td>58.</td>
<td>Colds, aches and pains, take echinacea, ginger and garlic.</td>
<td>Relief.</td>
</tr>
<tr>
<td>60.</td>
<td>Nervous.</td>
<td>Calm.</td>
</tr>
</tbody>
</table>

### HYDROTHERAPY

<table>
<thead>
<tr>
<th>No</th>
<th>Type of Situation</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>45.</td>
<td>Stress relief during labour.</td>
<td>Fantastic results, subdued the pain.</td>
</tr>
<tr>
<td>59.</td>
<td>After long day of physical activity.</td>
<td>Relaxed body, soothed muscles.</td>
</tr>
</tbody>
</table>

### MASSAGE

<table>
<thead>
<tr>
<th>No</th>
<th>Type of Situation</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>Done by husband at home.</td>
<td>Relaxing, loosens tight muscles in neck and shoulders.</td>
</tr>
<tr>
<td>4.</td>
<td>To relieve pain.</td>
<td>Good.</td>
</tr>
<tr>
<td>17.</td>
<td>During labour and pregnancy.</td>
<td>Relaxed and calmed.</td>
</tr>
<tr>
<td>19.</td>
<td>When tired and had body pains.</td>
<td>Easily get asleep.</td>
</tr>
<tr>
<td>30.</td>
<td>When muscles are sore.</td>
<td>Very effective if done correctly. Muscles become untied.</td>
</tr>
<tr>
<td>27.</td>
<td>Labour.</td>
<td>Made me feel a little relaxed.</td>
</tr>
<tr>
<td>33.</td>
<td>Muscle tension.</td>
<td>Good results.</td>
</tr>
<tr>
<td>40.</td>
<td>Labour and birth.</td>
<td>Very soothing to backache and legs.</td>
</tr>
<tr>
<td>41.</td>
<td>Working as a vet nurse, using massage on injured, diseased birds.</td>
<td>After eight weeks of intense massage, symptoms abated.</td>
</tr>
<tr>
<td>42.</td>
<td>During pregnancy.</td>
<td>Ease aches.</td>
</tr>
<tr>
<td>43.</td>
<td>Night time my husband massages my feet.</td>
<td>Stops the throbbing.</td>
</tr>
<tr>
<td>46.</td>
<td>To release tension.</td>
<td>Breakdown areas affected by tension and anxiety.</td>
</tr>
<tr>
<td>53.</td>
<td>Massage from friend.</td>
<td>To help stress.</td>
</tr>
<tr>
<td>57.</td>
<td>Stress, tension, muscle ache.</td>
<td>Shiatsu excellent.</td>
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<tr>
<td>59.</td>
<td>Low back pain.</td>
<td>Relief of muscle spasm and reduced pain.</td>
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### MUSIC

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<td>13</td>
<td>For relaxation</td>
<td>Good</td>
</tr>
<tr>
<td>17</td>
<td>Coping with stress of a lost one</td>
<td>Relaxed and calmed me</td>
</tr>
<tr>
<td>17</td>
<td>During labour</td>
<td>Relaxed and calmed me</td>
</tr>
<tr>
<td>19</td>
<td>Depressed</td>
<td>Feeling relieved and relaxed</td>
</tr>
<tr>
<td>20</td>
<td>Going to bed time, I try to play soothing music for my girl</td>
<td>So, so, my niece found this technique more useful.</td>
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<tr>
<td>28</td>
<td>Relaxation tapes</td>
<td>Relaxing effect</td>
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<tr>
<td>31</td>
<td>In the evening, after a hectic day, house is quiet except for music</td>
<td>Easier to fall asleep and generally more relaxed.</td>
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<td>42</td>
<td>Relaxation music while giving birth</td>
<td>Calming</td>
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<tr>
<td>43</td>
<td>Once a week group situation music with visualisation</td>
<td>Total relaxation.</td>
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### REFLEXOLOGY

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### THERAPEUTIC TOUCH

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### OTHER THERAPIES

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<td>33. Acupuncture</td>
<td>Neck pain after MVA.</td>
<td>Relief.</td>
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<td>43. Art.</td>
<td>Work</td>
<td>Normalise blood pressure and bodily functions.</td>
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<td>46. Meditation</td>
<td>To be peaceful.</td>
<td>I got better.</td>
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<td>50. Reiki.</td>
<td>Back pain.</td>
<td>Had to do it for a long time to get results.</td>
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<td>50. Homoeopathy</td>
<td>Eczema.</td>
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</table>
APPENDIX 9

INTERVIEWS

9.1 INFORMATION SHEET AND CONSENT FORM FOR MIDWIVES

9.2 INFORMATION SHEET AND CONSENT FORM FOR WOMEN

9.3 EXAMPLE OF AN INTERVIEW WITH A MIDWIFE

9.4 EXAMPLE OF AN INTERVIEW WITH A WOMAN
9.1 INFORMATION SHEET FOR MIDWIVES INTERVIEW

Dear Colleague,

Thank you for agreeing to attend an interview with me. The interview will allow me to explore with you in more details, the answers you gave in the questionnaire and thereby allow more understanding of your familiarity and use of complementary therapies in your midwifery practice. The data obtained will be useful to nurse educators and policy makers in making the necessary changes in the nursing curriculum to include the relevant complementary therapies. This will contribute to better nursing care in the future.

This research project conforms with the National Health and Medical Research Council (N.H.&M.R.C.) guidelines and is a requirement for the Masters in Nursing (Hons) course at U.W.S. Nepean.

This interview should take about 30 minutes to complete. It has been designed to ensure that you are not placed at any personal risk. Your decision whether or not to participate will not prejudice your employment in any way. You are free to withdraw your consent and discontinue at any time without any prejudice. Any information about you, will remain confidential and anonymous. On publication of the results of this study you will not be identified in any way. If you have any further queries about the project you may contact:

Mrs. Gurjeet Minhas
Masters in Nursing (Hons) Research Student
Room UG11, U.W.S. Nepean, Kingswood,
NSW 2747
Tel: 047 360606
or an independent person in the area:

Ms Denise Hadfield, WAHS Ethics Officer
Clinical Sciences building, Nepean Hospital
Penrith, N.S.W. 2750
Tel 047 242171
CONSENT FORM FOR MIDWIVES INTERVIEW

PROJECT TITLE

Complementary Therapies during Pregnancy and Childbirth -- the Midwives and Women's Familiarity and Practices.

INVESTIGATOR

Mrs. Gurjeet Minhas. Registered Nurse and Midwife (India) Masters in Nursing, Sociology and English. C.G.F.N.S. Masters in Nursing (Hons) student at U.W.S. Nepean.

PURPOSE OF THE STUDY

- To find out the midwives' views and use of complementary therapies.

THE STUDY INVOLVES:

A short interview of approximately 30 minutes.

I understand that my decision to participate will not prejudice my employment in the health faculty. I am free to withdraw my consent and discontinue participation at any time without prejudice. My confidentiality, anonymity and privacy will be maintained.

I understand that this project has been approved by the U.W.S. Human Research Ethics and Wentworth Area Health Service Ethics Committees and conforms with National Health and Medical Research Council (N.H.&M.R.C) guidelines. I hereby agree that I have read and understood all the information provided and agree to participate in the research proposal described above. In case of any problem, I may contact an independent person:

Ms. Denise Hadfield,
W.A.H.S. Ethics Officer,
Clinical Services Building,
Nepean Hospital, Penrith, N.S.W. 2750.
Tel: (047) 242171.
Name of participant (block letters): ____________________________ Date: ____________

Signature: ____________________________
9.2 INFORMATION SHEET FOR WOMEN’S INTERVIEW

Dear Friend,

Thank you for agreeing to attend an interview with me. The interview will allow me to explore with you in more details, the answers you gave in the questionnaire and thereby allow more understanding of your familiarity and use of complementary therapies in your daily practice. The data obtained will be useful to nurse educators and policy makers in making the necessary changes in the nursing curriculum to include the relevant complementary therapies. This will contribute to better nursing care in the future.

This research project conforms with the National Health and Medical Research Council (N.H.&M.R.C.) guidelines and is a requirement for the Masters in Nursing (Hons) course at U.W.S. Nepean.

This interview should take about 30 minutes to complete. It has been designed to ensure that you are not placed at any personal risk. Your decision whether or not to participate will not prejudice your employment in any way. You are free to withdraw your consent and discontinue at any time without any prejudice. Any information about you will remain confidential and anonymous. On publication of the results of this study you will not be identified in any way.

If you have any further queries you may contact me:

Mrs. Gurjeet Minhas,  
Masters in Nursing (Hons) Research Student.  
Room UG 11, U.W.S. Nepean, Kingswood,  
N.S.W. 2747.  
Tel: (047) 360606

or an independent person in the area:

Ms. Denise Hadfield, W.A.H.S. Ethics Officer.  
Clinical Services Building, Nepean Hospital,  
Penrith, N.S.W. 2750  
Tel: (047) 242171.
CONSENT FORM FOR WOMENS INTERVIEW

PROJECT TITLE:
Complementary Therapies during pregnancy and childbirth-the midwives and women's views and practices.

INVESTIGATOR:
Mrs. Gurjeet Minhas, Registered Nurse and Midwife (India) Masters in Nursing, Sociology and English. At present Masters in Nursing student at U.W.S.Nepean.

PURPOSE OF THE STUDY:
To find out the views and practices of women attending child care services in hospitals in Western Sydney in relation to complementary therapies.

THE STUDY INVOLVES:
A short interview of approximately 30 minutes.

I understand that my decision to participate will not prejudice my relationship with anyone in the health care system. I consent to participate and am free to withdraw my consent and to discontinue participation at any time without prejudice. My confidentiality, anonymity and privacy will be maintained.

I understand that this project has been approved by the University of Western Sydney Human Research Ethics and Wentworth Area Health Service Ethics Committees and conforms with the National Health and Medical Council (N.H.&M.R.C.) guidelines.

In case of any problem I may contact an independent person:

Ms. Denise Hadfield,
W.A.H.S. Ethics Officer.
Clinical Services Building,
Nepean Hospital, Penrith, N.S.W. 2750.
Tel: (047) 242171.

I hereby agree that I have read and understood all the information provided and agree to participate in the research project described above.
Name of participant (block letters):

Signature: _______________________________  Date: ____________________
9.3 **EXAMPLE OF MIDWIFE'S INTERVIEW**

**G** Good morning Cathy.

**C** Good morning, how are you? Afternoon I think now, yes.

**G** I've just gone through your questionnaire and I'd like to discuss some things that you have written in that. You've mentioned here that aromatherapy has been used in labour. Could you expand on that.

**C** Well I haven't used it. I've only been working here at Katoomba hospital for 5 months and I haven't ever used it with labouring women before, but when I came here, the part of the success, I guess in dealing with women in labour here is that they play a big part in using aromatherapy, so I've actually come to know what it's all about. We use an oil burner and just offer it to women, to all women.

**G** Which oils do you use and just tell me for what you use them.

**C** Oh gee! don't ask me some of the names, but I know that lavender is one. I don't even look sometimes what they are for.

**G** What do you use them for?

**C** Uh... it seems to help the women to relax more. It gives an aroma in the room which obviously does work. It sort of relieves their stress and tension and they can cope with their pain a lot better.

**G** O.K. regarding hydrotherapy, do you use it or have you seen it being used anywhere?

**C** Well I guess it depends on what hydrotherapy really is, my knowledge and what we do here, we use the bath quite a lot with labouring women, when the women are actually well into labour, actually earlier, but we tend to really encourage it when they, when they're not coping with the contractions any more. We run a big bath, and we get them into that, and often a conjunction with the aromatherapy, it's very beneficial to them and they do tend to relax and find they can handle the pain very much better than they were, not being in the bath.

**G** So have you used these therapies beside the one's we've talked about or... first we'll only discuss about labour.

**C** I've only used aromatherapy, hydrotherapy in labour.

**G** And for the women, have you recommended any of these therapies?

**C** No not really, I know we do have antenatal women here, but I don't tend to have an awful lot to do with clinics or anything so....

**G** Now, you've just mentioned that you've recommended these therapies on the basis of your first hand experience, that is with which therapy again?

**C** Yeah, I've had first hand experience, in aromatherapy, just, I use it at home with myself now, well I've done that for quite some time. Certainly I use hydro, hydrotherapy, well as far as, uh a spa pool for relaxation for myself, I've used herbal teas and drinks myself, to induce less anxiety and tension within my own body. Uh massage certainly, I'm actually a qualified masseur. So I do go in and have massages myself and perform massage on my family quite often and I haven't officially been taught how to do Reiki, but I actually have had Reiki done to myself and I do practice that too, on one of my children, so...

**G** So you practice therapeutic touch?

**C** Just with therapeutic touch, yes, yes, yeah.

**G** And it seems to work?
C It does, it does!
G In which cases do you think it works?
C I've got a thirteen year old son that often has a bad neck and I use it on him and he's actually said to me, now, yeah, he can feel it working when my hands are on his body.
G That's great, that's great!
C Quite powerful stuff!
G Besides this, could you tell me a unique experience you've had with these therapies, which you couldn't forget?
C Yeah, what you said with women in labour, or...
G With any, any aspect of your life, if you have had an experience with these therapies which you just can't forget.
C Well, I guess with massage and therapeutic with myself, and it actually happened at Christmas time and I was living in Balona and I'd gone up there for Christmas and doing some study and gone back home and hurt my, I don't know what I actually did, but I hurt my neck quite badly and I went to a gentleman who practiced not just massage, he was a chiropractor and a Reiki expert, and it was just unbelievable what he did to me, I actually came out of there feeling worse, but the next day I was totally cured, it was gone, all the pain. I could move my neck, you know, to all degrees and it was very very incredible, you know, yeah.
G That's a good experience. Now what are your views on midwives practicing complementary therapies.
C I think, I think probably in some of the cases like acupressure, certainly reflexology and visual imagery and probably therapeutic touch as well, I think we really need to be trained. I think aromatherapy is fine, we can look at some of the oils, we can decide what we feel. We actually practice them on ourselves, we actually use oils here in our office and often in the nursery too, when we're having a really busy day, to help calm the midwives, but I think particularly with the touch technique, so you don't harm the patient, certainly just massaging the back is fine, but if you're going to use those other forms of therapy you really need to be trained in most of... probably not hydrotherapy, but certainly herbal. You need to know what you are giving people and if it's going to work and you are able to portray it to the, to the labouring woman or the pregnant woman.
G So you feel midwives could use some of these therapies and do you feel a professional person should come along or do you feel nurses could be trained.
C I feel nurses could be trained in all these therapies.
G I wouldn't affect their practice in any way?
C I don't really know, I think it would only enhance their practice surely. Uh too, because I think particularly in midwifery, nurses, midwives play such a role in keeping the labouring woman in control of her own self that she feels she's got that control----we can enhance that with with natural remedies, we've got to enhance our own nursing practice.
G Thank you Cathy.
C I thank you Gurjeet.
9.4 WOMAN'S INTERVIEW

G Hello Mona, how are you?
M Thank you, I'm very well. How are you?
G Regarding your training in aromatherapy, could you tell me how you use it in your daily life, specially urinary tract infection?
M Uh, usually I have some burning, burner going with oil, whatever I feel like, then I take for example sandlewood, if I have a sore throat, but I take it with a spoon of honey and one or two drops of it, because I take it internally, but for urinal infection, as far as I remember, because it was so many years ago, it was just rose oil and I put first some drops of the cream in the bath, in the water and then the oil to dissolve it, otherwise the oil would just float on the water, and then sit in it for ten minutes or something and I can't remember it was two to three times a day.
G Any particular reason, why you are interested in training for hydrotherapy and massage?
M Not really, I think its another alternative like massage and something else and I haven't got knowledge about it and that is why I am interested.
G Any unique experience you have had with complementary therapies?
M Yeah, maybe I have to refer to this urinary infection, because I had it quite often and I was always given antibiotics and the cream and it worked for a while and then I had it again. And with sitting just in this rose water, it was more, it was much nicer to do it anyway, it was healthier for the body and I had the same result and it actually later didn't come back anyway, so that was good.
G Any reason for your preference of complementary therapies over other therapies?
M Compared to some chemical treatments, you usually don't have any side effects and that's a big issue in my opinion.
G Any other reason?
M I believe in everything that is natural is a better way to cure, than to take again some clinical medicine and why not trying it first on a more subtle way, instead of starting on some heavy drugs.
G During pregnancy did you feel any of these therapies were useful to you?
M I take a lot of herbal medicine and I mean because I take only herbal medicines I can't compare it to any other one and during the pregnancy I know about it, so I can't really compare it, and in my opinion I think herbal medicine has a better effect.
G And for what have you used it?
M I take rubas for, to make the uterus a bit more smoother
G What is rubas?
M Rubas is raspberry leaf.
G For which problems would you like to go to a complementary therapist and for which health problems would you prefer to visit your general practitioner?
M First I go to a naturopath and if there I don't get results, then I would consider going to a G P. I say I went for a pap smear to a G P and not anyone else. If you have a operation, of course something like this, you go to a G P.
G Anything you would like to add?
M I think it's not fair that the pharmacy industry is given such an importance. They have a monopoly situation........ and I think that's not fair to.... to everyone else, to the patient and to the doctor as well, to the government, to whoever. If the whole population would have a broader knowledge about what you can do alternative, it might help the patient as well as the government. I think it would be cheaper as well, and most of the time, people go quite often to a GP and get something, some prescription, and then they pay for it, so why not go to a health practitioner? They usually don't charge more. By having a tea for example, it might come to the same result, so... and if we have medicare and get some money back, going to a GP, why not the same for a health practitioner for example? They have to have a good education and everything, but then it should be treated the same way.
G Thank you very much, Mona.
M My pleasure.
APPENDIX 10

10.1 RESULTS OF CHI SQUARE ANALYSIS FOR CORRELATION BETWEEN FAMILIARITY AND USE OF COMPLEMENTARY THERAPIES IN MIDWIVES

10.2 RESULTS OF CHI SQUARE ANALYSIS FOR CORRELATION BETWEEN FAMILIARITY AND USE OF COMPLEMENTARY THERAPIES IN WOMEN
Table A 10.1.1 The relationship of familiarity of the midwives and their use of acupressure

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<tr>
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*4 VAL/ASE2 is a t-value based on a normal approximation, as is the significance.

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Table A 1.1.2  The relationship of familiarity of the midwives and their use of aromatherapy

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Minimum Expected Frequency - 5.385

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*4 VAL/ASE0 is a c-value based on a normal approximation, as is the significance

Number of Missing Observations: 1
Table A 10.1.3  The relationship of familiarity of the midwives and their use of herbal medicine

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Chi-Square

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<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson</td>
<td>3.60938</td>
<td>1</td>
<td>.05745</td>
</tr>
<tr>
<td>Continuity Correction</td>
<td>1.33050</td>
<td>1</td>
<td>.24872</td>
</tr>
<tr>
<td>Likelihood Ratio</td>
<td>4.15668</td>
<td>1</td>
<td>.04147</td>
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<td>3.55489</td>
<td>1</td>
<td>.05938</td>
</tr>
<tr>
<td>Fisher's Exact Test:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One-Tail</td>
<td></td>
<td></td>
<td>.12867</td>
</tr>
<tr>
<td>Two-Tail</td>
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<td>.12867</td>
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Minimum Expected Frequency < 5 - 2 of 4 (50.0%) |

Approximate Significance

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<th>Val/ASE0</th>
<th>Approximate</th>
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<td>Pearson's R</td>
<td>0.23385</td>
<td>0.08229</td>
<td>1.92418</td>
<td>0.05878 *4</td>
</tr>
<tr>
<td>Spearman Correlation</td>
<td>0.23385</td>
<td>0.08229</td>
<td>1.92418</td>
<td>0.05878 *4</td>
</tr>
</tbody>
</table>

*4 VAL/ASE0 is a t-value based on a normal approximation, as is the significance

Number of Missing Observations: 0
Table A 10.1.4 The relationship of familiarity of the midwives and their use of hydrotherapy

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<th>usehydrotherapy by</th>
<th>FAMILHYD</th>
<th>hydrotherapy</th>
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<tr>
<td></td>
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<td>unfami</td>
<td>familiar</td>
</tr>
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<td>USEOFHYD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>notused</td>
<td>.00</td>
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<tr>
<td>used</td>
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</tr>
<tr>
<td>Total</td>
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<td>59.1</td>
<td>100.0</td>
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<table>
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<th>DF</th>
<th>Significance</th>
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</thead>
<tbody>
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<td>Pearson</td>
<td>10.49513</td>
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<td>8.68788</td>
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<td>.00320</td>
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<tr>
<td>Likelihood Ratio</td>
<td>12.58540</td>
<td>1</td>
<td>.00039</td>
</tr>
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<td>.00130</td>
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Minimum Expected Frequency = 6.545

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<th>Val/ASE1</th>
<th>Approximate Significance</th>
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</thead>
<tbody>
<tr>
<td>Pearson's R</td>
<td>.39877</td>
<td>.08357</td>
<td>3.47871</td>
<td>.00091 *</td>
</tr>
<tr>
<td>Spearman Correlation</td>
<td>.39877</td>
<td>.08357</td>
<td>3.47871</td>
<td>.00091 *</td>
</tr>
</tbody>
</table>

*4 VAL/ASE is a t-value based on a normal approximation, as is the significance

Number of Missing Observations: 0
Table A 10.1.5  The relationship of familiarity of the midwives and their use of massage

<table>
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<tr>
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<th>useofmassage</th>
<th>by FAMILMAS</th>
<th>massage</th>
</tr>
</thead>
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<td></td>
<td>FAMILMAS</td>
<td>Page 1 of 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Count Tot Pct</td>
<td>un.famili furar</td>
<td>Row Total</td>
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<td>1.00</td>
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<td>32</td>
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<tr>
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<td>15.7</td>
<td>48.5</td>
<td>65.2</td>
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<tr>
<td>used</td>
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<td>2</td>
<td>21</td>
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<tr>
<td></td>
<td>3.0</td>
<td>31.4</td>
<td>34.8</td>
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<td>Column</td>
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<th>Value</th>
<th>DF</th>
<th>Significance</th>
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<td>Pearson</td>
<td>2.70123</td>
<td>1</td>
<td>.10027</td>
</tr>
<tr>
<td>Continuity Correction</td>
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<td>.18725</td>
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<tr>
<td>Likelihood Ratio</td>
<td>3.00218</td>
<td>1</td>
<td>.08315</td>
</tr>
<tr>
<td>Mantel-Haenszel test for linear association</td>
<td>2.66030</td>
<td>1</td>
<td>.10238</td>
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<tr>
<td>Two-Tail</td>
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Minimum Expected Frequency - 4.530
Cells with Expected Frequency < 5 - 1 of 4 (25.0%)

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<th>Significance</th>
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</thead>
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<td>.20231</td>
<td>.10115</td>
<td>1.65262</td>
<td>.10331 *4</td>
</tr>
<tr>
<td>Spearman Correlation</td>
<td>.20231</td>
<td>.10115</td>
<td>1.65262</td>
<td>.10331 *4</td>
</tr>
</tbody>
</table>

*4 VAL/ASE0 is a t-value based on a normal approximation, as is the significance

Number of Missing Observations: 0
Table A 10.1.6  The relationship of familiarity of the midwives and their use of music

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<td>Count Tot Pct</td>
<td>FAMILMUS Unfamili Familiar Familiar Total</td>
</tr>
<tr>
<td></td>
<td>.00</td>
</tr>
<tr>
<td>USEOFMUS focused</td>
<td></td>
</tr>
<tr>
<td>.00</td>
<td>17</td>
</tr>
<tr>
<td>25.8</td>
<td>49.5</td>
</tr>
<tr>
<td>1.00</td>
<td>1</td>
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<tr>
<td>1.5</td>
<td>24.2</td>
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<tr>
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Chi-Square

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<th>Value</th>
<th>DF</th>
<th>Significance</th>
</tr>
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<tbody>
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<td>Pearson</td>
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<td>.02155</td>
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<tr>
<td>Continuity Correction</td>
<td>3.92340</td>
<td>1</td>
<td>.04745</td>
</tr>
<tr>
<td>Likelihood Ratio</td>
<td>6.47729</td>
<td>1</td>
<td>.01093</td>
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<tr>
<td>Mantel-Haenszel test for linear association</td>
<td>5.20208</td>
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<td>.02256</td>
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Fisher's Exact Test:
One-Tail
Two-Tail

Minimum Expected Frequency - 4.636
Cells with Expected Frequency < 5 - 1 OF 4 (25.0%)

Statistic

<table>
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<tr>
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<th>Val/ASE1</th>
<th>Approximate Significance</th>
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</thead>
<tbody>
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<td>.28290</td>
<td>.08264</td>
<td>3.5958</td>
<td>.02135 *4</td>
</tr>
<tr>
<td>Spearman Correlation</td>
<td>.28290</td>
<td>.08264</td>
<td>3.5958</td>
<td>.02135 *4</td>
</tr>
</tbody>
</table>

*4 VAL/ASE0 is a t-value based on a normal approximation, as is the significance

Number of Missing Observations: 0
Table A 10.1.7  The relationship of familiarity of the midwives and their use of reflexology

<table>
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<tr>
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<td></td>
</tr>
<tr>
<td>notused</td>
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<tr>
<td></td>
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<tr>
<td>Column</td>
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<tr>
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>Warning # 10307
>Statistics cannot be computed when the number of non-empty rows or columns >is one.

Number of Missing Observations: 0
Table A 10.1.8 The relationship of familiarity of the midwives and their use of therapeutic touch

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<tbody>
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<td></td>
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<td>Total</td>
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<td>2</td>
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<td>3.0</td>
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<td>.01786</td>
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<td>5.85478</td>
<td>1</td>
<td>.01553</td>
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Minimum Expected Frequency - .515
Cells with Expected Frequency < 5 - 2 OF 4 (50.0%)

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<th>Val/ASE0</th>
<th>Approximate Significance</th>
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<tbody>
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<td>.30012</td>
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<td>2.51701</td>
<td>.01435 *4</td>
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<tr>
<td>Spearman Correlation</td>
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<td>.10326</td>
<td>2.51701</td>
<td>.01435 *4</td>
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</tbody>
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*4 VAL/ASE0 is a t-value based on a normal approximation, as is the significance

Number of Missing Observations: 0
Table A 10.1.9: The relationship of familiarity of the midwives and their use of visual imagery.

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<td>.00</td>
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<td>100.0</td>
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**Chi-Square**

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<tr>
<td>Fisher’s Exact Test:</td>
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<tr>
<td>One-Tail</td>
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Minimum Expected Frequency = 1.515
Cells with Expected Frequency < 5 - 2 OF 4 (50.0%)  

**Statistic**

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<th>Approximate Significance</th>
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<td>3.35599</td>
<td>.00027 *4</td>
</tr>
<tr>
<td>Spearman Correlation</td>
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<td>.09209</td>
<td>3.35599</td>
<td>.00027 *4</td>
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*4 VAL/ASE0 is a t-value based on a normal approximation, as is the significance.

Number of Missing Observations: 0
Table A 10.2.1 The relationship of familiarity of the women and their use of acupressure

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<td>.00</td>
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<th>DF</th>
<th>Significance</th>
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</thead>
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<td>Likelihood Ratio</td>
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<td>.20121</td>
<td>1</td>
<td>.63374</td>
</tr>
<tr>
<td>Fisher's Exact Test: One-Tail</td>
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<tr>
<td>Two-Tail</td>
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</table>

Minimum Expected Frequency - .700
Cells with Expected Frequency < 5 - 2 OF 4 (50.0%)

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<th>Val/ASE0</th>
<th>Approximate Significance</th>
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<tr>
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<td>.05240</td>
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<td>.44551</td>
<td>.65761 *4</td>
</tr>
<tr>
<td>Spearman Correlation</td>
<td>.05840</td>
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<td>.65761 *4</td>
</tr>
</tbody>
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*4 VAL/ASE0 is a t-value based on a normal approximation, as is the significance

Number of Missing Observations: 20
Table A 10.2.2 The relationship of familiarity of the women and their use of aromatherapy

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<tr>
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<th>USEOFARO useofaromatherapy by FAMILARO familiarity</th>
<th>FAMILARO</th>
<th>Page 1 of 1</th>
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</thead>
<tbody>
<tr>
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<td>CountTotPct</td>
<td>unfamili famil arear</td>
<td>1.00</td>
</tr>
<tr>
<td>notused</td>
<td>.00</td>
<td>18</td>
<td>17</td>
</tr>
<tr>
<td>used</td>
<td>1.00</td>
<td>2</td>
<td>22</td>
</tr>
<tr>
<td>Column</td>
<td>20</td>
<td>39</td>
<td>59</td>
</tr>
</tbody>
</table>

Chi-Square

<table>
<thead>
<tr>
<th>Statistic</th>
<th>Value</th>
<th>DF</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson</td>
<td>11.80036</td>
<td>1</td>
<td>.00059</td>
</tr>
<tr>
<td>Continuity Correction</td>
<td>9.95546</td>
<td>1</td>
<td>.00160</td>
</tr>
<tr>
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<td>13.30248</td>
<td>1</td>
<td>.00027</td>
</tr>
<tr>
<td>Mantel-Haenszel test for linear association</td>
<td>21.80036</td>
<td>1</td>
<td>.00066</td>
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</table>

Minimum Expected Frequency = 8.136

<table>
<thead>
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<th>Value</th>
<th>ASE1</th>
<th>Val/ASE1</th>
<th>Approximate Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson's R</td>
<td>.44722</td>
<td>.09931</td>
<td>3.77439</td>
<td>.00038 *4</td>
</tr>
<tr>
<td>Spearman Correlation</td>
<td>.44722</td>
<td>.09931</td>
<td>3.77439</td>
<td>.00038 *4</td>
</tr>
</tbody>
</table>

*4 VAL/ASE1 is a t-value based on a normal approximation, as is the significance

Number of Missing Observations: 21
Table A.10.2.3 The relationship of familiarity of the women and their use of herbal medicine

<table>
<thead>
<tr>
<th>USEOFHER</th>
<th>use of herbs</th>
<th>by FAMILHER</th>
<th>familiarity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Tot Pct</td>
<td>famili</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ar</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Row</td>
</tr>
<tr>
<td>notused</td>
<td>.00</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>50.0</td>
<td>25.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>used</td>
<td>1.00</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>10.0</td>
<td>15.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td>24</td>
</tr>
<tr>
<td></td>
<td>60.0</td>
<td>40.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Chi-Square

<table>
<thead>
<tr>
<th>Statistic</th>
<th>Value</th>
<th>ASE1</th>
<th>Val/ASE1</th>
<th>Approximate Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson's R</td>
<td>.23570</td>
<td>.15781</td>
<td>1.49509</td>
<td>.14315 *4</td>
</tr>
<tr>
<td>Spearman Correlation</td>
<td>.23570</td>
<td>.15781</td>
<td>1.49509</td>
<td>.14315 *4</td>
</tr>
</tbody>
</table>

*4 VAL/ASE0 is a t-value based on a normal approximation, as is the significance

Number of Missing Observations: 40
Table A.10.2.4  The relationship of familiarity of the women and their use of hydrotherapy

<table>
<thead>
<tr>
<th>USEOFHYD</th>
<th>FAMILHYD Familiarity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>unfami</td>
</tr>
<tr>
<td>Count</td>
<td>0.00</td>
</tr>
<tr>
<td>Tot Pct</td>
<td></td>
</tr>
<tr>
<td>notused</td>
<td>39</td>
</tr>
<tr>
<td></td>
<td>65.0</td>
</tr>
<tr>
<td>used</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>3.3</td>
</tr>
<tr>
<td>Column</td>
<td>39</td>
</tr>
<tr>
<td>Total</td>
<td>65.0</td>
</tr>
</tbody>
</table>

Chi-Square

<table>
<thead>
<tr>
<th></th>
<th>Value</th>
<th>DF</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson</td>
<td>3.84236</td>
<td>1</td>
<td>.04997</td>
</tr>
<tr>
<td>Continuity Correction</td>
<td>1.45510</td>
<td>1</td>
<td>.22771</td>
</tr>
<tr>
<td>Likelihood Ratio</td>
<td>4.32870</td>
<td>1</td>
<td>.03740</td>
</tr>
<tr>
<td>Mantel-Haenszel test for linear association</td>
<td>3.77833</td>
<td>1</td>
<td>.05192</td>
</tr>
<tr>
<td>Fisher's Exact Test:</td>
<td></td>
<td></td>
<td>.11864</td>
</tr>
<tr>
<td>One-Tail</td>
<td></td>
<td></td>
<td>.11864</td>
</tr>
<tr>
<td>Two-Tail</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Minimum Expected Frequency - .700
Cells with Expected Frequency < 5 - 2 of 4 (.50.0%)

Statistic

<table>
<thead>
<tr>
<th></th>
<th>Value</th>
<th>ASE1</th>
<th>Val/ASE0</th>
<th>Approximate Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson's R</td>
<td>.25306</td>
<td>.08875</td>
<td>1.99209</td>
<td>.05109 *4</td>
</tr>
<tr>
<td>Spearman Correlation</td>
<td>.25306</td>
<td>.08875</td>
<td>1.99209</td>
<td>.05109 *4</td>
</tr>
</tbody>
</table>

*4 VAL/ASE0 is a t-value based on a normal approximation, as is the significance

Number of Missing Observations:  20
Table A 10.2.3  The relationship of familiarity of the women and their use of massage

<table>
<thead>
<tr>
<th>USEOFMAS</th>
<th>use of massage</th>
<th>by FAMILMAS</th>
<th>familiarity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count</td>
<td>Tot Pct</td>
<td>unfamil</td>
<td>familiar</td>
</tr>
<tr>
<td>.00</td>
<td>17</td>
<td>28</td>
<td>41</td>
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<tr>
<td>21.7</td>
<td>46.7</td>
<td>68.3</td>
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<tr>
<td>1.00</td>
<td>4</td>
<td>15</td>
<td>19</td>
</tr>
<tr>
<td>6.7</td>
<td>25.0</td>
<td>31.7</td>
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</tr>
<tr>
<td>Total</td>
<td>20.3</td>
<td>31.7</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Chi-Square

<table>
<thead>
<tr>
<th></th>
<th>Value</th>
<th>DF</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson</td>
<td>.72586</td>
<td>1</td>
<td>.39423</td>
</tr>
<tr>
<td>Continuity Correction</td>
<td>.29597</td>
<td>1</td>
<td>.58642</td>
</tr>
<tr>
<td>Likelihood Ratio</td>
<td>.75129</td>
<td>1</td>
<td>.18607</td>
</tr>
<tr>
<td>Mantel-Haenszel test for linear association</td>
<td>.71376</td>
<td>1</td>
<td>.39820</td>
</tr>
<tr>
<td>Minimum Expected Frequency</td>
<td>5.383</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Statistics

<table>
<thead>
<tr>
<th></th>
<th>Value</th>
<th>ASE1</th>
<th>Val/ASEO</th>
<th>Approximate Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson's R</td>
<td>.10999</td>
<td>.12179</td>
<td>.84277</td>
<td>.40282 *4</td>
</tr>
<tr>
<td>Spearman Correlation</td>
<td>.10999</td>
<td>.12179</td>
<td>.84277</td>
<td>.40282 *4</td>
</tr>
</tbody>
</table>

*4 VAL/ASEO is a t-value based on a normal approximation, as is the significance

Number of Missing Observations: 20
Table A.10.2.6  The relationship of familiarity of the women and their use of music

<table>
<thead>
<tr>
<th>USEOFMUS</th>
<th>use of music by FAMILMUS</th>
<th>familiarity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>Tot Pct</td>
<td>unfamiliar</td>
</tr>
<tr>
<td></td>
<td>.00</td>
<td>1.00</td>
</tr>
<tr>
<td>notused</td>
<td>1.00</td>
<td>1</td>
</tr>
<tr>
<td>used</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Column</td>
<td>28</td>
<td>32</td>
</tr>
<tr>
<td>Total</td>
<td>46.7</td>
<td>53.3</td>
</tr>
</tbody>
</table>

Chi-Square Value | DF | Significance
-----------------|----|---------------
Pearson          | 6.48214 | 1 | .01090
Continuity Correction | 4.83402 | 1 | .02789
Likelihood Ratio  | 7.41476 | 1 | .00647
Mantel-Haenszel test for linear association | 6.37411 | 1 | .01158
Fisher's Exact Test: One-Tail | | | .01127
                      Two-Tail | | | .01438

Minimum Expected Frequency — 4.667
Cells with Expected Frequency < 5 — 1 OF 4 (25.0%)
Table A 10.2.7 The relationship of familiarity of the women and their use of reflexology

<table>
<thead>
<tr>
<th>USEOFREF</th>
<th>use of reflexology by FAMILREF</th>
<th>familiarity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Row Total</td>
</tr>
<tr>
<td></td>
<td>Familiar</td>
<td>Unfamiliar</td>
</tr>
<tr>
<td></td>
<td>.00</td>
<td>1.00</td>
</tr>
<tr>
<td>not used</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>used</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Value</th>
<th>DF</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson</td>
<td>10.34483</td>
<td>1</td>
<td>.00130</td>
</tr>
<tr>
<td>Continuity Correction</td>
<td>5.05897</td>
<td>1</td>
<td>.02436</td>
</tr>
<tr>
<td>Likelihood Ratio</td>
<td>7.52932</td>
<td>1</td>
<td>.00607</td>
</tr>
<tr>
<td>Mantel-Haenszel test for linear association</td>
<td>10.17241</td>
<td>1</td>
<td>.00143</td>
</tr>
</tbody>
</table>

Fisher's Exact Test:
  One-Tail                              .02542
  Two-Tail                              .02542

Minimum Expected Frequency - .333
Cells with Expected Frequency < 5 - 2 OF 4 (50.0%)

<table>
<thead>
<tr>
<th>Statistic</th>
<th>Value</th>
<th>ASE</th>
<th>Val/ASE</th>
<th>Approximate Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson's R</td>
<td>.41523</td>
<td>.13620</td>
<td>3.47611</td>
<td>.00097 *4</td>
</tr>
<tr>
<td>Spearman Correlation</td>
<td>.41523</td>
<td>.13620</td>
<td>3.47611</td>
<td>.00097 *4</td>
</tr>
</tbody>
</table>

*4 VAL/ASEO is a t-value based on a normal approximation, as is the significance

Number of Missing Observations: 20
Table A 10.2.8  The relationship of familiarity of the women and their use of therapeutic touch

<table>
<thead>
<tr>
<th>USEOFTOU</th>
<th>useoftherapeuticouch by FAMILTNE familiarity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
</tr>
<tr>
<td></td>
<td>Tot Pct</td>
</tr>
<tr>
<td>notused</td>
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<td>Column</td>
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<tr>
<td>Total</td>
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</table>

>Warning # 10307
>Statistics cannot be computed when the number of non-empty rows or columns
>is one.

Number of Missing Observations: 20
Table A 10.2.9 The relationship of familiarity of the women and their use of visual imagery

**USEOFVIS use of visual imagery by FAMILVIS familiarity**

<table>
<thead>
<tr>
<th>Count</th>
<th>Tot Pct</th>
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<th></th>
<th></th>
<th>Familiar</th>
<th>Unfamiliar</th>
</tr>
</thead>
<tbody>
<tr>
<td>USEOFVIS</td>
<td></td>
<td></td>
<td>1.00</td>
<td>0.00</td>
<td>58</td>
<td>96.7</td>
</tr>
<tr>
<td>not used</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>54</td>
<td>6.7</td>
</tr>
<tr>
<td>used</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>3.3</td>
</tr>
<tr>
<td>Column Total</td>
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<td></td>
<td></td>
<td></td>
<td>56</td>
<td>60</td>
</tr>
<tr>
<td>Total</td>
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<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

**Chi-Square**

<table>
<thead>
<tr>
<th>Test Type</th>
<th>Value</th>
<th>DF</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson</td>
<td>18.62059</td>
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<td>.00002</td>
</tr>
<tr>
<td>Continuity Correction</td>
<td>9.71264</td>
<td>1</td>
<td>.00183</td>
</tr>
<tr>
<td>Likelihood Ratio</td>
<td>9.89920</td>
<td>1</td>
<td>.00163</td>
</tr>
<tr>
<td>Mantel-Haenszel test for linear association</td>
<td>18.31034</td>
<td>1</td>
<td>.00002</td>
</tr>
<tr>
<td>Fisher's Exact Test: One-Tail</td>
<td></td>
<td></td>
<td>.00847</td>
</tr>
<tr>
<td>Two-Tail</td>
<td></td>
<td></td>
<td>.00847</td>
</tr>
</tbody>
</table>

Minimum Expected Frequency = .200
Cells with Expected Frequency < 5 = 2 of 4 (50.0%)

**Statistic**

<table>
<thead>
<tr>
<th>Test Type</th>
<th>Value</th>
<th>ASEI</th>
<th>Val/ASEO</th>
<th>Approximate Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson's R</td>
<td>0.55709</td>
<td>0.16657</td>
<td>5.10882</td>
<td>.00000 *4</td>
</tr>
<tr>
<td>Spearman Correlation</td>
<td>0.55709</td>
<td>0.16657</td>
<td>5.10882</td>
<td>.00000 *4</td>
</tr>
</tbody>
</table>

*4 VAL/ASEO is a t-value based on a normal approximation, as is the significance

Number of Missing Observations: 20