

Low Risk Pregnancies: Integrative Management



DENISE FULLER, RM, ND

College of Midwives of Ontario



- **Model of Care**
 - Informed Choice
 - Continuity of Care
 - Choice of Birthplace
- **Midwifery Practice Group**
 - Coordinating midwife
 - Call schedule
 - Hospital privileging

Influencing Factors



- Standard on Consultation and Transfer of Care
- Standard on Complementary Medicine
- Standard on Interprofessional Collaboration
- Risk Management
- Evidence Based Practice



Standard on Consultation and Transfer of Care

- ❖ Defines when the midwife is required to consult or transfer care
- ❖ Midwife can choose the best practitioner for the consult
- ❖ Influence of informed choice with this standard





Standard on Complementary Medicine

- ❖ Recognizes women may choose to receive complementary medicine
- ❖ Recognize the history of working collaboratively
- ❖ Acknowledges that some midwives have training in complementary medicine





Interprofessional Collaboration

- ❖ Midwife retains primary care when working with other members of RHPA
- ❖ Consulting health professional is responsible for the discrete area of care that they are providing
- ❖ Midwives will remain accountable for the care they are providing



Risk Management



- Obstetrics is considered to carry the highest level of risk of all medical specialties
- More than one third of settlements are for cases involving care during pregnancy, labour and delivery
- Challenges of informed choice with regards to risk



- ✧ Presenting with spontaneous rupture of membranes, at full term (>37 wks), prior to labour onset.
- ✧ Premature prelabour rupture of membranes (PPROM) – occurs prior to 37 weeks.



Prelabour Rupture of Membranes (PROM)

Prelabour Rupture of Membranes (PROM)



Standards

- CMO Standards
 - Consultation and transfer of care
- Community Standards
 - SOGC
 - Hospital Protocols
 - MPG Protocols

What they outline

- Consult between 34-36+6 weeks
 - Transfer before 34 weeks
- After 37 weeks
 - Up to 72 hours before IOL if GBS negative
 - GBS pos or unknown, antibiotics and IOL

Research on Acupuncture and PROM



- Gaudernack et al (2007) found a reduction in length of active labour and for those women who did require oxytocin, it was used for a shorter period.
 - Women were randomized to either acupuncture treatment or control group.
 - Used individualized treatment plans based on tongue & pulse
 - ✦ All women received ST36, LV3, CV4
 - ✦ Remaining points were selected based on individual needs
 - Women in either group who were not in labour within 24 hours were admitted for IOL with oxytocin.

Research on Acupuncture and PROM



- Zeisler et al (1998) was evaluating the duration of labour and the impact that acupuncture has.
 - Incidental finding was that there were increased numbers of women in the acupuncture group who had PROM.
 - Women receiving acupuncture treatment had shorter first stages of labour and had less oxytocin use.
 - Treatments began at 36 weeks, once per week. Used points GV20, HT7, PC6



Pain in labour is influenced by:

- ❖ Stage of labour
- ❖ Fetal position
- ❖ Mental & emotional state of the woman
- ❖ Maternal physical well being
- ❖ Fatigue



Pain in Labour

Pain Relief in Labour



Standards

- Midwives typically offer many non-pharmaceutical options for pain relief
- CMO – Standards on:
 - Nitrous Oxide
 - Epidural

What they outline

- Nitrous Oxide – can be provided in or out of hospital
- Midwives can monitor & provide ongoing care of epidurals
 - Requires consultation with anaesthesiologist for insertion of epidural

Pain Relief Research



- Allameh et al (2015) compared the impact of acupuncture or Pethidine to a control group on labour pain.
 - Acupuncture points used were LI4 and ST36
 - Acupuncture treatment group showed a significant decrease in pain within 30 min, with lower pain scores than the Pethidine group.
 - Both Pethidine and acupuncture groups had significantly shorter active labour phases.
 - No negative side effects seen from the acupuncture treatment.

Pain Relief Research Cont'



- Borup et al (2009) compared acupuncture with TENS and traditional analgesics for pain relief.
 - Acupuncture treatments were individualized based on mobility and pain location.
 - Main outcome was that acupuncture during labour reduced the need for pharmacological methods of pain relief without impacting birth outcomes.
 - Women in the acupuncture group reported high degree of relaxation and control compared with the TENS and control groups.



Milk supply influenced by:

- ❖ Delayed initial feed
- ❖ Poor latch assistance
- ❖ Method of delivery
- ❖ Retained products
- ❖ Breast surgeries
- ❖ Infant lip/tongue tie
- ❖ Not allowing on demand feeding
- ❖ Maternal physical and mental/emotional well being



Low Milk Supply

Low Milk Supply



CMO Consultations Standards

- Suspected clinical dehydration
- Feeding difficulties not resolved with usual midwifery care
- Significant weight loss unresponsive to interventions or adaptation in feeding plan
- Failure to regain birth weight by 3 weeks of age

Low Milk Supply Research



- Esfahani et al (2015) demonstrated how acupressure significantly increased maternal milk supply
 - Women were taught to do acupressure on LI4, GB20, SI1 three times day for 2-5 minutes at a time for 12 days
 - Milk supply was measured by electric pump before intervention, 2 and 4 weeks after.
 - Milk volumes pumped 2 and 4 weeks after initiation of acupressure were close to double that of the control group.

Low Milk Supply Research Cont'



- Wang et al (2007) compared the effect of electroacupuncture on SI1 vs LI1
 - Two treatments were performed
 - Significant improvement with mammary filling degree, lactation amount and prolactin levels



Increasing Referrals from Midwives

- ❖ Present evidence based treatment options
- ❖ Give concrete options for helping clients
- ❖ Provide consultation letters after treating clients
- ❖ Working in a hospital setting
- ❖ Working on call
- ❖ FEED THEM!!



Thank-you!!!

