

***Integrative Medicine in Maternity Care:*** a project outline

**Rhetorical context chart**

**1) Topic:** Integrative Medicine in maternity care.

**2) Audience:** Physicians (family doctors, obstetricians), physician assistants, nurses, midwives, doulas, and other healthcare providers, educators and healers directly or indirectly involved in the care of pregnant mothers.

**3) Purpose:** The purpose of this paper is to explore a new model of integrative practice in maternity care and to see if there is clinical evidence and safety in the applications of different integrative medicine modalities, including Brennan Healing Science. If so, this paper can be used as a platform of information and discussion between healthcare providers, healers and their clients.

**Why is this topic a passion?**

My medical training as a family physician brought me to work with a large group of pregnant women in the underserved Hispanic population in the US. It also offered me the opportunity to be part of a clinical educational program for lay Tibetan midwives on the Himalayan Plateau. Over there, 1 in 33 mothers die in childbirth comparing to 1 in 10'000 in the US. These experiences were at the origin of my passion for women's health. Modern medicine has largely contributed to the decreasing number of childbirth fatalities. But little is known about IM modalities and their use in relieving the more common non life-threatening conditions of pregnancy and childbirth. This made me realize how little I knew about maternity care from a more holistic approach, and the body of literature that exists about the topic. My endeavor is on one hand to bring forth an integrative model of practice and on the other hand research information about IM modalities in maternity care that can be simple, safe, easily available, and that is not depending on "high tech" medicine. This research will be based on literature research and clinical cases, and will explore the possible application of the Brennan Healing Science model to influence and enhance positively pregnancy and childbirth.

## **Skeleton**

### 1. Introduction

- a. Case
- b. Unique aspects of pregnancy that make it an integrative-friendly environment
  - *Pregnancy is not a disease*
  - *Pregnancy exemplifies the power of nature and the body's self-healing potentials.*
  - *Pregnancy is a remarkable life transition that involves all aspects of the individual including body, mind, spirit and community.*
  - *Pregnancy is a condition that has benefited significantly from the advances of modern medicine.*
  - *The goal of care in pregnancy is to be as minimally invasive as possible (the same is not universally true for the birthing process).*
  - *Pregnancy benefits from optimal self-care and health.*

### 2. What is Brennan Healing Science?

The Four Dimensions of Humankind

### 3. The initial visit: setting an integrative approach

- a. Case
  - b. An integrative model for the medical practice
- ### 4. Common problems in pregnancy and their integrative solutions
- a. Nausea and vomiting
  - b. Back pain
  - c. Version of breech presentation
  - d. Pain management in labor

### 5. The practicality of integrative medicine in the office

### 6. Conclusion

## **Bibliography of promising sources**

Aird IA, Luckas MJ, Buckett WM, Bousfield P. Effects of intrapartum hydrotherapy on labour related parameters. *Aust N Z J Obstet Gynaecol.* 1997 May;37(2):137-42.

Brennan, Barbara Ann. *Light emerging.* Bantam Books, New York 1993.

Chenia, F., & Crowther, C. A. (1987) Does advice to assume the knee-chest position reduce the incidence of breech presentation at delivery? A randomized clinical trial. *Birth* 14(2): 75-78,

Cardini F, Weixin H. Moxibustion for correction of breech presentation: a randomized controlled trial. *JAMA.* 1998;280:1580-1584.

Daly JM, Frame PS, Rapoza PA. Sacroiliac subluxation: a common, treatable cause of low-back pain in pregnancy. *Fam Pract Res J.* 1991 Jun;11(2):149-59.

Fischer-Rasmussen W, Kjaer SK, Dahl C, Asping U. Ginger treatment of hyperemesis gravidarum. *Eur J Obstet Gynecol Reprod Biol.* 1991 Jan 4;38(1):19-24.

Fuchs K, Paldi E, Abramovici H, Peretz BA. Treatment of hyperemesis gravidarum by hypnosis. *Int J Clin Exp Hypn.* 1980 Oct;28(4):313-23.

Grof, Stanislav. *The holotropic mind,* Harper, San Francisco, 1992.

Jenkins MW, Pritchard MH. Hypnosis: practical applications and theoretical considerations in normal labour. *Br J Obstet Gynaecol.* 1993 Mar;100(3):221-6.

Jewell D, Young G. Interventions for nausea and vomiting in early pregnancy. *Cochrane Database Syst Rev.* 2002;(1):CD000145.

Knight B, Mudge C, Openshaw S, White A, Hart A. Effect of acupuncture on nausea of pregnancy: a randomized, controlled trial. *Obstet Gynecol.* 2001 Feb;97(2):184-8.

Koonin LM, MacKay AP, Berg CJ, Atrash HK, Smith JC. Pregnancy-related mortality surveillance--United States, 1987-1990. *MMWR CDC Surveill Summ.* 1997 Aug 8;46(4):17-36.

Lamaze, Fernand. *Painless childbirth: the Lamaze method.* Contemporary Books, Chicago, 1984.

Maciocia, Giovanni. *Obstetrics and Gynecology in Chinese Medicine.* Churchill Livingstone, London, 1998.

Mongan, Marie F. *HypnoBirthing: A Celebration of Life*. Rivertree Publishing, Concord, 1998.

Mehl LE. Hypnosis and conversion of the breech to the vertex presentation. *Arch Fam Med*. 1994 Oct;3(10):881-7.

Ross JA. Dietary flavonoids and the MLL gene: A pathway to infant leukemia? *Proc Natl Acad Sci U S A*. 2000 Apr 25;97(9):4411-3.

Rush J, Burlock S, Lambert K, Loosley-Millman M, Hutchison B, Enkin M. The effects of whirlpools baths in labor: a randomized, controlled trial. *Birth* 1996 Sep;23(3):136-43.

Stainton MC, Neff EJ. The efficacy of SeaBands for the control of nausea and vomiting in pregnancy. *Health Care Women Int* 1994;15:563-75.

Strick R, Strissel PL, Borgers S, Smith SL, Rowley JD. Dietary bioflavonoids induce cleavage in the MLL gene and may contribute to infant leukemia. *Proc Natl Acad Sci U S A*. 2000 Apr 25;97(9):4790-5.

Vutyavanich T, Wongtra-ngan S, Ruangsri R. Pyridoxine for nausea and vomiting of pregnancy: a randomized, double blind, placebo-controlled trial. *Am J Obstet Gynecol* 1995;173:881-4.

Waldenstrom U and Nilsson CA. Warm tub bath after spontaneous rupture of the membranes. *Birth* 1992;19(2):57-63.

Williams C, Birch EE, Emmett PM, Northstone K; Avon Longitudinal Study of Pregnancy and Childhood Study Team. Stereoacuity at age 3.5 y in children born full-term is associated with prenatal and postnatal dietary factors: a report from a population-based cohort study. *Am J Clin Nutr*. 2001 Feb;73(2):316-22.

Zhang J, Bernasko JW, Leybovich E, Fahs M, Hatch MC. Continuous labor support from labor attendant for primiparous women: a meta-analysis. *Obstet Gynecol*. 1996 Oct;88(4 Pt 2):739-44.