



# MATERNITY COMPLEMENTARY THERAPIES

Professional Code  
of Practice

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Written for Expectancy by Denise Tiran  
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This Code of Practice relates to the use of complementary therapies (CTs) and natural remedies (NRs) by healthcare professionals working with pre-conceptual, pregnant, labouring and postnatal women, including midwives, therapists, doctors, doulas, antenatal teachers, support workers, etc. The Code should be used in conjunction with any professional and legal requirements set by the practitioner's principle registering body.

"Use of complementary therapies" refers to direct administration of a therapy by the practitioner, teaching mothers about aspects of CTs and provision of advice relating to self-administration of NRs. This Code relates only to care provided for women and excludes use of CTs for neonates. It does not constitute a statutory or mandatory code and is intended as an advisory document only.

### 10 POINT CODE OF PRACTICE FOR MATERNITY COMPLEMENTARY THERAPIES

1. Education and training
2. Continuing professional development
3. Insurance
4. Disclosure and Barring check
5. Parameters of practice
6. Consent to treatment
7. Confidentiality
8. Record keeping and communication
9. Evidence-based care
10. Deviations from normal during pregnancy, labour and after birth



## 1. EDUCATION AND TRAINING

Any professional using / advising on CTs and NRs in maternity care must have undertaken appropriate theoretical and practical education to enable them to practise competently and safely. Courses should be facilitated by lecturers with substantial academic knowledge and clinical experience of conventional maternity care and maternity CTs / NRs. Courses should include, or build on, practitioners' current knowledge of relevant CTs, including mechanisms of action, indications, precautions, contraindications, healing reactions and side effects, specifically related to maternity care. Practitioners should have a comprehensive working knowledge of pregnancy, birth and postnatal physiology, potential pathology, conventional antenatal, labour and postnatal care and the roles and responsibilities of those working in the maternity services. Practitioners should be able to relate the theory of CTs and NRs to the bio-psycho-social condition of individual mothers.

## 2. CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

All professionals offering maternity CTs must demonstrate competency through on-going education and reflective practice, specifically relating to maternity CTs. CPD activities should be undertaken annually in order to remain up-to-date and competent to offer safe care based on contemporary research evidence.

## 3. INSURANCE

All healthcare professionals must possess personal professional indemnity (PI) insurance cover pertinent to each area of their practice. Maternity CTs practitioners are advised that their PI insurance should specifically cover working with women during the antenatal, intrapartum and postnatal periods (or parts thereof, depending on training and parameters of personal practice). Private practitioners intending to accompany women in labour should ensure that their PI insurance covers them for use of CTs in intrapartum care. Conventional maternity service providers may require independent practitioners to sign a disclaimer form confirming that the practitioner has personal PI insurance and will not attempt to invoke the vicarious liability cover of the institution in the event of a legal case for potential negligence.

## 4. DISCLOSURE AND BARRING CHECK (PREVIOUSLY CRB)

All professionals working with vulnerable clients, including expectant women and their babies, are required to be in possession of current clearance from the Disclosure and Barring Service.

## 5. PARAMETERS OF PRACTICE

Maternity CTs practitioners must adhere to the parameters of their specific area of practice. Midwives offering private maternity CTs must not provide midwifery-specific care unless they have notified their Intention to Practise and informed their Supervisor of Midwives. Therapists, doulas and antenatal teachers must defer to the midwife who remains legally responsible for the care of mother and baby; any issues of conflict should be resolved discreetly and professionally.

## 6. CONSENT TO TREATMENT

Practitioners must obtain fully-informed consent of the mother, by providing comprehensive, evidence-based, unbiased information. The mother's consent to treatment, whether given verbally or in writing, should be recorded in the practitioner's notes. Practitioners should not attempt to persuade a mother to take a particular course of action relating to use of CTs and NRs which is based on the individual practitioner's personal beliefs.

## 7. CONFIDENTIALITY

Providers of maternity CTs should ensure complete confidentiality for women and their babies. Independent practitioners must seek consent to liaise with the mother's midwife or doctor, if this is deemed necessary.

## 8. RECORD KEEPING AND COMMUNICATION

Midwives / doctors are legally required to retain maternity records for 25 years (Civil Liabilities Act 1976). Given the high number of obstetric litigation cases, it is recommended that therapists, doulas and others providing CTs, notably in labour, also retain records for 25 years. Comprehensive records of maternity CTs should be maintained contemporaneously. Independent practitioners are not permitted to write in the standard maternity notes. Inter-professional communication is essential to avoid untoward effects of inappropriate CTs use. Women should be encouraged to inform their midwife about their use of CTs and NRs in pregnancy and birth.

## 9. EVIDENCE-BASED CARE

All health care should be based on currently-available research evidence or authoritative discourse. This is particularly relevant to use of CTs and NRs in maternity care since practitioners may be challenged to justify their practice.

## 10. DEVIATIONS FROM NORMAL DURING PREGNANCY, LABOUR AND AFTER BIRTH

Maternity CTs providers must be able to differentiate between possible healing reactions to CTs treatment, normal physiological effects of pregnancy and emerging pathological conditions. In the event of any deviation from the norm, treatment with CTs and NRs should be avoided until the mother has been assessed by the midwife / doctor and / or her condition has returned to normal. Practitioners should assess clients at each appointment to ensure that CTs treatment is appropriate. Those using several CTs in combination must be able to differentiate between effects deriving from each therapy and between these and normal physiological effects of pregnancy and birth.

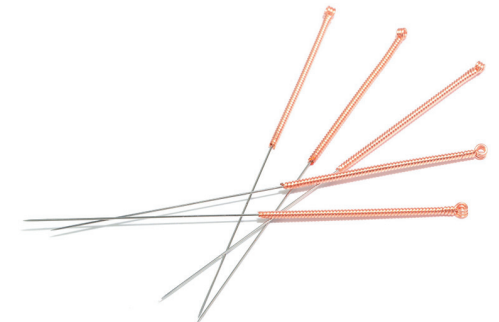
## COURSES AND STUDY DAYS AVAILABLE FROM EXPECTANCY

- Aromatherapy and massage in pregnancy
- Diploma in Midwifery Acupuncture
- Hypnosis for birth (“hypno-birthing”)
- Maternity reflexology
- Moxibustion for breech
- Post-dates pregnancy
- Preparation for Midwifery Studies

*and many more...*

## EXPECTANCY AFFILIATE MEMBERSHIP

This Code of Practice is adopted by Expectancy's Affiliate Members on the Register of maternity CTs providers. For further information about Affiliate Membership visit [www.expectancy.co.uk](http://www.expectancy.co.uk)



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