



Filling the gaps in contemporary maternity care: The perceptions of complementary medicine practitioners providing care to women during pregnancy



Amie Steel^{a,b,*}, Helen Hall^c, Helene Diezel^b, Jon Wardle^a, Jon Adams^a

^a University of Technology Sydney, Faculty of Health, Australian Research Centre in Complementary and Integrative Medicine, 15 Broadway, Ultimo, NSW, 2007, Australia

^b Endeavour College of Natural Health, Office of Research, Level 2, 269 Wickham Street, Fortitude Valley, Brisbane, QLD, 4006, Australia

^c Monash University, Faculty of Medicine, Nursing and Health Sciences, Wellington Road, Clayton, VIC, 3800, Australia

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ABSTRACT

Background and purpose: As many as one in two women consult with a complementary medicine (CM) practitioner for pregnancy-related health care, yet little is known about the reason for such a high rate of use. This paper presents the perceptions of CM practitioners regarding the role they play within the existing maternity care system.

Materials and methods: Semi-structured interviews with 23 CM practitioners were conducted and the transcripts analysed, using a Framework approach.

Results: Key themes pertaining to the perceived role of CM practitioners in maternity care emerged. (1) *Becoming a maternity care provider: responding to a need and filling gaps in the system;* (2) *Characterising CM maternity care: Holistic, nurturing and addressing unmet health concerns and;* (3) *Treating health complaints neglected by conventional maternity care.*

Conclusion: CM practitioners often acknowledge their specialist roles as part of a multidisciplinary team of practitioners rather than attempting to offer comprehensive pregnancy care.

1. Introduction

Complementary medicines (CM) – a range of health products, treatments and services that are not commonly included within conventional medicine training [1] – are widely used by women [2]. In pregnancy, women often use CM for management of their general health as well as pregnancy-related health conditions [3]. In addition to self-directed care during pregnancy and childbirth, many women rely upon health practitioners from a range of professions as part of conventional maternity services including obstetrics, midwifery and general practice [4]. In addition to these conventional health professionals, many pregnant women also consult with CM practitioners to manage health complaints, which can include those with potentially serious sequelae such as hypertension and urinary tract infections [4]. While most women who consult with CM practitioners do so alongside conventional maternity health professionals for their maternity care needs, in some instances pregnant women may consult with CM practitioners for a specific health concern without discussing this same condition

with their conventional health provider [4].

Alongside the high rates of reported CM use among pregnant women, research also indicates some women are dissatisfied with the degree of holistic care provided in conventional maternity services [5,6]. Lack of continuity in care provider, insufficient empowerment and lack of respect for women's autonomy of decision-making are all said to commonly characterise maternity service delivery in many countries [6,7]. Concerns have also been raised about the safety of some biomedical treatments and interventions used in pregnancy and birth such as: anti-emetic drugs prescribed to women experiencing nausea and vomiting in pregnancy despite an equivocal safety profile for this population [8]; higher levels of interventions associated with the use of oxytocin for labour augmentation [9] and; pain associated with the application of external cephalic version for confirmed breech presentation [10].

The diversity of complaints associated with the conventional approach to maternity service delivery has been suggested to contribute to the high rate of CM use among pregnant women [3]. In part, this

* Corresponding author. Level 2, 269 Wickham Street, Fortitude Valley, Qld, 4006, Australia.

E-mail addresses: amie.steel@uts.edu.au (A. Steel), helen.hall@monash.edu.au (H. Hall), helene.diezel@endeavour.edu.au (H. Diezel), jon.wardle@uts.edu.au (J. Wardle), jon.adams@uts.edu.au (J. Adams).

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proposed link has been explained by women seeking options outside biomedical maternity care settings, particularly where research evidence suggests CM treatments may offer women a safe and effective option [3]. Current research shows promising outcomes for Chinese medicine treatments such as acupuncture and moxibustion in the management of nausea and vomiting in pregnancy [11] as well as breech presentation [12] and delayed onset of labour [13]. Equally, research suggests manual therapies [14] may assist with pregnancy-related back pain, while doulas may provide the social and emotional support to women which is reportedly lacking in conventional maternity care delivery [15].

Despite longstanding research confirming significant CM use among pregnant women [3,4] there has been very little research examining the experience and perspective of CM practitioners providing care to women at this important life stage. It is vital that the research community address this gap so that health managers, policy makers and health professionals (both conventional and CM) are better equipped to provide safe and coordinated maternity care. In response, this paper presents the perceptions of CM practitioners who provide care to pregnant women regarding the role they play within the existing maternity care system.

2. Materials and methods

Semi-structured interviews were conducted with CM practitioners who identified as specialising in maternity care. Ethical clearance was granted by human research ethics committees from the University of Queensland (#2010000411), University of Newcastle (#H-2010-0031) and University of Technology Sydney (#2011-174).

2.1. Participant selection

Recruitment was conducted via relevant practitioner associations, through an ‘expression of interest’ email. Twenty-three interested CM practitioners in current clinical practice in south-east Queensland responded to the recruitment drive, all of whom were included in the study (see Table 1). Participants were selected purposively to ensure an even distribution of health professions were represented and reflected the types of professions known to be accessed by Australian pregnant women [4]. The interviewer had email or phone contact with participants before the interview to organise the place and time of interview through which an interview time and location suitable to the participants was chosen. Before being asked to consent to participate, potential participants were provided with information about the study and notified that the interviewer was a qualified naturopath. All participants who expressed interest and met the criteria participated in the study.

2.2. Data collection

Semi-structured individual in-depth interviews were conducted for between 45 and 75 min using an interview guide (see Supplementary Material). The interviewer (AS) was female and held a Bachelor of Health Science (Naturopathy) and Master of Public Health with experience conducting qualitative research interviews with health

professionals. At the time of this study the interviewer was completing a PhD. The domains the interviewer's questions were based on included identity as practitioner, interprofessional communication, and women in care. Interviews were conducted in a variety of locations suitable to the participants including public parks, cafés, clinics, and private residences. Due to the public setting of some interviews, non-participants were present at times but these individuals were not known to interviewer or participant, neither did they interact with them in any way.

An interview guide was used as a prompt to ensure that all major areas of interest were covered. In line with the semi-structured interview method, each interview was unique to the individual participant and led by the participant responses. Interviews were recorded via a digital recorder and then transcribed. Field notes were taken by the interviewer regarding key comments made by participants and to ensure important points warranting further exploration were not overlooked without interrupting the participant. It was found that thematic saturation (whereby no new or relevant material was produced from subsequent fieldwork) was attained with 15 participants, however all interested practitioners were interviewed to ensure any differences between practitioner groups was captured. Each interview lasted 45–60 min.

2.3. Data analysis

Thematic data analysis was undertaken from the interview transcripts, using a Framework approach, after importing into NVIVO qualitative data analysis program. The descriptive thematic analysis followed an established process of *familiarisation, identifying a thematic framework, indexing, charting, and mapping and interpretation* [16]. The analysis was conducted by one member of the research team (HD) who undertook immersion in the raw data by listening to recorded interviews and reading transcripts. Follow this stage, the data were charted to identify themes, and analysed for intersecting concepts. Sampling and cross-checking of coding with field notes was then undertaken by the researcher who conducted the interviews (AS). While a semi-structured approach was employed, the field-work was also designed to remain sensitive to participants' own telling and concerns. Participants were encouraged to respond in their own terms and to introduce new and additional issues as they deemed appropriate. Finally, researcher theme triangulation was undertaken to ensure consistency of analysis, in which a separate researcher analysed a de-identified excerpt of interviews, and different interpretations were identified, discussed and consensus achieved. Quotes were selected based upon the quality of the quote and the representativeness of the theme.

3. Results

Based on the analysis of the data, a number of key themes pertaining to the perceived role of CM practitioners in maternity care emerged. (1) *Becoming a maternity care provider: responding to a need and filling gaps in the system*; (2) *Characterising CM maternity care: Holistic, nurturing and addressing unmet health concerns* and; (3) *Treating health complaints neglected by conventional maternity care*.

3.1. Becoming a maternity care provider: responding to a need and filling gaps in the system

When asked to describe their journey to providing care to pregnant women, most participants described being drawn into the area as a special interest either through the characteristics of their clinic patient load or through contact with inspirational practitioners early in their education:

“I think just the fact that I'm a woman, and I was getting - as I work full-time as a remedial massage therapist, I actually was working with women who were pregnant” – Massage therapist #18

Table 1
Practitioner groups of participants.

Practitioner group	Number of participants
Acupuncturist	6
Doula	4
Chiropractor	4
Massage therapist	3
Naturopath	4
Osteopaths	2

“Ok well it probably happened when I started working in this clinic, because this clinic is surrounded by three IVF centres so we get lots of referral patients from them.” – Acupuncturist #17

A particular feature of some of these stories was the experience of the practitioner as a mother either through their own pregnancy and birth or through their social networks with other mothers. It was proposed that this additional life experience allowed them to identify perceived gaps in existing maternity care service and consider that they may be well positioned to fill those gaps:

“I think it was partly from my own experience being pregnant and feeling that there perhaps wasn't as much service out there as there could be for pregnant women particularly in remedial massage” – Massage therapist #5

In support of this, one participant also posited that not being a parent was viewed by potential clients and other health professionals as a deficiency in their ability to provide appropriate care:

“Yeah, the only barrier, me personally that I have, is that I haven't had a baby myself. And so some of the women go, “oh have you had your own children?” – Chiropractor #13

3.2. Characterising CM maternity care: Holistic, nurturing and addressing unmet health concerns

Participants were asked to describe their approach to providing care to pregnant women within the scope of their professional role, particularly as it related to their contribution as distinct from other maternity care professionals who may be providing care to the same woman. The most dominant characteristics described by participants was holism, nurturing and professionalism.

3.2.1. Holism: a vital and differentiating feature of CM maternity care

Resoundingly, holism was described as a core requirement for quality maternity care but also a differentiating characteristic of the care providing by CM practitioners compared to conventional maternity care providers. Many participants, such as these naturopaths, specifically used the term ‘holistic’ to describe the care women need:

“I think they need, it needs to be holistic, it needs to be the health of the mother, and the health of the baby sort of really needs to be taken into account, not just looking for disease, which is more what midwives and GPs I suppose are looking for.” – Naturopath #1

“Ok so, a holistic framework I think would be a fundamental principle, because it's treating them on all levels.” – Naturopath #2

When asked for clarity regarding the meaning of ‘holism’ most commonly this was described as the practitioner placing equal priority between emotional or spiritual and physical health:

“Holistic means for me that you don't see the human being as disconnected from any other part of them self, and acknowledging that the social and emotional elements can affect the psychological and physical. That you respect the individual's body, mind, spirit, to be able to have some self-determination, and to trust that whole person, not just the physical person, but also trust the emotional person, and the psychological and spiritual person, and respecting them in that, yeah.” – Doula #10

Although some practitioners also expressed concern that, in response to attempts to work more closely with conventional health professionals, the current training and practice in their profession no longer supported holistic practice in the way that is needed:

“It's limited, it's extremely limited. And the reason I believe its limited today is the, for the accreditations and the approval of the system, as it is. And I think, a lot of the university's heads and lecturers will try to fit into

the allopathic system. They really do try – and I think they do that more for acceptance than anything else.” – Chiropractor #22

3.2.2. Nurturing women past vulnerability and fear

In addition to holism, participants often described the importance of providing nurturing to women during pregnancy.

“Well if they [practitioners] are gruff, grumpy old men with bad breath, I don't think they'd be getting many pregnant women into the treatment room in the first place. They're going to be more in the nurturing type person, or the caring type of person.” – Chiropractor #22

The reason this approach was considered important, however, varied among participants. The fact that pregnant women need to be treated with care or needed to be able to relax and be made to feel comfortable was two common underpinning reasons for many of the justifications provided by participants:

“I want them to have that space to really relax and enjoy, rather than having their conscious mind being stimulated the whole time.” – Acupuncturist #12

Additionally, some participants described the nurturing they provided as combatting fear and anxiety towards pregnancy and birth held by pregnant women:

“The apprehension. A lot of them are sort of, not scared-scared, but they're apprehensive in that they're not in control of their bodies any more. And they get all these horror stories at times about, where women will tell them all their wonderful birth stories, and they think “oh is that going to happen to me?” So they just need, sort of saying to them look, you're doing a great job,” – Massage therapist #18

This nurturing approach was often juxtaposed against the kind of care provided by conventional maternity care providers, which was commonly described as depersonalised and time poor:

“Oh sometimes, you just hear sometimes “oh I went in and I felt like I was a number,” and “in and out!” – Chiropractor #21

3.2.3. Treating health complaints neglected by conventional maternity care

The participants also identified their specific knowledge and skills as filling gaps in the conventional maternity care services available to women. There were, however, differences in what they perceived the skills they provided to be. Naturopaths primarily emphasised their training in nutrition and the emphasis they place on prevention as a valued service for women in their care:

“especially because GPs and midwives aren't trained in nutrition as much as we are, so you know, we've got a big part to play ... just being able to identify what nutrients they need really, because you don't really get midwives prescribing supplements, and GPs don't either. So that's our yeah, “what does that pregnant person need in terms of supplements and what can she take during the pregnancy to prevent certain conditions in the baby?” – Naturopath #1

Different to the naturopaths, the manual therapists (chiropractors, massage therapists, osteopaths) identified their ability to treat back pain in pregnancy as a service they provide which is not met by other conventional maternity care providers:

“GP's and obstetricians, you know, think “back pains just back pain during pregnancy - deal with it.” Whereas in the reading that I'm doing there are ways in which a woman can work with that and potentially be a lot more comfortable during pregnancy”- Massage therapist #5

Acupuncturists also described themselves as able to assist women with pain management, however, nausea and vomiting for earlier pregnancy and assisting with onset of labour in later pregnancy received a larger focus in their discussion of the health complaints they

treated in response to gaps in conventional maternity care:

“My experience at the early stage of the pregnancy is usually for nausea and vomiting ... and then later in the pregnancy ... probably the most prevalent area is induction.” - Acupuncturist #11

As a final area, and somewhat different to the previous examples in that it focuses on a condition which is commonly treated within conventional maternity care, both acupuncturists and chiropractors reported assisting women with breech presentations as an area they provide care to women. While they described having the potential to assist women with breech presentations, they often mentioned their overall effectiveness is limited by the fact they are approached as a last option treat breech rather than being used as an early treatment or prevention:

“I get a lot of mums that are 39 weeks and still breech, and it would have been really nice to get them at 36 weeks, just a little bit earlier.” - Chiropractor #13

4. Discussion

This paper reports the views of CM practitioners who care for pregnant women. Participants in this study characterised their practice as distinct from conventional pregnancy care, because they considered they offered women *holistic* care. The CM paradigm views pregnancy as a normal physiological process and values the emotional, spiritual and social aspects of childbearing [17]. This ideological approach is, to a large degree, congruent with midwifery ideology and one of the reasons many midwives support women's use of CM therapies [18,19]. In contrast the biomedical paradigm is risk adverse and focused on pathology [20]. Participants perceived obstetric care as reductionist and invasive in its modus operandi. Interestingly, the appropriateness of this interventionist approach for healthy women is now being questioned by members of the medical fraternity themselves [5]. Should conventional medical care begin embracing a more holistic paradigm, the push and pull factors associated with CM use in pregnancy may become less apparent and the perceived philosophical divergence between conventional and CM care reduced. As a result, the impact this paradigm shift has on women's choice of pregnancy care provider may warrant further examination.

Numerous studies demonstrate that the therapeutic relationship, the woman's sense of control and her participation in decision making, all have a significant influence in her satisfaction with her maternity care [7,21]. CM practitioners, who actively promote the woman's self-efficacy and confidence [22,23], may be addressing a limitation in the approach taken by conventional medicine. CM practitioners who contributed to this study, valued the opportunity to nurture women who may feel apprehensive about birth and the transition to motherhood. Indeed, while pregnancy can be a time of great joy, a significant number of women experience anxiety which is associated with an increase in adverse birth outcomes [24]. CM practitioners asserted that the apprehension experienced by many pregnant women is often not addressed in a maternity system that was described as rushed and depersonalised. This echoes earlier research that found both time and empathy are associated with positive outcomes for CM [25]. This may be one of the motivations for women seeking an integrative approach to their pregnancy care [23].

Participants also highlighted specific health needs that were unmet by mainstream maternity care providers, including the management of many common conditions associated with healthy pregnancy. Conventional treatments for the physiological adaptations to pregnancy (often referred to as *minor complaints*), are often lacking and women are left to accept the sometimes debilitating symptoms associated with normal childbearing. Yet these symptoms can have a profound impact on woman's experience of pregnancy and some will turn to CM for assistance [26]. There is a growing body of evidence that specific CM

therapies may be helpful for a number of pregnancy related conditions including back pain [27], nausea and vomiting [11], and anxiety [27], that may be overlooked in conventional care as a *minor* complaint. Until conventional care settings begin appropriately acknowledging and addressing these concerns, CM may be perceived as the only viable option for women suffering from these complaints.

The findings from this study also highlight the potential role of naturopaths in the provision of nutritional advice to pregnant women in their care. Guidelines for nutritional requirements in pregnancy are in place for peak bodies in obstetrics and midwifery globally. However, the existing research suggest women are not counselled to follow these guidelines by conventional maternity care providers primarily because the health professionals providing the care report a lack of time, training and resources related to pregnancy nutrition [28]. While naturopathic education standards [29] and reference texts used in naturopathic training [17] in Australia includes specific reference to nutrition, there is substantive variability in naturopathic education linked to the absence of statutory registration for naturopaths [30]. As such, the degree to which the advice proffered to pregnant women by naturopaths aligns with these guidelines is not yet known [22]. More research is needed to determine whether naturopaths positively impact on the nutrition health behaviours of pregnant women in Australia or whether incorrect advice is placing women at risk.

It is important to remain mindful of the limitations to this study. Selection bias is a study limitation, since non-responders may have a very different experience of providing care compared with responders. Furthermore, the study relied on self-reporting, and as such the findings can only be viewed as perspectives and experiences, rather than practice patterns and behaviours. The interviewer's personal attributes and characteristics may also have had an effect on the nature and content of the interviews. While the interviewer was a qualified CM practitioner, she is also experienced in conducting qualitative research and as such was conscious of minimising the influence of her other professional qualification on the dynamics with study participants. The qualitative nature of the methodology also means that the findings should not be seen as representative of CM maternity care providers, but rather an opportunity to gain insight into a previously unexplored area of contemporary health care.

5. Conclusions for practice

CM providers appear to play a significant role in pregnancy care, with their care often focusing on areas of need that are not currently met in conventional care settings, both socially and clinically. CM practitioners highlight that the philosophical paradigm of CM encourages holistic care and patient empowerment, which may contrast with women's experience of conventional pregnancy care. CM practitioners often acknowledge their specialist roles as part of a multi-disciplinary team of practitioners, which focuses on the strength of their therapies for specific aspects of pregnancy care, rather than attempting to offer comprehensive pregnancy care. The findings within this study warrant careful consideration by health policy makers, health service managers and health professionals alike to ensure women have access to safe and coordinated maternity care in an increasingly complex landscape. The potential contribution of CM within maternity care requires urgent attention by all groups if this is to be achieved. Future research should explore the impact of changing maternity care paradigms on woman's choice of health provider as well as the clinical effectiveness of CM in supporting pregnancy-related health conditions (especially minor complaints often overlooked by conventional maternity care).

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Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.ctcp.2018.11.017>.

Conflicts of interest

The authors have no conflicts of interest to declare.

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