Referral from Midwifery Acupuncturists in Aotearoa New Zealand - Barriers and Concerns

Lee-Ana Lowe & Debra Betts

Abstract

Data from a study examining participants use of acupuncture for antenatal anxiety and depression was analysed to inform about referral barriers and concerns by New Zealand midwifery acupuncturists. Most participants (60 per cent, n=27), were happy to refer to traditional acupuncturists, especially if they knew them personally (69 per cent, n=31). However, 30 per cent (n=15), had concerns about traditional acupuncturists' knowledge of pregnancy issues, their lack of collaboration with other health providers, and specific treatments being administered by some acupuncturists. Other barriers for referral included midwives' knowledge of acupuncture research evidence and their awareness of the different types of acupuncture and the scope of traditional acupuncture. Barriers for pregnant women were cost, the need for repeated visits, as well as their understanding of acupuncture and what it can be used to treat. In conclusion, midwifery acupuncturists are interested in referring to traditional acupuncturists; specialist obstetric acupuncture teams would likely help to remove some of the barriers that currently prevent referral of pregnant women for traditional acupuncture treatment.

Keywords
Acupuncture, pregnancy, acupuncture referral, antenatal anxiety, antenatal depression, midwives

Introduction

Acupuncture has been reported as an acceptable treatment for pregnant women in Australia (Williams et al., 2019). Cochrane reviews have found acupuncture may be useful for low back/pelvic pain (LBPP) between 20 to 26 weeks (Liddle & Pennick, 2015), and may help with the maturation of cervix dilation improving labour (Smith et al., 2017). Acupressure may be useful for pain during labour (Smith et al., 2020). This may be relevant if somatic symptoms impact antenatal anxiety and depression (AAD) levels (Biaggi et al., 2016; Guo et al., 2021; Nylen et al., 2013). Acupuncture (Lokugamage et al., 2020) and acupressure alongside other complementary therapies (Levett et al., 2016) have also been found useful for pre-birth treatment, reducing the need for interventions including labour analgesia. Additionally, acupuncture is reported as reducing hospital stays and is associated with fewer components used for medical induction (Lokugamage et al., 2020). Mild adverse

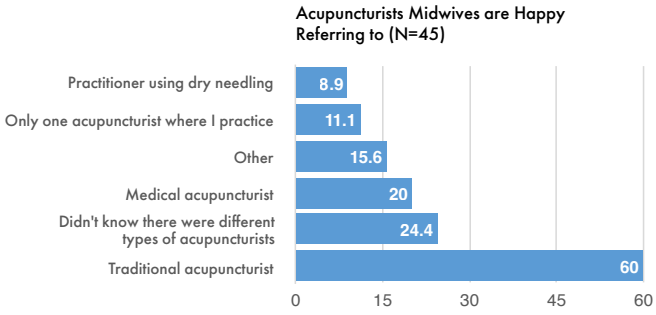

Figure 1: Acupuncturists to whom midwives would happily refer

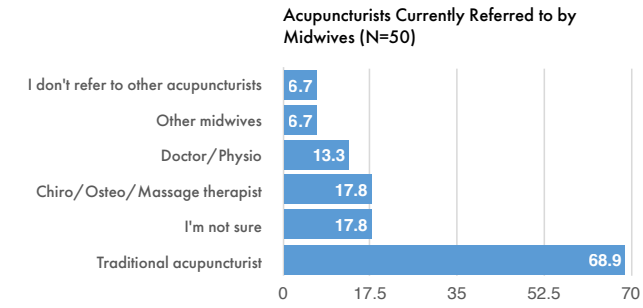

Figure 2: Acupuncturists currently referred to by midwives

effects reported in an outpatients acupuncture maternity clinic, such as needle pain and bruising, did not prevent women from returning for more treatment or affect the positivity of the treatment experience (Soliday & Betts, 2018). Reviews about the safety of acupuncture during pregnancy report it being comparable to other treatments (Clarkson et al., 2015; Park et al., 2014). An Aotearoa New Zealand (NZ) feasibility trial on the use of acupuncture versus touch for women with vaginal bleeding in early pregnancy (threatened miscarriage) also demonstrated no significant difference in adverse events (Betts, Smith, et al., 2016).

Acupuncture has been found useful in research of pregnant women with antenatal depression (Manber et al., 2010; Manber et al., 2004). This has been validated in reports of acupuncture use during pregnancy for depression in Australia (Ormsby et al., 2020) and AAD at a NZ hospital outpatient pregnancy acupuncture clinic (Betts, McMullan, et al., 2016). Pending labour has been identified as potentially intensifying AAD (Dencker et al., 2019). Pregnant women who suffer from mild to moderate AAD have few options, and post-natal depression has been identified as a focal point for health resources in NZ (Signal et al., 2016). Treatment options for antenatal mental health have been reported as being under-resourced (Cornsweet Barber & Starkey, 2015). This was apparent in both acute and non-acute AAD in prior reporting (Lowe & Betts, 2021). AAD associated with pregnancy is under-researched, having few referral pathways for healthcare providers. Acupuncture is therefore a worthy intervention for further research, as well as for symptoms of concern (SoC) such as pregnancy progression, insomnia, nausea and vomiting, fatigue and pain. It may offer a non-medicalised and more somatic-based option for pregnant women (Lowe & Betts 21).

The majority of NZ midwives (around 90 per cent) are the lead maternity carers (LMCs) for pregnant women (Te Tatau o te Whare Kahu – Midwifery Council, 2018). This means they take primary responsibility for the care of pregnant women, referring to secondary care such as obstetricians and/or hospital care if complications arise. This LMC role means midwives are well-placed to know about referral options during pregnancy and postpartum (Cornsweet Barber et al., 2017; Alderdice et al., 2013). Between 2007 and 2019, 172 NZ midwives completed short acupuncture courses based on Chinese medicine theory which teach limited acupuncture strategies for preparation for labour and pregnancy-related issues including insomnia and AAD (Betts et al., 2016; Lowe & Betts, 2023). A mixed methods study examining NZ midwifery acupuncturists' use of acupuncture and referral to acupuncturists, including for AAD, was carried out in 2019. The methods, recruitment, demographics and characteristics of participants are described in previously published articles including survey (Lowe & Betts, 2023) and interview (Lowe & Betts, 2021) information and data. The current article reports on the findings from this study that relate to referral concerns and perceived barriers to the use of acupuncture for pregnancy in the community.

Survey results

Surveys consisted of set SurveyMonkey questions with quantitative answers. Some questions asked for extra information, allowing answers to be open to interpretation.

Midwifery acupuncture referral

Of 45 midwifery acupuncturists, 27 (60 per cent) were happy to refer to traditional acupuncturists. Nine midwives (20 per cent) were happy to refer to medical acupuncturists (who work from an evidence base within a Western medical framework). Eleven (24 per cent) did not know about different types of acupuncture. The 'other' category (see Figure 1) consisted of four midwives who referred to practitioners they knew and three who mentioned cost prohibiting referrals (Figure 1).

When asked what type of acupuncturists they currently

referred to, 31 of 45 (68.9 per cent) respondents referred to traditional acupuncturists (Figure 2), eight (17.8 per cent) did not know what type of acupuncturist they referred to, three (6.7 per cent) referred to other midwives who practice acupuncture and three (6.7 per cent) did not refer to other acupuncturists at all (see Figure 2).

Referral of midwifery acupuncturists to other types of acupuncturists

Thirty-six of 50 (72 per cent) participants indicated no concerns about referring women in their care to other acupuncturists while 15 (30 per cent) had concerns (although one participant indicated both 'no' and 'yes'). Of the 36 participants who had no concerns, 16 comments were left explaining their responses. These included 'As long as they are registered' or '[As long as they are] not afraid of pregnancy'. Eleven participants had no concerns because they personally knew the acupuncturist.

Of the 15 respondents who were concerned about referring to other acupuncturists, four based this on inappropriate use of induction points and three commented on acupuncturists' lack of knowledge of pregnancy and birth. One midwife expressed 'they don't have the midwifery knowledge to know when birth prep or induction of labour points are appropriate' when talking about the acupuncturist where they work. Concerns about the types of treatments offered by acupuncturists were also highlighted: 'The one we have here has used electro-stimulating acupuncture in women in pregnancy before and I don't feel that's appropriate, so it makes me reluctant to use them'. Another midwife commented, 'Some of them can be wild in their treatments'. One midwife was concerned about referring if she did not know the practitioner and another had concerns about the level of English language spoken by some acupuncturists. Four responses mentioned cost as a barrier to women receiving acupuncture from other providers. The time burden for pregnant women was also raised as a barrier, as 'women don't want the burden of many visits'.

Collaboration with acupuncturists and perceived barriers

Forty-six of 50 participants (92 per cent) believed increased collaboration and communication between acupuncturists and midwives would be beneficial, with four (8 per cent) disagreeing with this. Constructive feedback for potential collaboration included 'Often we need short notice treatments', 'Some midwives are not familiar with acupuncture and what it can do', 'It may make [acupuncturists] more aware of what is appropriate or not in pregnancy', and 'referral ... should have a two-way communication of treatment outcomes'.

Perceived barriers for acupuncture use

Forty-three respondents commented on a survey question regarding perceived barriers to using acupuncture. Although acupuncture was thought to be beneficial during pregnancy, financial barriers were mentioned most (n=25, 58 per cent), including four that talked about 'accessibility'. Nineteen (44 per cent) comments were focused on the need for education for pregnant women and health professionals, including midwives, who were described as being unaware of acupuncture's use and benefits and whether it is safe during pregnancy. Nine comments of these 19 concerned negative perceptions about acupuncture shared by pregnant women, midwives, other health professionals and the public, such as, 'many people think acupuncture is bogus and so aren't likely to pay for it, especially in my rural area'. An additional three comments talked about fear of needles being a barrier, with one midwife identifying pregnant women needed to actively overcome this: 'Often when I show them the needles, they are more willing to try it'. Three midwives expressed that when it comes to acupuncture for AAD, they 'didn't know it was a thing', and an additional participant hadn't 'used [acupuncture] for this as of yet'.

Midwives are well-placed to know about referral options during pregnancy and postpartum

Interviews

A detailed chart of themes that emerged from the interviews can be viewed in Table two of the prior article based on this study (Lowe & Betts, 2021). Interview data confirmed what was found in surveys and expanded on some of the concepts of the participants, giving further information about referral concerns and barriers.

Midwives were aware of staying within their scope of practice, with one stating 'When it comes to treating more complex problems, we need to refer to an acupuncturist and we know that' (participant five). As in the surveys, during interviews midwives expanded on their concerns about self-referral to acupuncturists when it comes to pregnancy. One participant who was concerned about inappropriate use of induction treatments stated, '...women know what to say... if they want their baby out' (participant one).

Using acupuncture for ADD was not always something

midwifery acupuncturists considered in their acupuncture practice; multiple interviewees expressed that they 'hadn't even thought' (participant five) - or else had forgotten - about the possibility of doing acupuncture for AAD. Increased collaboration was thought necessary for AAD treatment by most midwives: 'If it is something that's just purely to do with anxiety and depression, then that's probably where there is that gap' (participant two). Midwives were aware that when it comes to AAD, women were sometimes reluctant to share their 'full [medical] story'. The full picture for AAD was not always obvious until women were screened, and therefore communication between practitioners was thought important in these cases. One midwife explained how women came into clinic '... like everything's okay, but then when you give [them] that scoring system, everything's not okay' (participant six). One midwife recommended more engagement by acupuncturists with the public and other practitioners. She perceived traditional acupuncturists 'to be quite the separate entity' and thought more 'visibility ... within the community would help because ... women [weren't] aware that [acupuncture was] an option to them by and large' (participant three). The idea that some acupuncturists work as separate entities and the need for better collaboration was highlighted by the case of a high-risk pregnancy. The midwives involved felt the woman was so critically unwell that it would have been better to stop acupuncture, but the woman continued treatment. Because of the lack of communication between the acupuncturist and the obstetric team, the midwives felt the acupuncture may have been contributing to the problem: 'We absolutely wouldn't be comfortable doing acupuncture on someone that ... critically unwell' (participant eight).

Some midwifery acupuncturists were not aware acupuncture was an option for anxiety and depression

Discussion and implications for practice

The majority of midwifery acupuncturists indicated they would consider referring women in their care to other acupuncturists for pregnancy issues, including for AAD and other SoC (Lowe & Betts, 2023). Most midwives knew the practitioners they preferred to refer to and were happy to refer to other acupuncturists as long as they were 'registered' and 'not afraid of pregnancy'. Some participants however, had 'never thought of' or 'forgot' about using or referring for acupuncture in cases of AAD. Most midwives seemed aware of the importance of staying within their scope of practice in midwifery acupuncture, choosing to refer for more 'complex problems', including AAD. It has been reported in other research that midwives are aware of their scope of practice and know when to refer to complementary and alternative medicine (CAM) specialists for complex problems (Hall et al., 2013). Although in the present study 55 per cent (n=25) of participants preferred to refer to traditional acupuncturists, 24 per cent (n=11) did not know there were different types of acupuncturists. There is likely to be a larger number of midwives who are unaware of different types of acupuncture within the general midwifery population in NZ. At the time of data collection acupuncture remained unregulated in NZ, therefore 'acupuncturists' may include traditional acupuncturists as well as practitioners who have done short courses such as dry needling without any theoretical background (Roberts, 2016).

Barriers for acupuncture use

Appeals by participants for more 'education' about acupuncture and acupuncturists when treating women during pregnancy were found in current quantitative results as well as prior qualitative findings reported (Lowe & Betts, 2021). Pregnant women have found acupuncture acceptable and satisfactory in research (Lokugamage et al., 2020; Soliday & Betts, 2018; Williams et al., 2019) including for depression during pregnancy (Manber et al., 2010; Ormsby et al., 2020). Acupuncture was also thought by midwifery acupuncturists to be acceptable and satisfactory during pregnancy and specifically for AAD (Lowe & Betts, 2021, 2023). Data reported in this article indicated NZ midwifery acupuncturists felt acupuncture was unknown by many women as an option for pregnancy. Interviews suggested that education was needed for pregnant women who had not tried acupuncture before, and would need time to get used to the idea (Lowe & Betts, 2021). Not knowing about acupuncture was suggested as a reason for not using it during pregnancy in 42 per cent (n=98) of Australian women in one paper (Williams et al., 2019). Some midwifery acupuncturists were not aware acupuncture was an option for AAD, which is likely to affect referral as has been indicated with other interventions (Noonan et al., 2017). If midwifery acupuncturists are unaware that acupuncture is an option for AAD, then it is more likely that other health professionals as well as pregnant women are similarly unaware. Education about the research base for acupuncture may help to counter negative perceptions of it being 'bogus'. Doctors, midwives and healthcare providers not being supportive of acupuncture has been found to be a barrier in other research (Ormsby et al., 2018). If health professionals understand the evidence and safety

information available, it may improve access to acupuncture as a treatment option for a range of issues during pregnancy, including AAD.

Increased collaboration between acupuncturists and midwives was perceived as important by 92 per cent of midwifery acupuncturists, with qualitative data echoing this concept. Collaboration between all healthcare providers is thought to be important to ensure safe women-centred maternity care (Steel & Adams, 2012)

Safety reviews (Clarkson et al., 2015; Park et al., 2014) of acupuncture for pregnancy recommend pregnant women considering acupuncture treatment should be fully informed about acupuncture and its evidence base. Collaborating with other health professionals and gaining a full picture of pregnant women's situations may enable more informed treatment. This study documents midwifery concerns about safety and other acupuncturists' knowledge of pregnancy, inappropriate use of induction points and inappropriate use of acupuncture in high-risk pregnancies. Midwives are less likely to refer to CAM practitioners in cases where the pregnancy is at risk of complications (Hall et al., 2013). If acupuncturists collaborate more with midwives, this would likely lead to greater knowledge of patients' full medical histories as well as allow opportunities to educate midwives about acupuncture evidence. This in turn may help reduce midwives' hesitancy in referring. Convenience inductions were also highlighted by one interviewee, who was unsure whether self-referral to acupuncturists was a good idea as some women might say things so they can go into labour early without their LMC being aware. Situations such as this highlight the importance of practitioners knowing the patient's full medical history and collaborating so everyone is aware of any risk involved for the women as well as the baby she is carrying. Being aware that the full story may not be divulged as some midwifery acupuncturists have found in practice is also something to keep in mind for practitioners working in mental health.

Increased collaboration between acupuncturists and midwives was perceived as important by 92 per cent of midwifery acupuncturists

Some midwifery acupuncturists were unaware of the evidence for, or the scope of practice of traditional acupuncture. It was also felt that some traditional acupuncturists in NZ work as 'separate entities'. One study found maternity CAM practitioners in Australia see themselves as providing women-centred care within a team of practitioners rather than providing comprehensive care alone (Steel et al., 2019). One United Kingdom (UK) study (Betts et al., 2019), reported on the work of the Acupuncture Childbirth Team (ACT), which provides education and support for acupuncturists who work with pregnant women; the study reported that referrals from Western medical practitioners were common. It may be beneficial for acupuncturists to see themselves as part of a team with other pregnancy healthcare professionals for optimum patient-centred care and safety, especially when working with pregnancy and AAD. Ninety-two per cent of midwives from surveys believe increased collaboration would be beneficial.

Surveys reported in the current article indicated 30 per cent of midwives had concerns about referring to acupuncturists, highlighting a lack of 'pregnancy knowledge' and knowing when induction points were 'appropriate'. Knowledge of the correct timing for use of these points is important for the safety of pregnant women and their babies. The use of electro-acupuncture and 'wild' treatments was not viewed favourably by midwives. Gentle needling with minimal needles has been recommended for safe practice during pregnancy (Smith et al., 2002) and may be more appropriate than strong treatment unless evidence suggests otherwise. Inappropriate treatment of a pregnancy at risk of complications was also evident in this study. In this situation, the traditional acupuncturist continued working as a separate entity (Lowe & Betts, 2021). Cases such as this are likely to reflect negatively on the traditional acupuncture profession as a whole. It may be beneficial for traditional acupuncturists to work alongside other obstetric health professionals, especially in cases where the risk of complications is high, so that obstetric teams and pregnant women stay fully informed. This may ease some of the reluctance to refer to traditional acupuncturists.

Midwifery acupuncturists desired access to affordable acupuncture for pregnant women in both interview and survey data

The cost of acupuncture was perceived as a major barrier. The idea that pregnant women may choose mental health treatment based on affordability (Ormsby et al., 2018), was validated in this study, with 75 per cent (n=37) of midwives referring to GPs for AAD, followed by 69.4 per cent (n=34)

referring to counselling (Lowe & Betts, 2023). Although women pay to go to a GP in NZ, they may get limited free counselling by doing this. Midwifery acupuncturists desired access to affordable acupuncture for pregnant women in both interview and survey data (Lowe & Betts, 2021). Australian midwives also thought acupuncture in hospitals would take pressure off midwives, making it more acceptable and accessible (Ormsby et al., 2018). This concept was echoed by midwifery acupuncturists, with one midwife suggesting it may reduce hospital stays (Lowe & Betts, 2021). Reduced hospital stays with pre-birth acupuncture have been reported in another study (Lokugamage et al., 2020). Midwifery acupuncturists also described women as being reluctant to access acupuncture due to the burden of having to make many visits for treatment. Part of this burden may resolve with acupuncturists working in hospitals. By working alongside obstetric teams in hospitals, pregnant women can try to see their various health providers in one visit.

Education about different types of acupuncturist and the potential use of acupuncture during pregnancy was perceived as needed for LMCs, pregnant women and the community at large in these findings. Education about the types of needles used may also be useful as it was thought some women viewed acupuncture needles as the same as those for giving blood or injections (Lowe & Betts, 2021).

Conclusion

Acupuncture is an acceptable therapeutic option for midwifery acupuncturists, whether they administer acupuncture themselves or refer to other acupuncturists. Midwifery acupuncturists are aware of the importance of staying within their scope of practice and referred to traditional acupuncturists as long as they knew them and they were registered. Possible solutions for some of the barriers for acupuncture were apparent in this research. These included promoting education about acupuncturists, acupuncture and what it can be used for. However, several barriers were also identified that midwifery acupuncturists thought were preventing the integration of acupuncture into antenatal care. These barriers included concerns about some acupuncturists' knowledge of obstetrics, use of strong or 'wild' types of treatments, and appropriate use of acupuncture in high-risk pregnancies. Collaboration with obstetric health care teams was discussed as essential to ensure safe and informed treatment by acupuncturists, especially when it comes to AAD and high-risk pregnancies. Networks/teams within the acupuncture profession that provide support, mentoring and education for those wishing to work with pregnant women would be beneficial. This is being modelled by the ACT group in the UK, which offers professional bodies and interested acupuncturists a way to address these concerns and build on the interest from biomedical health professionals in order to provide quality integrated acupuncture care for pregnant women.

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