

Complementary Alternative Medicine (CAM) and Delivery Pain

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Every type of healthcare provider in every specialty of care takes care of patients experiencing pain. In obstetrics, the frequent use of epidural anesthesia in laboring women was often used to assist in controlling labor pain. However, we currently see well-informed moms requesting alternative ways to decrease labor pain. Delivering moms have found that epidurals are not always practical for pain relief and may lead to complications such as an inability to push effectively during the second stage of labor. In today's world, delivering moms are demanding other means of pain management beyond traditional medication. Traditional pain management often does not sufficiently manage pain, and it usually comes with “unpleasant side effects such as nausea and vomiting, dizziness, drowsiness, hypotension, constipation, respiratory depression, and increased tolerance to the drug” (Bikmoradi, Harorani, Roshanaei, Moradkhani, & Falahinia, 2015, p. 248).

This paper aims to determine through a literature review if complementary alternative medicine is as effective in providing pain relief as traditional pain medication.

Thesis

In delivering women ages 18 – 40, excluding those with substance abuse and developmental delay, will complementary alternative medicine manage childbirth pain symptoms more effectively than traditional medicine therapies?

Article Synthesis

This literature review will synthesize five articles that report CAM therapies are effective in managing labor pains for women.

Results

All studies positively reduced pain after the intervention, although not at every measured time interval. It must be mentioned the Carus et al. (2022) study on virtual reality was utilized before epidural insertion. The study did not include any results post epidural.

Symptom Reduction

All research articles supported the thesis of reduction of pain for laboring mothers. Carus et al. (2022), Indumathi (2018), and Valiani et al. (2018) found the usage of Virtual Reality, Ice massage on LI4, and Auriculotherapy during the early stages of labor improved the laboring mother's pain scores. Whereas various types of massages; Choudhary et al. (2021) – back massage, Sriasih et al. (2019) - aromatherapy massage, and GÖNENÇ & TERZIOĞLU (2019) - acupressure massage, all provided pain relief right up to delivery. In a comparison of all studies, GÖNENÇ & TERZIOĞLU (2019) study of acupressure in combination with massage had the most significant pain relief. The massage-only groups had a reported 89.3% reduction in pain. In the acupressure-only group, there was a reported 82.5% reduction in pain. When acupressure and massage therapy was combined, there was a 96.7% reduction in pain (GÖNENÇ & TERZIOĞLU, 2019).

Patient Satisfaction

Patient satisfaction was included in several studies. GÖNENÇ & TERZIOĞLU (2019) found in their research for the massage-only group, 96.8% were satisfied, in the acupressure-only group, 93.3% were satisfied, and in the combined group, 100% were

satisfied with the reduction of pain relief. Both Choudhary et al. (2021) and Carus et al. (2022) found high satisfaction for the intervention; however lower than the GÖNENÇ & TERZIOĞLU (2019) findings.

Further Research and Implication for Clinical Practice

CAM Therapy does not replace pharmacological methods of pain management but is used in combination with pharmacological pain practices to enhance the patient's relief from pain. The most apparent reason for using CAM Therapy reported in the studies was the lack of side effects compared to pharmacologic pain management. In Choudhary et al. (2021), Sriasih et al. (2019), and GÖNENÇ & TERZIOĞLU (2019), it was reported that massage CAM therapies allowed for more patient control, less medication, and more time between the patient and caregiver. Complementary medicine has existed for numerous years without recognition. Further research on the long-term effects of this complementary therapy is necessary (Khorsand et al., 2016). The eastern medicine model of care has a long history of caring for individuals holistically and integrating the healing arts with conventional treatments. The holistic healthcare model aims to comfort patients during delivery and encourage their active participation in healing.

Based on the information gleaned from the articles regarding the limitations and the quality of the studies, there is a need for further research to understand the relationship between Complementary Alternative Medicine (CAM) and the perception of pain. Although some aspects of CAM therapy have been used for thousands of years, its use in traditional medical settings is still in its infancy. In addition, the benefits of CAM therapies currently outweigh the minor risks associated with them; therefore,

healthcare providers should not disregard the usage of CAM therapies. Furthermore, providers should be open to research and collaboration with CAM providers, as stated by Choudhary et al. (2021), Valiani et al. (2018), and Carus et al. (2022).

Limited research has been performed in the United States, requiring the need to seek evidence-based practice from other countries. Although there has been a steady increase in clinical trials conducted in the United States, we still fall significantly behind other countries. Increased awareness among healthcare leaders, patients, staff, and the desire to integrate CAM therapy, will help to increase the research for CAM therapy. Education during medical school residency programs needs to occur to decrease the stigma and disregard for this type of intervention by medical doctors. Biases and opinions on non-medical approaches must be addressed before practicing medicine.

Clinical Practice

Complementary Alternative Medicine (CAM) is a type of therapy that patients widely consider. Holistic care, which incorporates CAM into its approach and interventions, addresses the needs of the whole person: body, mind, and spirit. The purpose of holistic healthcare is not only to comfort patients during their treatment but to facilitate and encourage self-care by having the patient actively participate in their care.

Healthcare providers may wish to expand their skills by incorporating some of these complementary therapies. Healthcare providers should undergo recognized and validated training to provide the most treatments to their patients. Patients are becoming informed about alternative treatments and often seek advice regarding best practices. Healthcare providers will be asked for suggestions for alternative therapies that

complement and enhance traditional medicine. By providing these suggestions and encouraging self-care participation, providers will help improve patient satisfaction and outcomes and empower their patients.

CAM therapy is an appropriate non-physician intervention because it does not require an order from a physician. Non-physician providers can assess the patient and determine which CAM therapy best meets the patient's needs. This provides personal care and connects the patient and caregiver in a unique reciprocal relationship.

Strengths and Limitations of Research

Holistic care refers to approaches and interventions that address the whole person's needs: body, mind, and spirit. Florence Nightingale recognized the importance of caring for the whole person by teaching nurses to focus on unity, wellness, and the interrelationship between self and the environment (Riegel et al., 2021). A vital point about the CAM therapy reported in the Khorsand et al. (2016) study is that it is a safe, simple, and cost-effective method that patients can continue independently upon release from the hospital (Khorsand et al., 2016).

Another obstacle encountered is that CAM studies are infrequent and difficult to find in the United States. Since COVID began, limited in-person research has been conducted. Telephone, survey, literature reviews, and voluntary submissions have been utilized to complete the research. Since integrative medicine is a newer concept for healthcare providers in the United States, protocols, procedures, or policies are challenging to find.

Summary and Conclusion

The holistic approach to caring for a patient by providing CAM therapies has decreased pain perception. In addition, healthcare providers consider the patient's perception of pain during an inpatient experience and offer a personal, one-on-one alternative treatment integrated into their care plan.

The articles reviewed provided a basic understanding of several CAM therapies and their potential applications to the perception of pain and the use of pharmacologic pain management. Based on the articles reviewed and cited, CAM therapies of various types of massage, virtual reality, and Auriculotherapy did affect the patient's perception of pain. In addition, Choudhary et al. (2021), Sriasih et al. (2019), and GÖNENÇ & TERZIOĞLU (2019) found it led to decreased use of pharmacologic pain medication resulting in safer care for mother and baby, therefore supporting the PICO question. Furthermore, along with the reduced perception of pain and decreased usage of pharmacologic pain medication, Carus et al. (2022) and Sriasih et al. (2019) revealed a decrease in anxiety in addition to the decrease in pain. However, it must be said that few studies were found that focused on any specific type of CAM therapy. Therefore, it was necessary to use studies of various kinds of CAM therapy in this research. Additionally, very few studies were ascertained from the United States.

Healthcare providers are encouraged to educate themselves and their patients on alternative and integrative health care approach. These interventions are cost-effective, harmless, do not require extensive education, and are relatively harmless to the patient. CAM therapy promotes a therapeutic bond between the patient and caregiver, enhancing the promotion of self-efficacy and care that the patient may use

upon discharge. Non-physician providers should advocate for the inclusion of CAM therapy in their health care settings and request further education. CAM therapies are an ideal adjunct to pharmacologic pain management as a healing practice.

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