



Provision of a Reflexology service for Women with Anxiety and Complex Pregnancies

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Background:

Reflexology is derived from Ancient Chinese, Indian and Egyptian customs and has been practiced for over 5000 years; claiming benefits in relaxation, enhancing mood, releasing tension, improving sleep and general wellbeing. Reflexology is a non-intrusive complementary therapy, based on the theory that different points of the feet correspond with different parts of the body.

Reflexologists work holistically with their clients and aim to work alongside allopathic healthcare to promote better health for their clients. The SAB midwife has set up a clinic for women who suffer with pregnancy anxiety, most often associated with a previous traumatic birth experience, a fear of child-birth and tokophobia.

The benefits for using reflexology for use in pregnancy and childbirth have been described as an inexpensive, non-invasive, safe, client/patient favoured, non-pharmacological therapy; found to have a helpful effect on stabilising anxiety levels and painful discomforts in pregnancy.

Project Aims:

To improve the overall child-birth experience for women with pregnancy anxiety and complexities. The SAB midwife will first discuss evidence-based birth choices. Then draw up an individualised SAB birth plan, highlighting their options for care in labour. At 37wks gestation, reflexology will be performed weekly until the birth of their baby.

To address the inequalities and accessibility of a reflexology service, which is generally only available to those that have the surplus income to pay for the therapy. To support all pregnant women with anxiety, living in both diverse and affluent socio-economic circumstances.

To rectify the ambiguous opinion by some healthcare professionals who believe that reflexology is anecdotal, by providing evidence from qualitative personal experiences and quantitative evidence in better birth outcomes.



150 women per year are referred to the SAB Midwife per year by Obstetricians and Midwives



Cost saving for the NHS



How will this be achieved?:

The SAB midwife has used implementation science to support the application of the reflexology service into clinical practice. Rationale for the proposed implementation of reflexology was from women wanting more choice and control with regards non-invasive therapies for use in their pregnancies.

Following a vast review of the evidence to support the use of reflexology, it was apparent there was a lack of high quality evidence to support it's use in maternity services.

At the off-set a Logic model was designed in order to graphically illustrate the components in terms of resources, activities, short and long-term outcomes. A hospital trust guideline was then produced to sustain safety, understanding, unison and competence amongst the midwives.

For the implementation science frame-work 'The Consolidation Framework for Implementation Research' (CFIR) was used as it allowed for the strategic planning of how to deal with any anticipated barriers (i.e. determinants).

Intended Project Outcomes:

- To reduce the levels of anxiety in the third trimester, which will benefit the mother and growing baby, preventing growth restriction of the fetus
- Reducing the production of adrenaline and cortisol that effect both the mother and the growth of the baby in utero
- To reduce the incidence in medical induction of labour
- To reduce the incidence of maternal request for caesarean birth without clinical incidence
- To reduce the need for anxiety medication in pregnancy
- To improve the Vaginal birth after caesarean section (VBACS) rates with the use of non-pharmaceutical methods to stimulate spontaneous onset of labour
- To reduce the need for pharmaceutical analgesia and epidurals in labour
- To reduce the need for obstetric intervention and instrumental assistance at birth
- To improve breast-feeding uptake at birth
- To reduce Post-natal Depression (PND) & Post Traumatic Stress Disorder (PTSD)
- To reduce fear of future births.

References:

1. Association of Reflexologists (2018) www.aor.org.uk; Damschroder et al., (2009); McCullough et al., (2018)