Complementary therapies have become enormously popular with the public – and nurses. One midwife is using them to good effect with her clients and their partners. Judy Czylok reports
Sense of touch

While many of her colleagues were taking courses in palliative care, Jackie Lucas, then a haematology nurse, convinced a forward-thinking sister to let her continue her professional development by learning massage. That was back in 1991 when complementary therapies were on the fringe of traditional medicine. A decade on, Ms Lucas is convinced of the benefits of massage, as well as those of aromatherapy and reflexology in which she subsequently trained.

But now she finds the therapies she promotes alongside traditional care are not treated with such suspicion. The hospital in which she works is now looking to her for guidance.

Ms Lucas is putting together protocols for the use of complementary therapies at Addenbrooke's Hospital in Cambridge. Now working as a midwife in the community served by the Rosie Maternity Hospital, she is delighted there are plans for an active birth room. But she also knows how important it is to get things right.

'It is important to get a recognised qualification in complementary therapy,' she says. 'But it is also vital for anyone practising in the NHS to get their trust's approval. The active birth room is something they hope to be able to offer, but you need the protocols for things like use of oils in labour, dosages and simple techniques.'

Tactile nation

What it should mean is that more women can take up the offer of alternatives to conventional medicine as the English mindset changes.

'Complementary therapies have come a long way. It is only now becoming acceptable to touch people through massage in an empathetic way,' says Ms Lucas. 'It was good being a nurse already because it meant I had a more professional approach. Although the English have been non-tactile, touch can really help people deal with pain and stress.'

Ms Lucas became convinced of this after volunteering as a guinea pig for friends who were training in massage. 'I realised the benefits to wellbeing and for stress reduction, and that it could be a powerful tool for patients,' she says. 'I had worked in paediatrics and general surgery and seen how stressed people got about being in the unfamiliar environment of a hospital ward.

'I was working on a haematology ward, where people were having to deal with things like bone marrow transplants and chemotherapy. One day they were feeling good about themselves and the next day they were going through stressful medical treatments. The sister agreed that I could do massage as part of my ongoing training.'

Ms Lucas massaged haematology patients while she was on the course, but then got the chance to train as a midwife. And it is in her work with pregnant women that she has had impressive results. 'I haven't done any scientific research, although I'd like to, but there are women who swear that the treatment I've given them has done the trick,' says Ms Lucas.

'I'm sure with the introduction of oils and massage in an active birth room, there will be a need for evaluation to see if it is providing value.

'But the trouble is that the treatment is not uniform and the way I treat patients will be different from another midwife. It may be hard to prove that what happens to a patient is a result of the use of a complementary therapy.'

Her experience tells her that massage has helped with back pain and progression in labour, high blood pressure, postnatal constipation, and aches and pains following Caesarean section.

'But it is not just the patients who benefit. Ms Lucas was massaging her colleagues for a subsidised fee. It petered out because staff didn't want to get into work on their days off, although many still have consultations at home. She has taught at midwifery study days and also teaches massage to couples expecting a baby, with classes once a month. 'Often a partner feels useless while their loved one is in pain and this is a way they can be involved and help, says Ms Lucas. 'Obviously not all women want to be touched while they are in labour, but if they do, it is nice to have someone they know. Even with limited experience, anything that can help with relaxation must be beneficial. It may help the labour progress more quickly and effectively and will almost certainly give a perception of a reduction in pain.

Adrenalin antidote

'Massage works in the same way as a TENS machine, getting the body to release endorphins. The more stressed a person is, the more adrenaline is released. You need a certain amount for labour to take its natural course, but too much may mean the contractions are not so good or the uterus does not work effectively.'

While massage can be done with plain oil, Ms Lucas was also interested in the effects of different oils and in 1998 trained as an aromatherapist. She stresses that it is not a random science.

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Reflex action

Ms Lucas added reflexology to her repertoire last year. She knew a little about the pressure points on the feet and incorporated that into a foot massage if friends wanted it. 'It had amazing results,' she says, 'especially for people not in established labour and post-term with ruptured membranes.'

Emily Hooton described the treatment she received from Ms Lucas as 'a miracle'. She was at the end of her patience when she asked for a visit from the duty midwife. Having had a show ten days earlier and nothing more than Braxton Hicks contractions since, she was totally fed up.

'Jackie turned up at midday and showed me the pressure points on my feet,' says Ms Hooton. 'She was pressing quite hard on my big toe, but had been treating me for only five or ten minutes. Then less than a minute after she stopped, I had the biggest contraction I'd had. After that the contractions got stronger and stronger and my son Charlie was born at home the next morning.'

'I got my husband to press the points during the afternoon and although Charlie was ten days early, I had the most brilliant labour and birth. It was a miracle. I was a bit sceptical when she started, but I was willing to try anything. Now I'm definitely converted and I've sent a couple of people on the courses she runs.'

Antenatally Ms Lucas has helped women with sciatica and sacroiliac problems. One, Yasmin Marsh, was surprised at the effectiveness of her reflexology treatment, having had a disappointing experience previously. 'I'd had reflexology a couple of years ago and hadn't thought it worked that well,' says Ms Marsh, whose second son Alexander was born in January.

'But I was in a lot of pain from my sciatic nerve when carrying my toddler Jamie, changing a nappy and even just sitting on the floor with him. After one treatment, I would wake up the next day and the pain was completely gone. It would come back after about a week.

'I only had treatments about every fortnight because I was a bit disorganised about booking them and I'm sure it would have been better if I'd had them more regularly. But they still meant I could carry on virtually as normal, which I wouldn't otherwise have been able to do.'

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