

Integrative Maternity Health Care – The only logical way forward

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In 2014-2015 I was the founding director of a global inaugural conference on *Integrative Maternity Healthcare* that was a groundbreaking and revolutionary symposium, held in Auckland New Zealand, which promoted a cross-discipline exchange of progressive research, innovative knowledge, enlightened experience and radical ideas; all in a medically professional and universally holistic environment of visionary open-mindedness.

Until then, maternity health specialists could convene only under their individual professional organisational umbrellas – but our Conference was, at last, a gathering for all maternity professionals to connect and communicate with each other. From Midwives to Medical Herbalists, from Hypnobirthers to Homeopaths, from Obstetricians to Osteopaths, and every therapeutic discipline in-between; with our collective goal being to uphold the World Health Organization mandate:

Optimal health and well-being are inclusive of the physical, social, Psychological, emotional and spiritual dimensions of life.

To be logical, we need to begin by starting with some Definitions:

What is integrative medicine (IM)?

Integrative Medicine (IM) is modern healing-oriented medicine that takes account of the whole person, including all aspects of lifestyle. It emphasizes the therapeutic relationship between practitioner and patient, is informed by evidence, and makes use of all appropriate therapies. At its root foundation, IM incorporates the use of both old Traditional modalities, new holistic Therapies, and modern Medical treatments.

What is integrative maternity healthcare (IMHC)?

Integrative Maternity HealthCare (IMHC) is specifically the Maternal-Neonatal segment of IM (integrative medicine).

It is when the medical and the holistic; the modern and the traditional; the allopathic and the naturopathic; all respect how they complement each other; to intentionally form a united revolution of cohesive evolution, to create the ultimate in Best Maternity Care. In practical terms, it can be witnessed at an IM-styled Antenatal Clinic, when care is provided by the medical Obstetrician and/or the traditional Midwife, with easy access to multiple holistic naturopathic wellness therapists including modalities such as Herbalism, Homeopathy, Acupuncture and Osteopathy – ideally all working cohesively under one roof.

What are CAMs & T&CMs

CAMs (Complementary & Alternative Medicines) and T & CMs (Traditional and Complementary Therapies) are fundamentally the ‘same animal’ – and can roughly be divided into five sub-categories:

1. Traditional medicines (eg homeopathy, medical herbalism, essential oils, Chinese medicine, Indian Ayurveda)
2. Mind-Body connections (eg meditation, spiritual healing, NLP, music, dance)
3. Biological nourishment (eg diet, vitamins, minerals, supplements)
4. Body manipulation (eg chiropractic, osteopathy, kinesiology)
5. Energy healing (eg, reiki, qi gong, pulsed electromagnetic fields)

What of orthodox conventional mainstream medicine?

“Mainstream” means it is normal, ordinary, conventional and used by the local majority.

“Conventional” means it is usual, standard, common, established and traditional.

“Orthodox” means it is traditional, accepted, conformist, established, conventional and mainstream.

BUT, which Medicines are mainstream, conventional and orthodox to, depends on where you live, your culture, your beliefs, and local availability.

It is completely inappropriate for ONE therapy of medicine to describe itself globally as “Orthodox, Mainstream & Conventional” to all.

The definitions need updating, and in real terms today are:

TCHTs – Traditional & Contemporary Holistic Therapies

MMTs – Modern Medical Treatments

These days the labels “**Complementary**” and “**Alternative**” are obsolete, redundant, outdated, outmoded, *and need to stop being used!*

‘Complementary’ implies it needing to be paired with an MMT; and ‘Alternative’ implies it being some kind of marginal unusual substitute replacement. However medical science now knows beyond any doubt that oftentimes using a TCHT alone can completely cure a patient, and do so without the rampant common pharmaceutical drug adverse reactions.

What is IIMHCO & It's Purpose

IIMHCO (International Integrative Maternity HealthCare Organization)'s role is to create the opportunity for Maternity health specialist professionals of all modalities, to convene under one umbrella, to connect and communicate with each other – from midwives to medical herbalists, from hypnobirthers to homeopaths, from obstetricians to osteopaths – and every therapeutic discipline in-between.

IIMHCO's MISSION Statement

A visionary aim for the revolutionary Maternity-Care cross-discipline exchange of progressive research, innovative knowledge, enlightened experience and radical ideas; in a medically professional and universally holistic environment of liberal open-mindedness; for the compelling passion to create a global impact, by giving women worldwide access to triadic body-mind-spirit maternal-neonatal health well-being, inspired by the values of humanistic empowerment.

A Note to MIDWIVES

Midwifery particularly (especially historically) has always recognised that complementary therapies such as naturopathy and acupuncture can have significant influences on the normal progression of pregnancy, the spontaneous naturalness of childbirth, and give positive benefits during the postpartum, for both the woman and her baby. However, to quote the globally respected New Zealand College of Midwives who sum things up beautifully: "Midwives incorporating these therapies into their practice should either have undertaken a recognised education programme or refer clients to appropriately qualified practitioners."

Midwives in general have *the* most unique role under the Modern Medicine banner. Yes, of course their knowledge is based on empirical science. But like no other role in medicine (close 2nds: Obstetricians and Emergency medical staff), Midwives are like the *Queens of Intuitive Healthcare*. When it's 5am at a homebirth and the client has been pushing for two hours, it is the Midwife's gut instincts she is listening loudest to (not just the fetal heart rate).

Note: *If you wish to be proudly known as a Midwife who encourages women to embrace 'wholistic' modality wellness therapies, please do contact www.iimhco.com to register for our upcoming international Directory of IMHC-Friendly Practitioners.*

A Note to OBSTETRICIANS

Personally, I completed my midwifery training in New Zealand, a country internationally renowned as arguably having the best maternity healthcare services on the planet! I am a proud Kiwi midwife, knowing NZ is the only country on the planet that fulfils *all* the World Health Organization's recommendations for best *maternity services*, particularly via our Continuity-of-Care 'Lead Maternity Carer' system. In our past 3 decades there has continued to be a steady improvement in our maternal and neonatal outcomes. In many ways we are doing an amazing job, especially for our medically complex patients. But particularly for our lower risk clients, there are still many ways we could be doing things better.

NZ Midwives have full autonomy to manage all normal cares ante partum, intrapartum and postpartum. However, with clients who have become 'abnormal' and with increased-risk patients, we always liaise with our esteemed friends and appreciated colleagues (the wonderful Obstetric doctors), who we will, on occasion, completely

transfer care over to for severely medically high-risk women and/or babies; and for the management of performing instrumental and surgical deliveries. We value and appreciate our Obstetric (and paediatric) colleagues tremendously, and they value and admire the NZ midwives enormously as their colleagues whose specialization is Normal maternity wellness.

It is a wonderful system – yet it too can certainly be improved of course. Just as there are decreasing numbers of old-school Midwives who are a little too medicalised (eg just a little too quick with the 3rd Stage ecobolic jab straight after birth), there are also now increasing numbers of new-school Obstetricians who are more holistically-minded than some of their old-school senior Bosses (and a little less inclined to order the Oxytocin drip just because the woman is only doing 5 in 20).

Note: *If you wish to be proudly known as an Obstetrician who encourages clients to embrace 'wholistic' modality wellness therapies, please do contact www.iimhco.com to register on our international Directory of IMHC - friendly Health Practitioners.*

A Note to HOLISTIC HEALTH THERAPISTS

We love you! – Especially when you're specialising in Maternity & Neonatal Health.

As Midwives and Obstetricians, we need you too!!

Women need you!!!

You are the whole reason IIMHCO exists.

As the founding director of the www.iimhco.org global summit conferences on IMHC, we strongly ask you to please share, teach, train and educate us Midwives and Obstetricians on your 'wholistic' therapeutic modalities. Do know that many of us have immense respect for your contributions!

Note: *If you are a holistic modality professional who specialises – or wishes to specialise – in Maternity health and Neonatal treatments, then please do www.iimhco.com to register on our iInternational Directory of IMHC-friendly Health Practitioners.*

Conclusion Summary

At this stage right now, IIMHCO is like one-centimetre along the Labour dilatation journey of IMHC's evolution ... just kicking things off around the world and breaking the ice into new waters – internationally - because Women globally are exponentially demanding a new definition of 'normal' - everywhere, collectively, insynctively.

Eventually (for absolute certainty) holistic maternity health will eventually become 'mainstream' (normal, ordinary, conventional, and used by the local majority). What we don't know yet, is when it will happen where – just like medicine globally, different countries will be at different paces.

In the end, it's actually only about changing perceptions. Where fifty-sixty years ago the "high, hot and a heleva lot" enemas were routine in obstetrics – now they're seen as barbaric. Twenty years ago, a woman choosing to keep her placenta was hippydom earth-mother extremist twaddle – yet now women routinely keep their placenta for a symbolic tree-planting burial, or encapsulation. Times change. Societies evolve. We evolve.

So now today, we find ourselves jointly being pioneers into a time in the future, when we have fully realised our achievement of this.

And then you will tell tales to young newly pregnant mums and student midwives/doctors, about how restricted and constricting past protocols were, and they will look at you wide-eyed as if to say "it couldn't have really been so archaic, surely not" [1].

Today for expectant Millennial Gen-Ys (and soon our Alpha Gen-Zs), along with their oftentimes consciously-intentional healthy-lifestyle approaches, many want Integrative Medicine as mainstream to their Birth journey – especially because Labour is fundamentally both a science and a heart-based experience. Woman, and commonly

their partners too, strongly desire an integrational blending of modern obstetric medicine, with traditional naturopathic therapies, for they desire a healthcare approach that focuses holistically on the whole woman-baby dyad. So just as the public are demanding more and more GPs be educated on Integrative Medicine, thus it is the obvious progression that our own speciality of Maternity HealthCare needs to do the same (become Integrated) – and we are!

References

1. <https://iimhco.com/>.

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