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Features

A national survey of herbal preparation use by nurse-midwives for labor stimulation: Review of the literature and recommendations for practice 1

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Abstract

To document the use of herbal preparations for cervical ripening, induction, and augmentation of labor by certified nurse-midwives (CNMs) and nurse-midwifery education programs, a national survey of 500 members of the American College of Nurse-Midwives was conducted. Forty eight nurse-midwifery education programs were also surveyed to determine whether they were formally or informally educating students in the use of herbal preparations for cervical ripening, induction, or augmentation of labor. The results of this study, a review of the literature, professional issues, and recommendations for clinical practice are presented in this article. Of 500 questionnaires

recommendations to clinical practice are presented in this article. Of 500 questionnaires mailed to ACNM members, 90 were returned from CNMs who used herbal preparations to stimulate labor and 82 were returned from CNMs who did not use herbal preparations to stimulate labor. Three questionnaires were excluded due to incomplete data or blank questionnaires.

No significant differences were noted in relations to geographical region, midwifery education, or highest level of education between the CNM respondents who did and those who did not use alternative methods to stimulate labor. Of the CNMs who used herbal preparations to stimulate labor, 64% used blue cohosh, 45% used black cohosh, 63% used red raspberry leaf, 93% used castor oil, and 60% used evening primrose oil. CNMs who used herbal preparations to stimulate labor were younger (43 versus 45 years, $P < .01$) and more likely to deliver at home or in an in-hospital or out-of-hospital birthing center ($P < .0006$), than CNMs who never used herbal preparations to stimulate labor. The most cited reason for using herbal preparations to stimulate labor was that they are "natural," whereas the most common reason for not using herbal preparations was the lack of research or experience with the safety of these substances. Sixty-nine percent of CNMs who used herbal preparations to stimulate labor learned about using them from other CNMs, 4% from formal research publications, and none from their formal education programs. Although 78% of the CNMs who used herbal preparations to stimulate labor directly prescribed them and 70% indirectly suggested them to clients, only 22% had included them within their written practice protocols. Seventy-five percent of the CNMs who used herbal preparations to stimulate labor used them first or instead of pitocin. Twenty-one percent reported complications including precipitous labor, tetanic uterine contractions, nausea, and vomiting. Sixty-four percent of the nurse-midwifery education programs included instruction in the use of herbal preparations to stimulate labor in their formal curricula, and 92% included informal discussions on the use of herbal preparations. Evening primrose oil was the most common herbal preparation discussed in nurse-midwifery education programs. Castor oil was the most commonly used herbal preparation used by nurse-midwives in clinical practice.



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Mary H. Gibson received her MSN from Yale University in 1978 and her BA from Florida State University in 1970. She practiced as a faculty nurse midwife at Yale in 1979 and was subsequently on the faculty at the University of Vermont until 1991 as a staff nurse-midwife. She is on the faculty at West Virginia University School of Nursing.

Jann Oâ€™Rear is an instructor in the Department of Obstetrics and Gynecology at West Virginia University School of Medicine. She received her BSN in 1984 from the University of Maryland in Baltimore. She received her midwifery education at the Frontier School of Midwifery and Family Nursing, Kentucky in 1994. She received her MSN from Case Western Reserve University in 1995.

Patsy Harman is in private practice in Morgantown, WV. She received her AD in 1982 from Hooking College, her BS in health care administration in 1984 from Josephâ€™s College and in 1985 her MSN from University of Minnesota.

¹ **DISCLAIMER:** The opinions of the authors are their own and are not necessarily shared by the editorial board of the *JNM*. There is no standard reference defining the characteristics of herbs nor their medicinal uses. The authorsâ€™ recommendations for the use of herbs must be taken in that context. These recommendations are not necessarily consistent with the practice of allopathic or alternative medicine.

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