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Original Research Article

Perceptions of midwives working in urban health care centers on the use of herbs in labour; a case of Gweru

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Abstract: There has been an increase in the number of women taking herbs then go and deliver in urban health care centers. The midwives manning these institutions have no formal training in traditional medicines hence are least prepared for the outcomes. The aim of the study was to establish the perceptions of the midwives working in urban health care centers on the use of herbs in labour. The study adopted a qualitative approach with interviews and focus group discussions as the data collection instruments. The research was carried out in four urban health care centers offering maternity services and these were Clay bank Clinic, Mkoba Poly Clinic, Mtapa clinic and Gweru hospital. Purposive sampling technique was done to midwives working in Maternity departments as they are the ones who met the women who would have taken the herbs. A focus group discussion was done with midwives who had attended a peri-natal mortality meeting at Gweru Hospital. The data obtained was thematically analysed to bring out the perceptions of the midwives providing health care in urban environments. The findings revealed that the midwives believed that the herbs were effective in speeding up labour but felt that their pharmacokinetics needed to be studied. They also noted that the herbs were dangerous in women with obstetric complication. The midwives were bothered by the fact that the women did not confide in them the use of herbs until complication occurred. The study concluded that, there are still myths surrounding the use of herbs the herbs need to be scientifically tested. In addition the mistrust and judgemental attitude of the midwives hampers proper nursing assessment resulting in mismanagement. It is recommended that observation and documentation be made on the effects of the herbs so that this would be the basis of scientific testing of the herbs. The midwives also need to be sensitive and understanding to the practices of their clients so that they open up and thus enable early interventions and scientific enquiry.
Keywords: health care centers, midwives, traditional medicines

INTRODUCTION

There has been a shift all over the world in the use of medicine with an inclination towards natural health products[1]. It is estimated that 85% of the women in developing countries depend mainly on traditional healthcare systems[2]. Traditional cultures often rely on the beneficial effects of herbal remedies during pregnancy, birth and postpartum care. It is a common practice for Zimbabwean women to use herbal medication during pregnancy, labour and after birth. However its use according to Mabina *et* al.[3], may lead to fetal distress and other obstetric complications thus compromising the government's intentions of improving the health of women during childbirth. In their study to determine the effect of herbal medication in pregnancy, Mabina *et al.;* [3], found that 55% of the 229 women interviewed gave a positive history of herbal ingestion and 55.6% of them had grade II-III fetal distress compared to 15 % in the control group. In addition, 38.5% of the study group delivered by caesarean section as opposed to 22% of the control group. A study by Ernst [4] concluded that the use of herbal medicines in pregnancy is associated with risk and the best option would be to avoid them. Brayn [5], argue that, infants exposed to the herb Black cohosh in utero were found to have heart problems whilst the women who used raspberry to augment labour significantly developed pregnancy induced hypertention. In Zimbabwe, the use of herbs during labour has been commonly used by women who are delivered by traditional birth attendances in the rural areas. However due to urbanisation and free health services, the number of women delivering in urban health centres has increased as well as the preference for natural substances and alternative therapy whose effects are not clear. The challenge is that, these women have resorted to using herbs and alternative therapy, and then deliver at the urban health centre where the midwife has no formal training of these herbs hence does not even know what to expect. With this

background, the use of herbs (African Pitocin) by the women in labour becomes a dilemma for a midwife in urban Zimbabwe as one is never sure of what the women has taken or its effects to the baby and mother hence the need to analyse the perceptions of midwives working in urban centres.

LITERATURE REVIEW

The use of herbs by women in urban health care centres was not a cause for concern before but because of the rural urbanization and the shift of the people to prefer natural preparations, this became a cause for concern in urban health care centres as the nurses are not sure of the outcomes. According to Mbura *et al.*[6], the overall prevalence rate of use of herbal medicine was estimated at 42% in the 80's. In the 90's the use of herbal medicines in the USA rose by 380% and the users were predominantly female[4]. A study by Gardiner *et al.;*[7], found that 85% of women depend on traditional healthcare systems for their beneficial effects during pregnancy, birth and postpartum care, with a prevalence of 40.2% and 43.3% in urban and rural areas respectively. This shows that the use of natural herbs is on the increase. However, Goldstein *et al.*[8] noted that the highest rate of use was during labor. There was a significant difference between women delivering at home where 55% used herbal medicine while those delivering in a health facility had 38.8%. These findings show that herbal preparations were common in rural women than urban but because of urbanization the scenario is now different.

Women are now taking herbs then go and deliver in a health facility where the midwife is least prepared for the outcomes. Van Der Kooi [9], found that most South Africa black women use antenatal care services and deliver in clinics, and a considerable number complement this use of formal health services with traditional medicine. As a result Gardiner *et al.*[7], in their study, recommended that immediate and long-term outcomes of herb-tested pregnancies be evaluated. Phytochemical, toxicological, and pharmacological studies are necessary to enable health workers to warn women against inappropriate and dangerous usage of herbs. On the other hand, Flandermeyer *et al.*[10], suggest that to achieve maximum benefit and minimal harm, there must be programmes that increase access to herbal utero-tonics which must take into account existing practices of pregnant women. They go on to advocate for intervention that promote provider behaviour change regarding use of herbal preparations.

In their study, Flandermeyer *et al.* [10], found that home use of uterotonics before delivery of the baby are predominantly administered by non professionals to accelerate labour, and are not perceived as unsafe. Poss *et al.* [11] noted that the majority of participants did not inform their physician about their use of herbal remedies. They highlighted the need for Health Care providers to be knowledgeable about the use of herbal remedies. By showing an understanding and sensitivity to the use of these remedies, health care providers will be able to conduct more comprehensive health assessments of pregnant women and provide them with more culturally competent care[11]. However, Brayn [5] found that most Mexican Midwives prescribed herbal medicines but they lacked training in the use of traditional medicines.

In a survey done in North Carolina by Allaire *et al.*[12]**,** 93.9% of the nurse-midwives reported recommending complementary and alternative medicine (CAM) to their pregnant patients in the past year. Of these, herbal therapy was prescribed by 73.2% for the following indications: nausea and vomiting, labor stimulation, perineal discomfort, lactation disorders, postpartum depression, preterm labor, postpartum hemorrhage, labor analgesia, and malpresentation. In Germany, obstetricians are responsible for patient care, but the decisions to provide CAM were largely taken by midwives. The midwives' belief in the effectiveness of the method and patient demand were the principle motivating factors. As a result the practitioners' perceptions of the methods' therapeutic effectiveness guided the use of CAM. CAM methods were widely offered despite the lack of evidence of effectiveness or information on adverse consequences[13]. On the other hand, midwives in South Australia, thought they should have some knowledge about CAM (90%) and that there was need for scientific evidence (72%) before they can prescribe but (26 %) said they would recommend alternative medicine though they referred the patient inadequate knowledge about alternative medicines. If alternative medicine, especially herbal therapy, is commonly prescribed to pregnant women by nurse-midwives in other countries, what are the perceptions of the nurse midwives in the urban health centres in Zimbabwe? Are they knowledgeable on these herbs?

An Australian study found that more than half of pregnant women used herbs but did not report their use of herbs to a doctor prescribing conventional medicines. Van Der Kooi [9], stressed the need to develop strategies that promote open dialogue between health providers and communities on the use of traditional medicine. The use of kgaba as perceived by the Tswana is an important component in the experience of pregnancy and labour. However, communication about the use of kgaba between pregnant women and health staff was poor and hinders reporting or recording of dosage and evaluation of effect[9].

Research questions

- What are the perceptions of midwives towards use of herbs in labour?
- How much knowledge do the midwives have on the herbs used in labour?
- What effects do these herbs have on labour and its outcome?

Objectives

- To analyse the perceptions of midwives on the use of herbs in labour
- To assess the knowledge of midwives on the herbs taken by women in labour
- To identify the effects of the herbs used in labour

METHODOLOGY

A qualitative approach was used to carry out a case study of Gweru Urban Midwives. This approach was used as it allowed the study of behavior[14], of the midwives so as to expose their perceptions on the use of herbs by pregnant women. A case study was chosen as it allowed an in depth investigation[15] of the midwives in Gweru Urban. Data was collected through interviews, and focus group discussions as these methods allow interaction which generates data that would not emerge using questionnaires. The sampling method used was purposive convenient sampling to obtain a sample of 20 midwives from the four urban health centres which offer maternity services in Gweru. Only midwives were selected and those who were on duty at the time of visitation were interviewed. The data obtained was thematically analysed to bring out the perceptions of the midwives.

FINDINGS AND DISCUSSION

The themes which merged from the findings were;

- Need for research and scientific testing of the herbs
- The women do not confide in the midwife
- policies do not embrace use of African medicines
- Lack of knowledge on the herbs
- The herbs are dangerous in women with obstetric complications

Need for research and scientific testing of the herbs

All the midwives (100%) who were interviewed agreed on the need for scientific research on these herbs that the women take. The midwives believe that their work will be made easier if the pharmacokinetics of these herbs is known. The following statements highlight their feelings;

"Our scientist should research on these herbs so that we know what we are dealing with."

"From what I have seen, these herbs are effective in shortening labour but we need documented evidence."

Even though some of the midwives believe that the herbs are effective, they still need empirical evidence. These findings concur with recommendation made by Gardiner *et al.* [7], in their study, that immediate and long-term outcomes of herb-tested pregnancies be evaluated. They go on to suggest that Phytochemical, toxicological, and pharmacological studies are necessary to enable health workers to warn women against inappropriate and dangerous usage of herbs. In a study by Van Der Kooi[9], 90% of the respondents thought they should have some knowledge about alternative medicine and 72% thought that there was need for scientific evidence. In addition to the need for scientific evidence, the midwives from the focus group were worried with the dosages of the herbs. These are some of the sentiments which were brought up;

"All drugs should have a dosage so research is needed to address this issue"

"The problem with African herbs is that a person will drink the whole bottle and end up with precipitate labour"

"Research need to be done if we to be sure of the effects of such high doses to the baby"

It was interesting to note that sixteen (80%) of the respondents had taken herbs, especially with their first child, to prepare the passage and make labour easy but there was no standard dose. These midwives, though they took some herbs themselves, cannot prescribe them to others as they are not scientifically proved but they understand the need for these women to take herbs.

The women do not confide in the midwife

The respondents felt cheated by the women who take herbs then deny it when it was evident that labour was not progressing normally.

"These women have the guts to deny taking any herbs when it is clear that the labour is not normal."

"It is frustrating when the woman plays the victim when complications arise due to the herbs."

"At least if you know what is coming, you would be prepared"

"In peri- natal mortality meeting, we take the blame for the actions of these women who take herbs and deny it until things are out of control."

"This secrecy and mistrust when it come s to African herbs is the cause of some of our problems in the labour ward."

For nursing assessment to be effective there should be a trusting relationship which, according to the study findings was not there the use of herbs done secretly. In their study, Poss *et al.* [11] noted that the majority of participants did not inform their physician about their use of herbal remedies. They go on to suggest that by showing an understanding and sensitivity to the use of these remedies, health care providers will be able to conduct more comprehensive health assessments of pregnant women and provide them with more culturally competent care[11]. Similar findings were also noted by Van Der Kooi[9], in the study of the use of herbs by the Tswana in South Africa. The author found that communication about the use of herbs between pregnant women and health staff was poor and hinders reporting or recording of dosage and evaluation of effects. In order for the midwives to develop strategies that promote open dialogue with their patients, midwives need to be non-judgemental use of traditional medicine

Policies do not embrace use of African medicines

Some of the midwives (60%) interview believe in the efficacy of the African herb but would not prescribe or recommend to others because of the policies of the ministry of health. The participants claim that the ministry do not allow them to prescribe but if the policy was flexible they would recommend herbs to their clients. From the focus group discussion, there emerged two schools of thought with some saying they would prescribe if given the freedom to do so whilst others believed that it is the role of the family members to give their daughter such herbs. Those who said the family members should give the herbs were worried about the adverse effects as they did not want to take the blame. On the other hand those who said would prescribe argued that these herbs have been tasted over time. These are some of the sentiments aired by the midwives during the focus group discussion;

> *"These herbs have been used for centuries but the problem is they have never been documented and I think it's high time something is done about it."*
>
> *"We should not always look down on our traditional herbs because all of us her have at one time taken them."*
>
> *"My scope of practice do not allow me to prescribe African herbs so I will leave that to the Traditional Healers"*

There were mixed feelings about prescribing and recommending African herbs to the clients. These findings are in contrary to those of a survey done in North Carolina by Allaire, Moos and Wells [12]**,** where 93.9% of the nurse-midwives reported recommending complementary and alternative medicine to their pregnant patients in the past year. Of these, herbal therapy was prescribed by 73.2%.

Others were of the opinion that these herbs be tested and registered so that the information can be easily accessible to those who want it. The midwives said that they would be happier with this scenario as they would know what the woman has taken and what to expect. This concurred with Gaffney and. Smith [16], who found that midwives in South Australia, thought they should have some knowledge about CAM(90%) and that there was need for scientific evidence (72%) . however there some (26 %) who would recommend alternative medicine though they referred the patient as they had little knowledge about alternative medicines.

Lack of knowledge on the herbs

It emerged from the study that the midwives did not really know how the herbs work.

> *"The pharmacokinetics of the herbs these women take is not known. All we know is that the labour can progress very fast in a woman who has taken some concoction to make labour easy."*

What this means is that, the midwives had noticed a difference in the progress of labour in the women who would have taken the herbs. Even though, (90%) of the respondents were worried about the side effects of the herbs which they are not sure of. In other words, the lack of understanding of the herbs makes it difficult for the midwives to accommodate women who would have women taken herbs in labour.

> *"The women who take herbs make our works very difficult. Can you imagine nursing a patient who has taken a drug whose action is unknown? How are you expected to monitor for side effects and action?"*

One midwife actually verbalised her distaste of these herbs said, "I personally get pissed off by women who take these herbs because they create problems for us. They should do that if they are going be delivered by the TBA." Such sentiments are a clear indication of a negative attitude and one wonders how such a midwife would treat a mother who uses of herbs. As a result it would be wise to agree with Stanton and Armbruster [10], who advocated for intervention that promote provider behaviour change regarding uterotonics.

The herbs are dangerous in women with obstetric complications

From the study, it was evident that the midwives felt that herbs could be dangerous to clients with obstetric complications as evidenced by the following statements;

"These herbs can make the labour progress very fast and this could be dangerous in a woman with cephalo-pelvic disproportions (CPD)."

"Can you imagine what will happen when a woman with a transverse lie takes these herbs?"

"These herbs can be attributed to maternal deaths because if a woman delays coming to the hospital and the labour is precipitate in an abnormal lie, then she dies."

"It would have been better if herbs are taken in consultation with the Doctor/ midwife."

These findings are similar to those of Mabina *et al.*[3] who found that 55.6% of the women who had ingested hebs had grade II-III fetal distress compared to 15 % in the control group. In addition, 38.5% of the study group delivered by caesarean section as opposed to 22% of the control group.

CONCLUSION

The conclusions that were drawn from this study are-The midwives in the urban health centre believe in the use of herbs and are the opinion that these drugs are effective. However, they were not so sure of how these herbs works and would want them to be scientifically tested so that they are sure of what they are dealing with. The lack of communication between the midwife and the client on the use of herbs affects the nursing care of the client as the nursing care is based on false information.

Recommendations

- After analysing the finding, the following recommendations were made;
- There is need for identifying the herbs used by women in labour and have they documented in relation to the name, preparation and purpose such that the information may be used in testing the herbs scientifically.
- The midwife may keep a record of the herbs taken by the women and the progress of labour as well as its outcome. This could be the beginning of empirical evidence on the effects of herbs in labour
- Women need to be encouraged to open up to the midwife so that they are helped in time before irreversible complications occur
- The midwives need to be non judgemental and be sensitive to their clients' practices so that they open up. This will allow the midwife to get all the information about the herbs taken by the clients
- The health care givers need to have information on the practices of the client so that are not caught unaware in the labour ward.
- Health policies need to be sensitive on practices and current trends of the population which is currently alternative therapy. Such policies enable research and give people the freedom of choice without fear of being victimised.

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