Complementary Medicine in Maternity Care in the UK
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Complementary medicine is increasingly popular in Britain particularly amongst women, who may use natural remedies or consult a complementary therapist before or during pregnancy, either for general relaxation or for treatment of specific complaints. Similarly, midwives, who are the lead professionals in UK maternity care, are incorporating complementary therapies such as massage, reflexology, acupuncture or shiatsu into their practice, to relieve pregnancy symptoms, to ease pain and anxiety in labour or even as alternatives to procedures such as external cephalic version for breech presentation or for induction of labour. However it is essential that these remedies and techniques are used safely and appropriately. This paper will explore the nature and status of complementary medicine in maternity care, including the risks and benefits and detail the growing body of research evidence to support practice.

Has the Subject Disappeared in Nowadays Scientific Gynaecology?
Clinical Approach and Psychosomatic Point of View
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The founders of EBM claimed that clinical observation can be measured and reproduced, and that observation can be dissected from the observer’s bias, so that a new paradigm of a scientific medicine was thought to appear. But even in RCT’s inclusion and exclusion criteria are selected according to certain goals, making conclusions only applicable to the cases within the trial. Problems arise when we have a subject, a patient to whom apply only measured evidences, the attitude of listening, interpreting, giving meaning, is very important, this is the evidence of psychosomatic point of view. In the west, Gynaecology training is nowadays mostly dedicated to diagnostic or surgical techniques and the clinical “art” is disappearing, with our professional satisfaction at the same time.

A Return to Clinics movement is urgent within Global Gynaecology in order to privilege “knowledge” instead of too much information as we have now. Young gynaecologists need to learn how to interview patients correctly and manage their own subjectivity. Of course the task is not to go back to the paternalistic, prejudiced and authoritarian gynaecology we performed before autonomy of the patient was recognized so as to give informed consent. Interdisciplinary work is needed.