

Acupuncture and Pregnancy

Acupuncture can be a very useful tool in pregnancy by promoting preventative care, strengthening the mom and baby, and in dealing with problems as they occur. It can be a safe, comfortable, and cost effective treatment for many problems that commonly develop during pregnancy, including:

- ♣ Morning sickness
- ♣ Heartburn
- ♣ Constipation
- ♣ Threatened miscarriage
- ♣ Musculoskeletal conditions
- ♣ Pregnancy-induced hypertension
- ♣ Edema
- ♣ Small for date babies
- ♣ Breech and posterior presenting babies
- ♣ Fatigue and exhaustion
- ♣ Stress and depression
- ♣ Induction
- ♣ Pain relief during labor
- ♣ Postpartum recovery

The research articles outlined below can be used to promote the use of acupuncture in pregnancy. Some, like the articles on pelvic pain, nausea and vomiting and breech presentations, have been selected for their publication in medical and midwifery journals readily accessible to medical professionals. Others such as the pre-birth and cervical ripening articles are included as they represent the research available to date.

Pelvic Pain in Pregnancy

Elden et al. 2005[1] published a randomized single blind controlled trial involving 386 pregnant women in the British Medical Journal (BMJ).

Summary

The objective was to compare the efficacy of standard treatment for pelvic pain (a pelvic belt, patient education, and home exercises for the abdominal and gluteal muscles) with standard treatment plus acupuncture or standard treatment plus physiotherapy stabilizing exercises (for the deep lumbo-pelvic muscles). The study time frame consisted of one week which was used to establish a baseline, followed by six weeks of treatment. The acupuncture treatment was given twice a week and the stabilizing exercise sessions one hour per week (with patients then doing these exercises several times a day on a daily basis). Follow up was carried out one week after treatment finished. Three physiotherapists gave standard treatment, two medical acupuncturists delivered the acupuncture treatment, and two physiotherapists gave the stabilizing exercises. Pain was measured by a visual analogue scale and by an independent examiner before and after treatment.

Conclusion

Acupuncture was superior to stabilizing exercises in the management of pelvic girdle pain in pregnancy, with acupuncture the treatment of choice for patients with one sided sacroiliac pain, one sided sacroiliac pain combined with symphysis pubis pain, and bilateral sacroiliac pain.

Morning sickness

Smith et al. in 2002 published two articles from their research on nausea and vomiting in pregnancy. The first looked at the effectiveness of acupuncture[2] and the second at the safety of acupuncture treatment in early pregnancy.[3]

Summary

The objective was to compare i. traditional acupuncture treatment, ii. acupuncture at Neiguan P-6 only, iii. sham acupuncture and iv. no acupuncture treatment for nausea and vomiting.

593 women who were less than 14 weeks pregnant and were suffering nausea and vomiting of pregnancy were randomized into 4 groups and received treatment weekly. The acupuncture group, in which points were chosen according to a traditional acupuncture diagnosis, received two 20 minute acupuncture treatments in the first week followed by one weekly treatment for the next four weeks.

The sham acupuncture group was needled at points close to but not on acupuncture points and both the sham and Neiguan P-6 acupuncture groups were treated with the same frequency as the traditional acupuncture group. All group received their treatment from the same acupuncturist. The outcomes of treatment were measured in terms of nausea, dry retching, vomiting and health status.

When compared to the women who received no treatment, the traditional acupuncture group reported less nausea throughout the study and less dry retching from the second week. The Neiguan P-6 acupuncture group reported less nausea from the second week and less dry retching from the third week. The sham acupuncture group reported less nausea and dry retching from the third week.

So while all three acupuncture groups reported improvement with nausea and dry retching, it was the traditional acupuncture group that had the fastest response. Patients receiving traditional acupuncture also reported improvement in five aspects of general health status (vitality, social function, physical function, mental health and emotional role function) compared to improvement in two aspects with both the Neiguan P-6 and sham acupuncture groups. In the no treatment group there was improvement in only one aspect.

Although there were no differences in vomiting found in any of the treatment groups the authors speculated that more frequent treatments might have produced greater benefits. In assessing the safety of acupuncture in early pregnancy data was collected on perinatal outcome, congenital abnormalities, pregnancy complications and problems of the newborn. No differences were found between study groups in the incidence of these outcomes suggesting that there are no serious adverse effects from the use of acupuncture treatment in early pregnancy.

Conclusion

Acupuncture is a safe and effective treatment for women who experience nausea and dry retching in early pregnancy.

Breech Presentation

Cardini et al. in 1998[4] had the following randomized controlled trial published in the Journal of American Association (JAMA).

Summary

The objective was to evaluate the efficacy and safety of moxibustion on Zhiyin BL-67 to correct breech presentation. 130 women with a breech presentation and having their first baby (primigravidas) at 33 weeks gestation received moxibustion to Zhiyin BL-67 while 130 women, also with a breech presentation and who were also primigravidas, received no intervention. The moxibustion was administered for seven days. Women were then assessed and a further seven days of moxibustion treatment given if the baby's position had not changed. Outcomes were measured in terms of fetal movements, as counted by the mother for one hour each day for one week, and the number of cephalic presentations both at 35 weeks gestation and at delivery.

At 35 weeks gestation 75.4% in the intervention group had changed to cephalic (47.7% in the control). In terms of fetal movement the moxibustion group experienced a greater number of movements (a mean of 48.45 compared to the control group with a mean of 35.35).

Conclusion

In primigravidas at 33 weeks gestation with breech presentation, moxibustion treatment for one to two weeks at Zhiyin BL-67 increased fetal activity during the treatment period and cephalic presentation at 35 weeks and at delivery.

Prebirth acupuncture

Research on the use of acupuncture to prepare women for labor first appeared in 1974 with a study by Kubista and Kucera.[5] Their research concluded that acupuncture once a week from 37 weeks gestation using the acupuncture points Zusanli ST-36, Yanglingquan GB-34, Jiaoxin KID-8 and Shenmai BL-62 was successful in reducing the mean labor time of the women treated. They calculated the labor time in two ways. The first was the mean time between a cervical dilation of 3-4 cm and delivery. In the acupuncture group this was 4 hours and 57 minutes compared to five hours and 54 minutes in the control group. The second was the mean subjective time of labor, taken from the onset of regular (10-15 minute) contractions until delivery. The acupuncture group had a labor time of 6 hours and 36 minutes compared to eight hours and 2 minutes in the controls.

In 1998 Zeisler et al.[6] used the acupuncture points Baihui DU-20, Shenmen HE-7 and Neiguan P-6, treating from 36 weeks gestation. This study concluded that acupuncture treatment had a positive effect on the duration of labor by shortening the first stage of labor, defined as the time between 3cm cervical dilation and complete dilation. The acupuncture group had a median duration of 196 minutes compared to the control group time of 321 minutes.

In 2004 Debra Betts was involved in an observational study looking at the effect of prebirth acupuncture together with Sue Lennox, a midwife[7]. 169 women who received prebirth acupuncture were compared to local population rates for gestation at onset of labor, incidence of medical induction, length of labor, use of analgesia and type of delivery. In the acupuncture group there was an overall 35% reduction in the number of inductions (for women having their first baby this was a 43% reduction), 31% reduction in the epidural rate. When comparing midwifery only care there was a 32% reduction in emergency caesarean delivery and a 9% increase in normal vaginal births. Our conclusion was that prebirth acupuncture appeared to provide some promising therapeutic benefits in assisting women to have normal vaginal births and that a further randomized controlled study is warranted.

Cervical ripening

A randomized controlled trial into the effects of acupuncture on cervical ripening was published by Rabl in 2001.[8]

Summary

The objective was to evaluate whether acupuncture at term can influence cervical ripening and thus reduce the need for postdates induction. On their due dates 45 women were randomized into either an acupuncture group (25) or a control group (20). The acupuncture group received acupuncture every two days at the acupuncture points Hegu L.I.-4 and Sanyinjiao SP-6. The women in both groups were examined every other day for cervical length (measured by vaginal trasonography, cervical mucus and cervical stasis according to Bishop's score). If women had not delivered after 10 days labor was induced by administering vaginal prostaglandin tablets. The time from the woman's due date to delivery was an average of 5 days in the acupuncture group compared to 7.9 days in the control group, and labor was medically induced in 20% of women in the acupuncture group compared to 35% in the control group. There were no differences between overall duration of labor or of the first and second stages of labor.

Conclusion

Acupuncture at the points Hegu L.I.-4 and Sanyinjiao SP-6 supports cervical ripening and can shorten the time interval between the woman's expected date of delivery and the actual time of delivery.

References

-----[1] Elden H, Ladfors I, Fagevik Olsen M, Ostaard H, Hagberg H. Effects of acupuncture and stabilizing exercises as adjunct to standard treatment in pregnant women with pelvic girdle pain: randomized singleblind controlled trail. *BMJ* 2005;330:761. [2] Smith C, Crowther C, Beilby J. Acupuncture to treat nausea and vomiting in early pregnancy: a randomized trial. *Birth*.2002, Mar;29 (1):1-9. [3] Smith C, Crowther C, Beilby J. Pregnancy outcome following women's participation in a randomized controlled trial of acupuncture to treat nausea and vomiting in early pregnancy. *Complement Ther Med*. 2002 Jun; 10(2):78-83. [4] Cardini F, Weixin H. Moxibustion for correction of breech presentation. *JAMA* 1998; 280:1580-1584.[5] Kubista E, Kucera H. Geburtshilfe Perinatol 1974; 178 224-9. [6] Zeisler H, Tempfer C, Mayerhofe Kr, Barrada M, Husslein P. Influence of acupuncture on duration of labor *Gynecol Obstet Invest* 1998; 46:22-5. [7] Betts D, Lennox S. Acupuncture for prebirth treatment: An observational study of its use in midwifery practice. *Medical acupuncture* 2006 May; 17(3):17-20 [8] Rabl M, Ahner R, Bitschnau M, Zeisler H, Husslein P. Acupuncture for cervical ripening and induction of labor at term – a randomized controlled trail. *Wien Klin Wochenschr* 2001; 113 (23-24): 942-6. *Acupuncture Research*

Research Compiled by Debra Betts author of "The Essential Guide to Acupuncture in Pregnancy and Childbirth" © 2006