SESSION K5

The Benefits of Acupuncture in Pregnancy: Anecdotal Clinical Experience and Research-Based Evidence

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Session Description:

Acupuncture has been used effectively and safely for over 3000 years in treating pregnancy & post-partum conditions. In this session Acupuncturists Susan Moore and Patrice Hapke will discuss the current research, safety and efficacy of specific conditions using acupuncture during pregnancy and optimal times for referral to acupuncturist for treatment to ensure a positive outcome.

Learning Objectives:
Following my presentation, participants will be able to:
1. Discuss critical timing for making referrals to ensure best results.
2. Describe how to interpret the research available.
3. Recognize the safety and efficacy of acupuncture in pregnancy.
Benefits of Acupuncture in Pregnancy: Anecdotal Clinical Experience and Research-Based Evidence

Patrice Hapke, L.Ac. & Susan Moore, L.Ac.
Maternity Acupuncture Association

Maternity Acupuncture Association

- Founding Board Members:
  - Patrice Hapke, Susan Moore, Roxane Geller, Christine Prospal, Vicki Summerquist, Anita Shelton

Community, Education, Outreach

The Mission of the Maternity Acupuncture Association is to establish high quality standards of care in the field of perinatal acupuncture and East Asian Medicine. We work to advance the individual practitioner and the profession as a whole through research, education and collaboration. We educate the public and allied birth professionals about the safety and efficacy of Maternity Acupuncture and East Asian Medicine.

Clinical Experience

- Susan Moore
- Patrice Hapke

History of Asian Medicine & Understanding Qi

- Acupuncture has over 3000-5000 years of practice in China and throughout Asia
- Archeological evidence of needles in Bronze Age (3000-1200 B.C.)
- Unprecedented practice and study of obstetric and gynecological medicine since the Han Dynasty 220-25 B.C.
- Qi is the electro-magnetic energy emitted from cellular activity
- Qi Gong Exercise

Thank You

- Thank you for hosting the conference and for inviting the Maternity Acupuncture Association to speak.
- Thank you to all the midwives whose practices change and improve the lives of women, children and families.
Interpreting the Research in Acupuncture
- How to read a study involving acupuncture and evaluate for quality.
- Differential diagnosis is key.
- Single acupuncture point studies do not always reflect the true benefit of acupuncture.

Research
The Safety of Acupuncture During Pregnancy: a systematic review
- Conclusion: Acupuncture during pregnancy appears to be associated with few adverse events (AEs) when correctly applied, most AEs are considered to be mild.

Pre-conceptive Care 3-6 months
- Spermatogenesis and Folliculogenesis: acupuncture and herbs improve quality of sperm and egg
- Nutrition

Fertility Conditions Treated
- PCOS
- Low ovarian reserve
- Poor egg quality
- Hormonal Irregularities
- Endometriosis
- Fibroids
- Miscarriages
- Sperm Quality and Function

Research
Fertility
- Elisabet Stener-Victorin: Swedish Researcher
- Jane Lyttleton: Australian Practitioner/Researcher
- TCM Herbal Medicine improves pregnancy rates 2-fold within a 4 month period compared to drug therapy or IVF.

Threatened Miscarriage
- Repeated Miscarriages
- Placental Ruptures
- Sub-chorionic Hematomas
- Other Bleeding
Nausea and Vomiting

- Nausea, Vomiting
- Hyperemesis Gravidarum
- Nausea and vomiting associated with pregnancy can be safely and effectively treated with acupuncture
- Frequency of treatment is key & can be managed

Research

Acupuncture reduces hyperemesis gravidarum

- The severity of nausea and the frequency of vomiting decreased more quickly with active acupuncture than with the sham treatment. The effects of active acupuncture could be seen “often within minutes of stimulation” the authors add.


Gastrointestinal Disorders

- Diarrhea & Constipation
- Abdominal Pain
- Heartburn
- Significant research out there on the ability of acupuncture to regulate the gastro-intestinal function and heal many digestive disorders.

Research

Acupuncture for dyspepsia in pregnancy: a prospective, randomized, controlled study

- Significant improvements in dyspepsia symptoms were found in the acupuncture group, who also used less medication.


Upper Respiratory Conditions

- Colds, flu, cough
- Asthma
- Pregnancy related sinus congestion
- Allergies
- Reduces need to take pharmaceuticals

Headaches/Migraines

- Headaches
- Migraines
- Ocular migraine case study
**Research**

A sham-controlled trial of acupuncture as an adjunct in migraine prophylaxis

- Frequency of migraine attacks reduces by about one third in the first two months.


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**Research**

Standardized set of points acupuncture for migraines

- Migraine frequency and pain intensity were found to have decreased significantly after acupuncture in 59 individuals.


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**Research**

Acupuncture for pelvic and back pain in pregnancy: a systematic review

- Two small trials on mixed pelvic/back pain and one large high-quality trial on pelvic pain met the inclusion criteria. The authors concluded that the current evidence, although limited, supports the use of acupuncture in treating the conditions.


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**Pain**

- Sciatica/Hip/Pelvic
- Back Pain
  - cervicle, thoracic, lumbar, sacral
- Neck & Shoulder
- Pregnancy Induced Carpal Tunnel
- Round Ligament Pain
- Rib & Abdominal Pain
- Pubic Symphysis
- General Pain

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**Research**

Acupuncture for pelvic and back pain in pregnancy

- Swedish study shows that pain decreased in 60% of patients in the acupuncture group compared to 14% of the controls

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**Uro-Genital Infections**

- Urinary Tract Infections
- Vaginal Infections
- Strep B
Research
Acupuncture in the prophylaxis of recurrent lower urinary tract infection in adult women

- Over a 6-month observation period, 86% of the acupuncture group were free of lower urinary tract infections, compared to 58% in the sham group and 36% in the control.

Audun Aune, Terje Alraek, Huo LiHua and Anders Baerheim, Scand J Prim Health Care, 1998; 16

PUPPS and Intrahepatic Cholestasis of Pregnancy

- Acupuncture can be used to manage the symptoms associated with PUPPS and Cholestasis in Pregnancy as itching and discomfort, as well as improve liver function.
- Nutrition is helpful with Cholestasis.
- Herbs can be used to regulate and improve liver function, but they can also cause liver problems so must be prescribed by someone who is qualified and experienced in TCM herbal therapeutics.

Research
The efficacy and safety of traditional Chinese medicine for nonalcoholic Fatty liver

- In a multi-centre RCT involving 224 patients (JZG) was found to be superior to placebo in improving liver parameters indicative of hepatic steatosis (assessed using CT scanning) and reducing BMI in NAFL patients.

Pan, J., Evidence Based Complementary Alternative Medicine, 2013;2013:965723

PIH and Pre-Eclampsia

- PIH – Pregnancy Induced Hypertension
- Pre-Eclampsia
- Use of acupuncture and herbs to regulate BP as well as prepare in time for labor.
- Acupuncture can be used to regulate blood pressure and facilitate healthy function of liver and kidney.

Research
Acupuncture for hypertension

- Korean authors have carried out a systematic review of acupuncture for the treatment of essential hypertension.
- Trials that used acupuncture prescriptions based on TCM syndrome differentiation showed significant blood pressure reduction with acupuncture in comparison to controls. In contrast, in the trials that did not use TCM acupuncture prescriptions the authors found no significant reduction in blood pressure with acupuncture compared to controls.

Altern Ther Health Med. 2010 Mar-Apr;16(2):18-29

Research
Acupuncture regulation of blood pressure: two decades of research

- Researchers discover acupuncture has the potential to regulate cardiovascular function in patients with diseases such as hypertension.

Int Rev Neurobiol. 2013;111:207-71
Gestational Diabetes

- Acupuncture and Chinese Herbs help regulate blood sugar levels and manage the symptoms associated with Gestational Diabetes
- Can be used preventatively
- Use labor preparation/facilitation to help bring labor before crossing the week 39 limit

Pre-Term Labor

- Premature Contractions/Pre-term Labor
- Acupuncture and herbs can be used to help regulate uterine activity

Improving Presentation

- Breech Presentation
- Occiput Posterior Presentation
- Asymplicic Presentation
- Station/Ascension

Research

The effectiveness and cost-effectiveness of Breech Version Acumoxa compared to standard care to correct breech presentation

- Percentage of breech presentations after moxibustion was 24.5% compared to 42% for standard care.
- If only 10% of women opted for moxibustion it would overall be more effective and less costly than standard care.

Focus Altern Complement Ther 2006; 11: 55

Placenta Previa

- Partial, Marginal, Complete, Low lying
- Acupuncture and herbs can be used to lift the central qi, thus facilitating the rise of placental placement, similar to the effect of lifting prolapses
- Many anecdotal examples of this in practice
Edema

- Fluid metabolism can be regulated with the use of acupuncture which has an effect on the circulation of the lymphatic system
- Acupuncture is effective in treating pregnancy induced carpal tunnel syndrome
- Chinese Nutrition can also help manage generalized swelling

Varicosities

- Varicose veins: pain, discomfort, swelling
- Hemorrhoids: itching, bleeding, pain

Platelet Abnormalities

- Low Platelet Count

Emotional Health

- Anxiety
- Depression
- Hormonal induced emotional labiality
- Insomnia

Research

- Curative effect of acupuncture and moxibustion on insomnia: a randomized clinical

  - 120 patients demonstrate 87.7% improvement in reducing insomnia symptoms in the experiment group compared with the control group.


Research

- Acupuncture for Depression during Pregnancy: A randomized controlled trial

  - Fifty-two women were randomized to acupuncture specific for depression, 49 to control acupuncture, and 49 to massage.
  - This short acupuncture protocol demonstrated symptom reduction and a response rate comparable to those observed in standard depression treatments of similar length and could be a viable treatment option for depression during pregnancy.

  Manbar, R. Obstetrics Gynecology, 2010 Mar; 115 (3); 511-20
Labor
- Labor Preparation
- Labor Facilitation
- Labor Support
- Retained Placenta

Survey Group: Labor
Part 2
- Labor Facilitation (formerly known as induction)
- Labor commenced with 24 hours of treatment:
  - In hospital births: 73%
  - Out of hospital births: 89%
  - VBAC success rate for this survey: 90%

Survey Group: Patient Satisfaction
Part 3
- Patient satisfaction rates were very high regardless of birth outcome, both with their experience and with their births, regardless of birth outcomes
- Other reported benefits: relaxing, calming, peaceful, empowering, restorative, alleviates anxiety and stress, pain reduction

Research
Patient reported benefits of acupuncture in pregnancy
Survey Group
- 137 (46% primigravida) women who had received labor preparation acupuncture completed a survey
- 99 in hospital births: 10% medical induction rate, 16.7% C-section rate
- 38 out of hospital births: 0% medical inductions, 0% C-section, 0 transfers

Research
Acupuncture administered after spontaneous rupture of membranes at term significantly reduces the length of birth and use of oxytocin. A randomized controlled trial
- Acupuncture significantly reduces duration of labor and reduces the need for augmentation of labor with contraction-stimulating drugs
- Women assigned to acupuncture completed the active phase of labor in half the time compared to controls, a statistically significant difference

Ruptured Membranes
- A Tale of Two Women
Research
Acupuncture for Labor Preparation

- Prenatal acupuncture can reduce the duration of the first stage of labor (196 minutes versus 321 minutes in a control group), and can significantly reduce use of oxytocin in both the first and second stages, and significantly raise serum levels of prostaglandin E2 at the end of the first stage.

Abstracted in Deutsche Zeitschrift für Akupunktur, Jg. 42, 1, 2000, p40.

Research
Acupuncture during labor in a Brooklyn Hospital: Pilot Study

- Acupuncture patients underwent significantly fewer cesarean sections (7% versus 20%, p = 0.004)
- Seventy-eight percent (78%) of nurses reported a subjective perception of improvement in patients’ comfort with acupuncture
- 83% reported that the acupuncturists’ presence never interfered with their work
- Eighty-seven percent (87%) of patients reported that acupuncture had helped them.


Research
Retained Placenta

- This case of supports acupuncture as a non-invasive, non-pharmacological method in the management of retained placenta.


Research
Acupuncture in labor improves babies condition at birth

- Mean Apgar score at five minutes and umbilical cord pH value (which measures the level of oxygenation if the infant’s blood) were significantly higher among infants in the acupuncture group compared with infants in the other groups.


Postpartum

- Lactation Insufficiency
- Baby Blues, Depression
- Prolapses of Uterus and Bladder, Cystocele, Rectocele
- Urinary Incontinence
- Incision Numbness, Pain, General Healing
- Constipation, Diarrhea
- Fatigue
- Insomnia

Research
Acupuncture as breastfeeding support: preliminary data

- Women receiving acupuncture 2 times a week for three weeks breastfed longer than the control group post-enrollment after a three month period.

Research
Randomized controlled multi-central study on acupuncture at Tanzhong (CV 17) for treatment of postpartum hypo-lactation.

- Acupuncture at point CV 17 can effectively promote lactation.


Research
Clinical observation on the effects of electroacupuncture at Shaoze (SI 1) in 46 cases of postpartum insufficient lactation.

- Two different acupuncture points tested on 92 women. 100% effect in treatment group (a known point to help lactation) in increasing milk supply.
- 69% in control group (a point not normally used for lactation).

Wei, L. J. Trad Clin Medicine. 2006 Sept 28(3): 168-70

Research
Effects of acupuncture and care interventions on the outcome of inflammatory symptoms of the breast in lactating women.

- Acupuncture treatment from breast inflammation symptoms gives relief in same amount of time as medication.


Research
Randomized non-invasive sham-controlled pilot trial of electro-acupuncture for postpartum depression.

- 20 women within 6 months postpartum diagnosed major depressive disorder of mild severity given 2 sessions weekly for 4 weeks.
- Electro-acupuncture and non-invasive sham acupuncture effective for postpartum depression with remission rate of 44-50%.

Chung, KF, et al., Journal of Affective Disorders, 2012 Dec 15; 142 (1-3): 115-21

Critical Dates for Referral
- Premature Contractions – at onset
- Bleeding – at onset
- PIH – elevated readings, previous history
- Gestational Diabetes – onset & previous history
- Breech – week 32/33 until delivery
- Labor Prep – week 36/37
- Lactation Insufficiency –onset & previous history
- Emotional Labiality/Baby Blues – onset & previous history

Appendix
Additional Research
More studies to review in slides below
Electro-acupuncture as effective as drugs for labor induction

- A Brazilian group has shown that electro-acupuncture (EA) can be used to promote labour as efficiently as the prostaglandin analogue misoprostol, but with fewer obstetric complications. Sixty-seven pregnant women in labour were randomised to receive either EA or misoprostol. Labour was initiated in both groups without significant difference regarding frequency of, or time to, induction. Women who received EA experienced significantly fewer obstetric complications, along with a significantly higher frequency of vaginal deliveries. Although they tended to have a longer duration of labour, there was also a tendency to higher patient satisfaction among patients of the EA group. (Electroacupuncture for cervical ripening prior to labor induction: a randomized clinical trial. Arch Gynecol Obstet. 2011 Jun;283(6):1233-8).

PREBIRTH ACUPUNCTURE

- A study of prebirth acupuncture given in the practices of 14 New Zealand midwives over a four-month period found a 35% reduction in induction rates (43% for primigravidae), 31% reduction in epidurals, 32% reduction in emergency caesarean sections and 9% increase in normal vaginal birth compared to the general population. The most commonly used points were Sanjinyiao SP-6, Zusani ST-36, Yanglingquan GB-34, Kunlun BL-60 and Hegu LI-4. (Acupuncture for prebirth treatment: an observational study of its use in midwifery practice. Medical Acupuncture. 2006;17:3).

ACUPUNCTURE REDUCES EPIDURALS

- A Norwegian study has shown that women who receive acupuncture during labour have a significantly reduced rate of epidural anaesthesia. (Nesheim BI, Kings R. Performance of acupuncture as labor analgesia in the clinical setting. Acta O

ACUPUNCTURE FOR LABOUR INDUCTION

- Fifty-six primigravid women at 39 weeks or greater with a singleton gestation and Bishop score (a system for predicting whether induction of labour will be required) of less than seven were randomised to usual medical care or usual care plus three acupuncture treatments. Each treatment consisted of eight needles applied bilaterally to Hegu LI-4, Sanjinyiao SP-6, Shangliao BL-31 and Ciliao BL-32. Mean time from randomisation to delivery occurred 21 hours sooner in the acupuncture group, but this difference did not reach statistical significance. Compared with controls, women in the acupuncture group tended to be more likely to labour spontaneously and less likely to deliver by Caesarean section. (A randomized controlled trial of acupuncture for initiation of labor in nulliparous women. J Matern Fetal Neonatal Med. 2006 Aug;19(6):465-70).

Acupressure at Hegu LI-4 reduces pain and length of labor

- An RCT carried out in Iran has found acupressure at Hegu LI-4 to be effective at decreasing the pain and duration of labour. One hundred women at the beginning of the active phase of labour received either acupressure at Hegu LI-4 for the duration of each uterine contraction, or touch at this point without massage. There were significant differences in subjective labour pain scores between the groups immediately and at 20, 60 and 120 minutes after intervention. Active phase duration (3-4cm dilation to full dilation) and second stage duration (full dilation to birth) were also shorter in the acupressure group. In addition, the women in the acupressure group reported greater satisfaction with their care. (Effects of LI4 Acupressure on Labor Pain in the First Stage of Labor. J Midwifery Womens Health. 2012 Mar;57(2):133-8).

ACUPUNCTURE SHORTENS LABOUR

- A Canadian team has investigated the effectiveness of acupuncture for the initiation of labour in a prospective pilot RCT. Sixteen pregnant women at term were randomly assigned to receive acupuncture either at sites reported to cause onset of labour or at nearby sham sites. The results showed a difference in intervention to delivery interval of 62 hours in favour of the treatment group. Women in the true acupuncture group had shorter labours by a mean of two hours and 20 minutes. (Effectiveness of acupuncture for the initiation of labour at term: a pilot randomized controlled trial. J Obstet Gynaecol Can. 2006 Dec;30(12):1118-23).
Moxibustion shortens labor and reduces pain

- Moxibustion at Sanyinjiao SP-6 may be able to markedly shorten the active phase of the first stage of labour and decrease pain due to uterine contractions, according to Taiwanese researchers. Sixty primipara women in labour were equally assigned, according to their choice, to three groups: bilateral moxibustion at Sanyinjiao SP-6 (S-Mox group) for 30 min, moxibustion (Mox group) at non-acupoints for 30 min and no moxibustion (control group). The researchers found that the duration of active phase of the first stage in the S-Mox group was significantly shorter than that in the other two groups. Visual analogue pain scores after moxibustion were also significantly lower in the S-Mox group compared with the control group. (Effect of acupoint Sanyinjiao (SP6) moxibustion on the first stage of labor and uterine contractive pain in primiparas. Chin J Integr Med. 2011 Jan;17(1):464-6).

Electroacupuncture at Sanyinjiao Sp-6 helps with labor pain

- A Chinese study has concluded that electroacupuncture (EA) at Sanyinjiao SP-6 is an effective way of decreasing labour pain. A total of 350 women in labour were randomised to either electroacupuncture at Sanyinjiao SP-6, sham electroacupuncture at Sanyinjiao SP-6 or a control group. Self-reported labour pain scores from women in the verum electroacupuncture group were significantly less than in the control group after 30 minutes of needle retention and at two and four hours after needle withdrawal. Other evaluated outcomes did not show significant differences among the three groups. (Effects of Sanyinjiao (SP6) with electroacupuncture on labour pain in women during labour. Complement Ther Med. 2011 Jan;19 Suppl 1:S13-8).

ELECTRO-ACUPUNCTURE EFFECTIVE FOR LABOUR PAIN

- In a study investigating the efficacy of electro-acupuncture (EA) for relief of labour pain, 98 pregnant women were randomly divided into an EA group and a control group. Two rounds of EA were carried out, one at the beginning of the active phase of labour and one at 7-8 cm of cervical dilation. Hegu L.I.-4 and Sanyinjiao SP-6 were stimulated bilaterally for 20 minutes at a frequency of 2–100 Hz and current of 14–30 mA (a tolerable level) with a dense/disperse waveform. The EA group was found to exhibit lower pain intensity and better relaxation during labour than the control group. In addition, there was found to be a significant increase in the concentration of the pain-relieving substances beta-endorphin and 5-hydroxytryptamine in the peripheral blood of the acupuncture group at the end of the first stage of labour. (Electro-acupuncture in relieving labor pain. Evid Based Complement Alternat Med. 2007 Mar 4(1):125-30).

ACUPUNCTURE EFFECTIVE FOR LABOUR PAIN

- A study carried out at Örebro University Hospital in Sweden has found that women who received acupuncture during labour were less likely to seek an epidural to relieve pain (12% compared to 22%) and felt more relaxed than women who did not receive acupuncture. 46 women were randomised to receive acupuncture during labour, and reported at least once an hour how much pain they were experiencing and how relaxed they felt. Results were compared to 44 women who did not receive acupuncture. The acupuncture group had significantly lower pain scores, as well as significantly increased levels of alpha- and gamma-aminobutyric acid (GABA) in the peripheral blood, and decreased pain intensity and increased relaxation during labour. (Systematic Reviews 2006 Issue 4).

ACUPUNCTURE AND CHILDBIRTH

- In a study carried out in Sweden, the analgesic effect of acupuncture during childbirth was assessed by comparing the need for other pain treatments such as epidural analgesia, nitrous oxide/oxygen etc. in 90 women given acupuncture (acupuncture group) compared with 90 women not given acupuncture (control group). 52 women (58%) in the acupuncture group and 13 (14%) in the control group managed their deliveries without further pain treatment. The groups were similar with respect to age, parity, duration of labour, use of oxytocine and incidence of Caesarean section. Acupuncture treatment was found to have no major side effects, and 85 women (94%) given acupuncture reported that they would reconsider acupuncture in future deliveries. The authors concluded that acupuncture reduces the need for other methods of analgesia in childbirth (Acupunct Electrother Res. 23(1):19-26 1998).

ACUPUNCTURE & LABOUR PAIN

- A meta-analysis of three trials (496 women) into the use of acupuncture to relieve pain in labour suggests that women receiving acupuncture required less analgesia, including the need for epidural analgesia and a reduced need for augmentation with oxytocin. (Complementary and alternative therapies for pain management in labour. Cochrane Database of Systematic Reviews 2006 Issue 4).
ACUPUNCTURE DURING LABOUR

- A study was conducted to see if acupuncture can influence cervical ripening, induce labour and reduce the need for induction. 45 women were randomly assigned to an acupuncture or a control group on their due date. In the acupuncture group, women were needled at Hegu L.I.-4 and Sanyinjiao SP-6 bilaterally every other day, until they either gave birth or, if the due date was exceeded by 10 days, were induced. In the acupuncture group the time from the first positive fibronectin test to delivery was 2.3 days (compared to 4.2 days in the control), the time from due date to delivery was 5 days on average (7.9 in the control), and only 20% of women in the acupuncture group needed to be induced (35% in the control). There was no difference in duration of labour between the two groups. (Wien Klin Wochenschr 2001;113:942-6).

ACUPUNCTURE & LABOUR

- A German study has compared the morphologic features and duration of labour in 878 women with at least 36 weeks of uncomplicated pregnancy after receiving a) active acupuncture (329 primiparas), b) nonspecific acupuncture (224 women), or c) no acupuncture treatment (325 primiparas). Women who received specific acupuncture experienced significantly shorter labour times (470 +/-190 minutes) compared to those who received nonspecific acupuncture (536 +/-200 minutes) and no acupuncture (594 +/-241 minutes). Cervical maturation was also more pronounced in the treatment group. The authors conclude that cervical contractions may be "better co-ordinated" in women who receive specific acupuncture, and they suggest that "prenatal acupuncture should be considered for women with uncomplicated pregnancies as they approach term." (Romer A, Weigel M, Zeiger W, Melchert F. Prenatal acupuncture: Effects on cervical maturation and duration of labour. Geburtshilfe Und Frauenheilkunde. 2000;60(10):513-518).

ACUPUNCTURE AND LABOUR PAIN

- Obstetricians from Norway have said that acupuncture is the analgesic method of choice for reducing labour pain, whether supplemented by pharmacological pain-killers or not. 210 mothers in spontaneous labour were randomly assigned to receive either real acupuncture or false acupuncture. The results were tested by assessing their request for pharmacological pain-relief, and on their perception of pain felt on a Visual Analogue Score. The researchers concluded that acupuncture not only reduced the amount of labour pain, it also reduced delivery time. It was particularly useful for those mothers preferring non-pharmacological pain-relief without side-effects. (Acta Obstet Gynecol Scand 2002 Oct; 81(10):943-8).

ACUPUNCTURE FOR LABOUR PAIN

- A randomised, unblinded, controlled study carried out at the Department of Obstetrics and Gynecology, Ulleval University Hospital, Oslo, Norway, has indicated that acupuncture is effective in controlling labour pain. Of the 106 women in labour who received acupuncture, only 11% required Meperidine analgesia, compared to 37% and 29% in two control groups. The use of other analgesics was also lower in the acupuncture group. Patient satisfaction was high: 89 of 103 patients asked said they would want acupuncture during another labour. (Clin J Pain. 2003 May-Jun;19(3):187-91).

ACUPUNCTURE EFFECTIVE FOR BREECH CORRECTION

- A systematic review from Holland has concluded that acupuncture-type interventions (moxibustion, acupuncture, or electro-acupuncture) on Zhiyin BL 67 are effective in correcting breech presentation, compared with expectant management. Of 65 citations retrieved from various databases, six RCTs and three cohort studies fulfilled the reviewers’ inclusion criteria. In the RCTs the pooled proportion of breech presentations was 34% following treatment versus 66% in the control group. The pooled proportion in the cohort studies was 15% versus 36%. Including all studies, the proportion of breech presentations was 28% following treatment versus 56% for the control group. Effectiveness of acupuncture-type interventions versus expectant management to correct breech presentation; a systematic review. Complement Ther Med. 2008 Apr;16(2):92-100).

ACUPUNCTURE & BREECH PRESENTATION

- A study carried out in Croatia compared the outcome of 34 pregnant women with breech presentation treated by manual needling of Zhiyin BL-67 (with deqi), and 33 similar women not treated by acupuncture as a control. Acupuncture was given from 34 weeks, each session lasting 30 minutes, 2 sessions a week. The rate of successful conversion to vertex presentation (verified by ultrasonography) was 76.4% in the acupuncture group, and 45.4% in the control group. A mean of 6 acupuncture treatments was needed, and acupuncture was discontinued on successful outcome, or after 38 weeks if unsuccessful. (Fetal Diagnosis and Therapy Vol. 18, No. 6, 2003).
ACUPUNCTURE FOR BACK PAIN IN PREGNANCY

- A Brazilian study which compared the levels of low back and pelvic pain in women treated by acupuncture compared to non-treated controls, found that the acupuncture group showed a greater reduction in overall pain, maximum pain and pain at the time of interview, reduced use of analgesics, and greater capacity to perform general activities, to walk and to work. (Acupuncture in Medicine, 2004 vol 22(2), 60-67).

ACUPUNCTURE & PELVIC PAIN

- Acupuncture has previously been shown to be more effective than either standard or specialised exercises in relieving pelvic pain in pregnancy (BMJ 2005;330:761). Now a new study has compared subcutaneous needling without further stimulation and deep needling with deqi for the same problem. Both groups experienced significant improvements in levels of pain intensity at rest and in daily activities as well as in rated emotional reaction and loss of energy, but there was no difference between the two different methods of acupuncture. (Decrease of pregnant women's pelvic pain after acupuncture: a randomized controlled single-blind study. Acta Obstet Gynecol Scand. 2006;85:12-9).

TREATING PELVIC AND BACK PAIN IN PREGNANCY

- A systematic review using the Cochrane database has assessed the effects of interventions for preventing and treating back and pelvic pain in pregnancy. Authors searched the Cochrane database for randomised controlled trials of any treatment used to prevent or reduce the incidence or severity of back or pelvic pain in pregnancy. Eight studies (1,868 participants from five countries) were included in the review. Interventions included pelvic floor exercises, aerobic exercise, relaxation techniques, home care and stabilising exercises. Strengthening exercises reduced pain intensity and back pain-related sick leave better than usual prenatal care alone. Both aerobic and stabilising exercises reduced pelvic pain more than usual prenatal care and acupuncture gave more relief from evening pain than exercises. One study found that acupuncture was more effective than physiotherapy in reducing the pain intensity scores of women with combined pelvic and back pain. Women also reported better sleep and increased activity. Both treatments reduced the number of women with physical modalities and sacroiliac belts. The authors advise caution in interpretation of the results as all studies but one were judged to have considerable potential for bias. (Interventions for preventing and treating pelvic and back pain in pregnancy. Cochrane Database Syst Rev. 2007 Apr 18;(2):CD001139).

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ACUPUNCTURE FOR LOW-BACK AND PELVIC PAIN IN PREGNANCY

- Acupuncture may be more effective than physiotherapy for pregnancy-related low-back and pelvic pain, according to a recent prospective study. Sixty pregnant women with low-back and pelvic pain were randomised to receive 10 treatments of either acupuncture (30-minute sessions, given within 1 month) or physiotherapy (50-minute sessions of counselling and physical therapies, given within 6 to 8 weeks). Significant improvements were noted in pain and in the ability to perform daily activities in the acupuncture group. The physiotherapy group had less pain relief but symptoms did not become worse (as they often do in pregnancy). While the physiotherapy group had a high dropout rate, which weakened the analysis, the researchers conclude that acupuncture is "promising enough to warrant further studies." (Acta Obstet Gynecol Scand. 2000;79:79-84).