

# Acupuncture during pregnancy

## Research

‘Acupuncture in labor management.’ Allais, G., et al. *Minerva ginecologica* 55(6): 503-10.

The **aim** was to review the various applications of acupuncture during labour. The review **concluded** that acupuncture has a significant percentage of positive results to induce labor in post-term pregnancies, to strengthen uterine contractility and to favor cervical maturation. It stated that the treatment is effective in about 75% of patients.

It also **concluded** that the use of acupuncture to achieve pain relief and analgesia during labor is more controversial, mainly due to the great heterogeneity of applied treatments and some methodological biases. Nevertheless, the general evidence also seems to be positive for this application.

‘Effects of acupuncture and stabilising exercises as adjunct to standard treatment in pregnant women with pelvic girdle pain: randomised single blind controlled trial.’ Elden H, Ladfors L, et al. *BMJ*. 2005;330(7494):761.

The **aim** was to compare the effects of standard treatment, standard treatment with acupuncture, and standard treatment with stabilizing exercises for pelvic girdle pain during pregnancy.

386 pregnant women with pelvic girdle pain were randomly assigned to three groups: for six weeks with standard treatment (n=130), standard treatment plus acupuncture (n=125), or standard treatment plus stabilizing exercises (n=131).

The **results** found that after treatment, the stabilizing exercise group had less pain than the standard group. The acupuncture group also had less pain than the standard treatment group. However, the acupuncture group had less pain than the stabilizing exercise group. The reduction of pelvic girdle pain was greatest in the acupuncture group.

‘Acupuncture to treat nausea and vomiting in early pregnancy: A randomised controlled trial.’ Smith et al. *Birth* 2002; 29(1): 1-9.

The **aim** was to compare ‘traditional acupuncture’, the use of ‘one acupuncture point’, ‘sham acupuncture’ and ‘no acupuncture’ on nausea and vomiting in 593 pregnant women. The outcomes of treatment were measured in terms of nausea, dry retching, vomiting and 5 aspects of general health.

The **results** showed that the ‘traditional acupuncture’ had the fastest response and also improved the general health status the most. The ‘one acupuncture point’ group reported

improvements in nausea from the second week and dry retching in the third, and improvement in two general health aspects. The 'sham acupuncture' reported improvements in nausea and dry retching from the third week and two general health aspects. The 'no acupuncture' group reported no improvement in nausea or dry retching and improvement in only one general health aspect.

**Smith et al. (2002)** also looked at pregnancy outcomes in the women who participated in the above study. The **aim** was to discover if acupuncture during pregnancy for nausea and vomiting is safe. Outcomes were measured on perinatal outcome, congenital abnormalities, pregnancy complications and other infant outcomes.

Their **conclusions** were that no serious adverse effects arise from acupuncture administered during early pregnancy and that acupuncture is a safe and effective treatment for women who experience nausea and dry retching.

