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[Intervention Review]

Acupuncture or acupressure for pain management in labour

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ABSTRACT

Background

Many women would like to avoid pharmacological or invasive methods of pain management in labour and this may contribute towards the popularity of complementary methods of pain management. This review examined evidence supporting the use of acupuncture and acupressure for pain management in labour.

Objectives

To examine the effects of acupuncture and acupressure for pain management in labour.

Search methods

We searched the Cochrane Pregnancy and Childbirth Group's Trials Register and The Cochrane Complementary Medicine Field's Trials Register (October 2010), the Cochrane Central Register of Controlled Trials (*The Cochrane Library* 2010, Issue 4), MEDLINE (1966 to October 2010), and CINAHL (1980 to October 2010).

Selection criteria

Published and unpublished randomised controlled trials comparing acupuncture and acupressure with placebo, no treatment or other non-pharmacological forms of pain management in labour. We included all women whether primiparous or multiparous, and in spontaneous or induced labour.

Data collection and analysis

We performed meta-analysis using risk ratios (RR) for dichotomous outcomes and mean differences (MD) for continuous outcomes. The outcome measures included pain intensity, satisfaction with pain relief, use of pharmacological pain relief, relaxation, caesarean section rate, augmentation with oxytocin, length of labour and anxiety.

Main results

We included 13 trials with data reporting on 1986 women. Nine trials reported on acupuncture and four trials reported on acupressure. Less intense pain was found from acupuncture compared with no intervention (standardised mean difference (SMD) -1.00, 95% confidence interval (CI) -1.33 to -0.67, one trial, 163 women). One trial increased satisfaction with pain relief compared with placebo control (RR 2.38, 95% CI 1.78 to 3.19, 150 women). Reduced use of pharmacological analgesia was found in one trial of acupuncture compared with placebo (RR 0.72, 95% CI 0.58 to 0.88, 136 women), and compared with standard care, however, there was significant heterogeneity (RR 0.68, 95%

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CI 0.56 to 0.83, three trials, 704 women). Fewer instrumental deliveries from acupuncture were found compared with standard care (RR 0.67, 95% CI 0.46, 0.98, three trials, 704 women). Pain intensity was reduced in the acupressure group compared with a placebo control (SMD -0.55, 95% CI -0.92 to -0.19, one trial, 120 women), and a combined control (SMD -0.42, 95% CI -0.65 to -0.18, two trials, 322 women). No trial was assessed as being at a low risk of bias for all of the quality domains.

Authors' conclusions

Acupuncture and acupressure may have a role with reducing pain, increasing satisfaction with pain management and reduced use of pharmacological management. However, there is a need for further research.

PLAIN LANGUAGE SUMMARY

Acupuncture or acupressure for relieving pain in labour

Acupuncture or acupressure may help relieve pain during labour, but more research is needed.

The pain of labour can be intense, and may be worsened because of a woman's tension, anxiety and fear affecting their labour and birth experience. Many women would like to labour without using drugs or invasive methods of pain management, and turn to alternatives to manage the pain. The review of 13 trials, with data reporting on 1986 women, found that acupuncture or acupressure may help relieve labour pain. Single or limited numbers of trials reported less intense pain, increased satisfaction with pain relief and reduced use of analgesic drugs with acupuncture compared with placebo or usual care. Acupressure also reduced pain intensity. Acupuncture involves the insertion of fine needles into different parts of the body to correct the imbalance of energy in the body. The intervention was administered at term as individualised treatment (six trials) or at standardised acupuncture points in the majority of trials but with wide variation in the mode of stimulation, duration of needling, number of points used, depth of needling and duration of the trial.