

Acupressure and moxibustion in Childbirth



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Acupressure :Clinical indication

- Acupressure can be used from 37 weeks to encourage beneficial hormonal responses for labour preparation and encourage the baby to move into an optimal position.
- Induction of labour
- For pain relief in labour
- To enhance the contraction
- For posterior position
- For retained placenta
- To facilitate breast feeding

Theory of Chinese Medicine

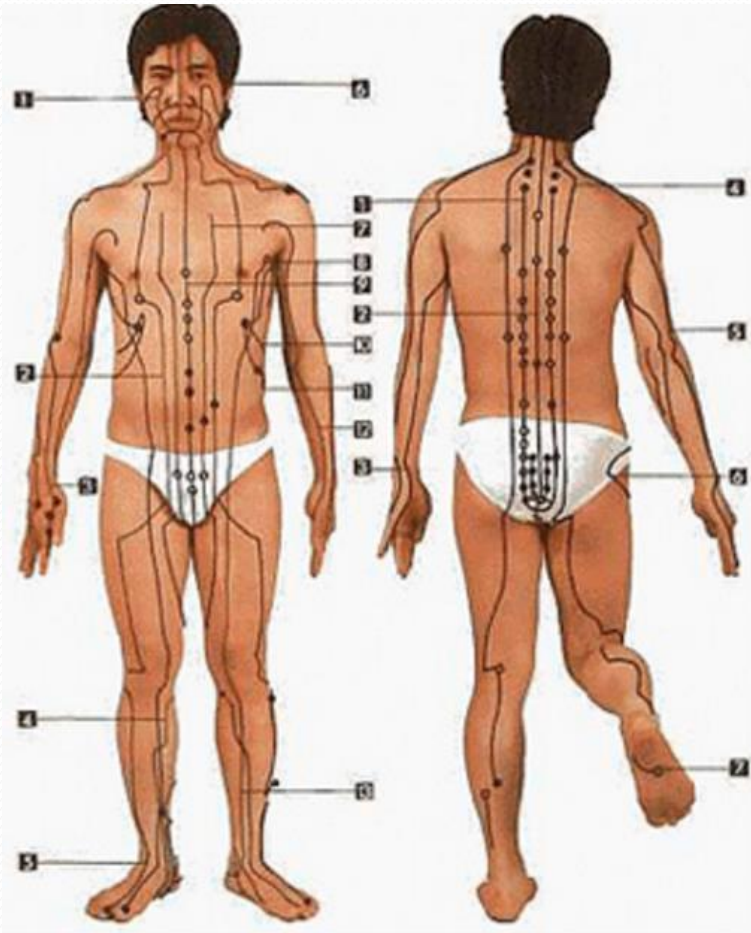
- What is Qi ?
- Meridians

What is Qi



- Qi can be translate as energy or life force (the energetic form of the vapour) that you cannot necessarily see but has effects – such as lifting the lid off the pot.
- Qi Flows to the channels (Meridians) which are like a network of river that travel our entire body and connect to our main organs

Meridians



- In good health Qi moves smoothly, through the channels, however excess, deficiency or blockage of Qi may cause pain and illness.
- The meridians are responsible for energy adjustment in the body and the source of diseases is by blockage of the energy stream.
- **Acupressure is used as techniques for unblocking these occlusions, and restore good health.**

What is acupressure ?

➤ Application of pressure to acupuncture points



➤ Acupuncture points are situated on channels or meridians containing Qi or energy that flow through the body

WHAT DOES THIS DO?

The stimulation of these points has effects on blood flow to the uterus ,cervical dilatation movement of the baby, release of endorphines and oxytocin helping the mother to relax, promoting physical and emotional wellbeing

TRADITIONAL CHINESE MEDICINE AND OBSTETRICS

- Less side effects for mother and baby
- More choice for women
- Medication often has to be stopped in pregnancy
- Audit shows extremely high outcomes which are clinically significant and high satisfaction rates
- Midwives can use as part of routine care

ADVANTAGES OF ACUPRESSURE


- Non invasive technique, easy to use
- Accessible, effective safe birthing tool for midwives and support people
- Empower women
- Promotes birthing partner involvement

Evidence based

Reduces need for medical intervention

Acupressure has also been reported to significantly reduce the need for epidurals and caesarean sections when used as part of a complimentary antenatal intervention.

Levett KM,et al. (2016). Complementary therapies for labour and birth study: **a randomised controlled trial of antenatal integrative medicine for pain management in labour**. BMJ Open, Jul 12;6(7)

- 
- Women felt empowered through action and acupressure give them the control and confidence during birth.
 - Midwives reported that acupressure is supporting and empowering women.

Mollart et al (2016) Pregnant women and health professional's perceptions of complementary alternative medicine, and participation in a randomised controlled trial of acupressure for labour onset *Clinical Pract.* Aug;24:167-73

Induction of labour

- The acupuncture points most commonly used for induction of labour have a very strong effect on blood flow to the uterus promoting cervical dilatation ,increasing the release of prostaglandin and oxytocin
- Facilitate the production of endorphines,helping the mother to relax, promoting physical and emotional wellbeing
- Midwifery feedback suggests noticeable changes in cervical ripening
- Increased chance of a woman progressing through a medical induction with minimal intervention

CONVENTIONAL METHOD OF INDUCTION OF LABOUR

- **Prostaglandin E2** is a vaginal gel that is used for induction of labour, it works by softening and facilitating the dilatation of the cervix.
- **A Cochrane systematic** review concluded that vaginal prostaglandin E2, compared with placebo or no treatment facilitates vaginal delivery within 24 hours.
- Although there was no evidence of a difference between caesarean section rates, the risk of uterine hyper stimulation is increased **enhancing the risk of fetal distress.**

Oxytocin is the most common induction agent used worldwide for induction of labour.

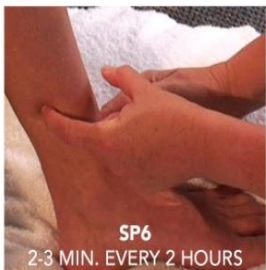
It can be very useful to help induce labour, but can also cause strong contractions that can reduce the supply of blood and oxygen to the foetus **causing foetal distress**

PRESSURE POINT SELECTION STIMULATION MANAGEMENT

Commence 2-3 days prior to medical induction if possible)

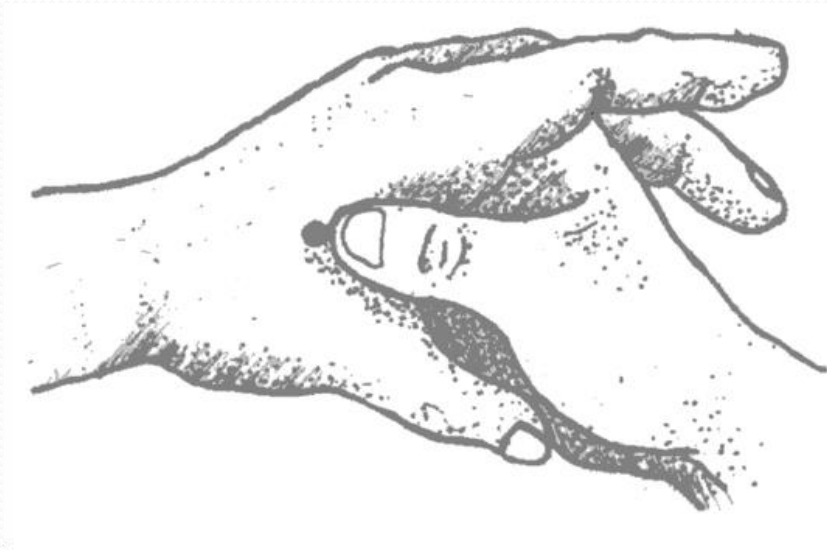
BILATERAL FIRM PRESSURE, NOT MASSAGE

ATION
FOR
MEDICAL
CTION



- Large intestine (LI-4 & Spleen 6 (SP 6) used bilaterally every 2 hours cover all 4 points
- Bladder 32 & Gall Bladder 21 twice a day
- More frequently if less available time

Large Intestine 4



- On the dorsum of the hand, between the thumb and forefinger Apply firm pressure 5. 10 second with thumb (pulsating)
- Promotes labour ,tonify the QI
- More efficient if used together with spleen 6

Spleen 6



- Located by using four of the woman's finger widths (3cm) superior to the prominence of the medial malleolus
- If sensation sharp – bone
- Apply firm pressure with forefinger or thumbs
- **Promotes cervical dilatation invigorating the Qi circulation**

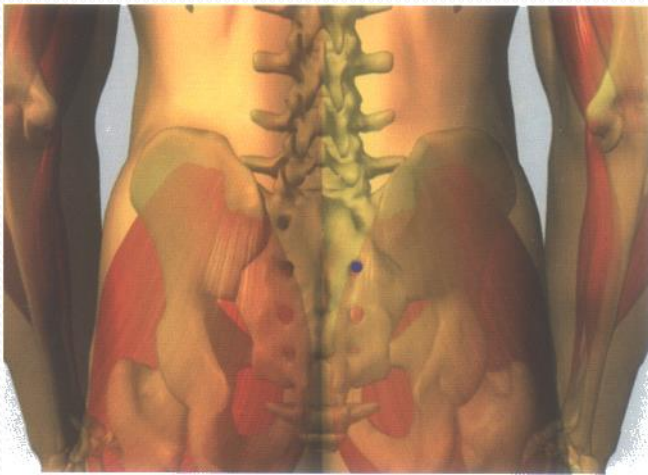
Pressure on Spleen 6



Concentrate on apply pressure on Speen 6 (SP6) for 5 minutes .Only work to the confort as this point may be tender

Bladder 32

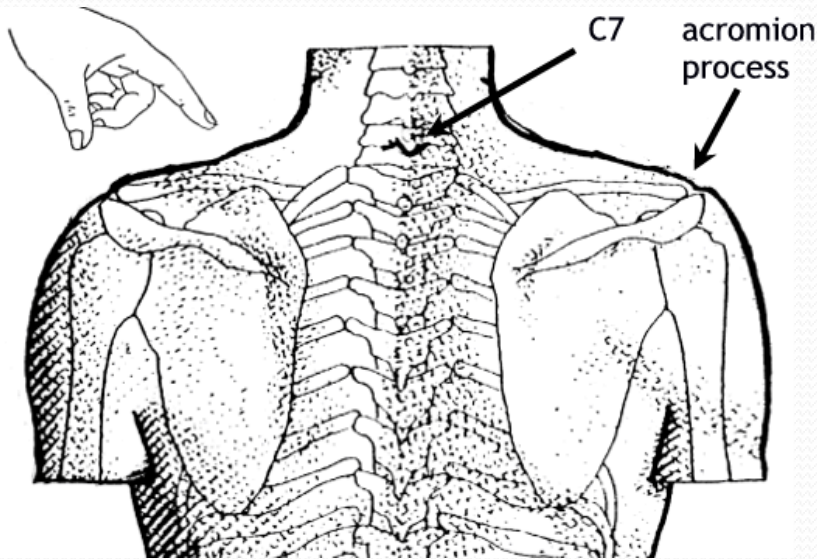
- Location – 2nd sacral foramen



Dull/achy sensation - sharp sensation bone

To promote an efficient labour and aid cervical dilatation

Gall bladder 21-Location:



Most tender point along pathway between C7 and tip of shoulder joint acromion ,at the crest of the trapezius muscle

Case study

- A 36 year old primigravida, booked for home birth.
- Hospital induction was booked for post maturity at 41.5 weeks of gestation.
- Three days before the medical induction was due, her Bishop score was ≤ 6 , which indicated that cervical ripening was indicated.
- I suggested that the couple should start using acupressure to promote cervical dilatation.
- The couple were trained, and then practiced using acupressure in my presence.

I was call after two days as she was contracting

On my arrival I used specific points to augment labour, as she was contracting irregularly.S.6 & L.I4

After one hour the contractions became more regular, 3 to 4 every 10 minutes.

- On vaginal examination, the findings were that the cervix was effaced, anterior, and the os 6 cm dilated,cephalic presentation confirmed, with station at the Ischia spines.
- After 4 hours, the cervix was fully dilated, and she had a Spontaneous vertex delivery after one hour, of a male infant, born in good condition and weighing 3.8 Kg

What are the evidence ?

- One study (Ingram et al ,2005) examined the effect of acupressure on the initiation of labour for women at 40 weeks gestation.
- The non-randomised controlled trial found that women experiencing a post-dates pregnancy who used acupressure **were significantly more likely to labour spontaneously than those who did not**
- A review by Mollart LJ, et al 2015 reported that acupressure on spleen 6 (S.P-6) and on large intestine 4(L.I- 4) **might reduced the length of labour particularly on the first stage**

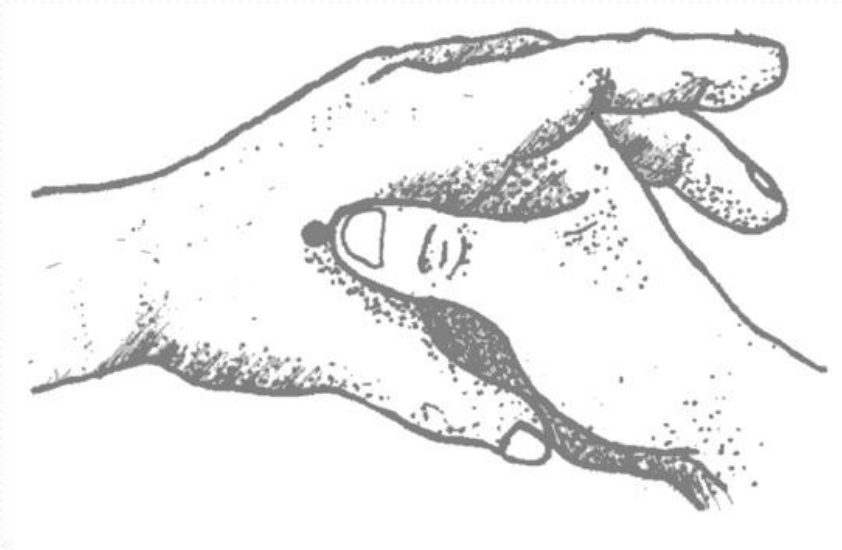
Study Spleen 6

- In a randomized Iranian clinical trial, by [Shahnaz](#) et al 150 primigravida at term, were divided to three groups: in the first group acupressure was done by the researcher, while in the second groups this was performed by the mother herself, and the third group served as a control and only received routine care.
- **The results showed that acupressure is a safe technique and leads to cervical ripening.**
- Thus, regarding the desired results that were achieved when mothers applied acupressure themselves, it could be suggested that it is beneficial for mothers to be trained to apply this method at home.

Problem in labour

- Failure to progress: Cervical dilatation may be slow down due to insufficient of yin and blood
- Posterior Positions /deflexed heads
- To aid descend the presenting part into the pelvis
- Retained placenta

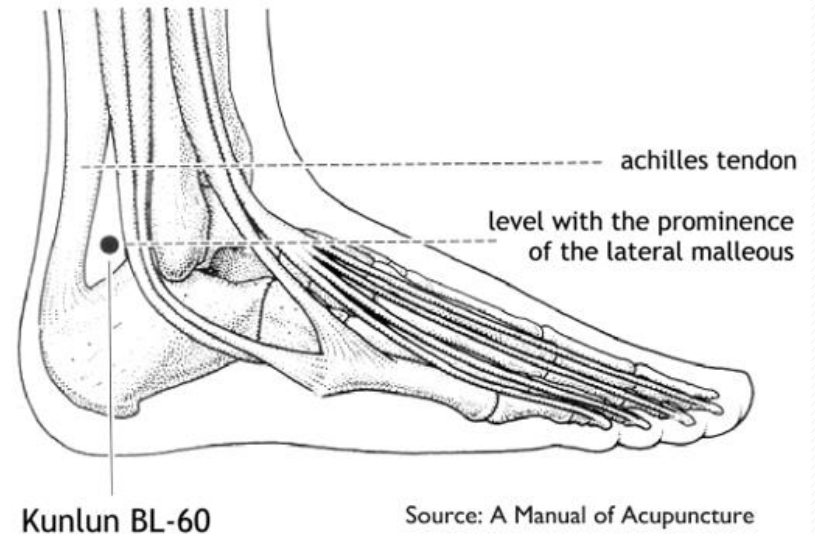
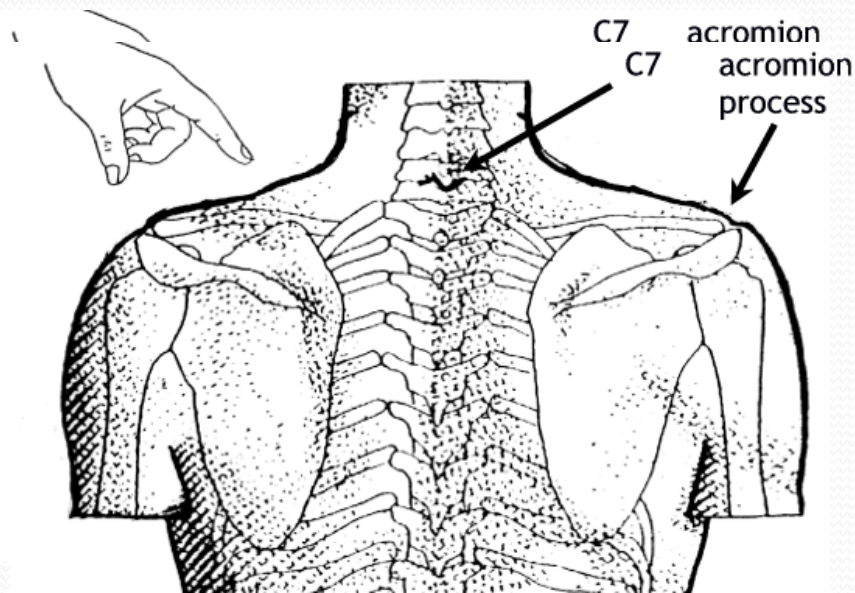
Slow progress in labour L.I-4,SP-6.



To aid descend into the pelvis

Gall- Bladder 21

Bladder 60



Source: A Manual of Acupuncture

For posterior position

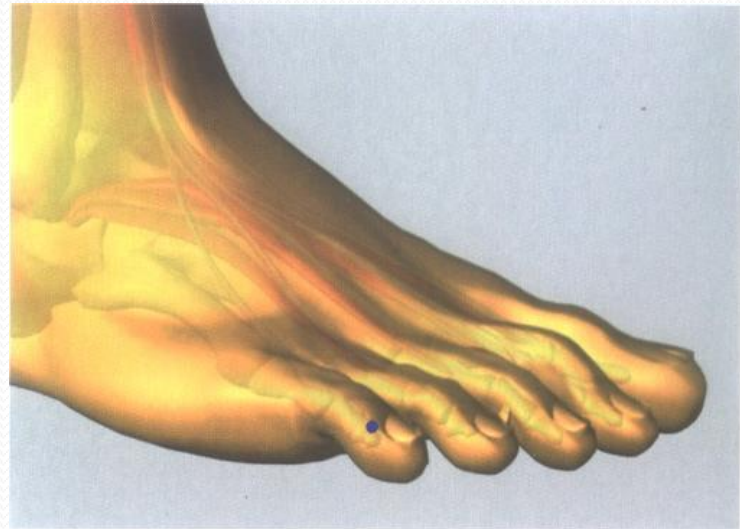
- In labour to reposition a baby in posterior position .
- Apply continuous pressure on bladder 67 with fingernail or blunt object ,eg biro cap for five to 10 minutes.



Location

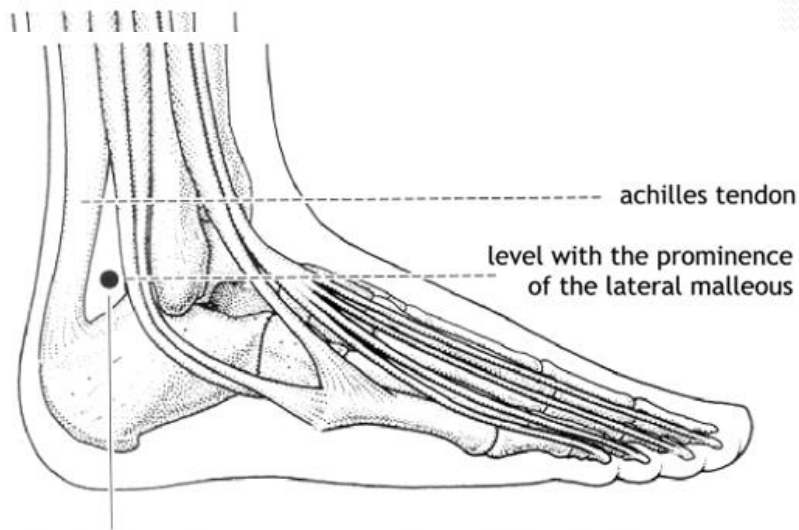
- On the little toe, on the outside aspect of the toenail

- Bladder 67



Posterior Position Deflexed Heads

Acupressure BL 60 -SP 6 and BL - 67



Kunlun BL-60

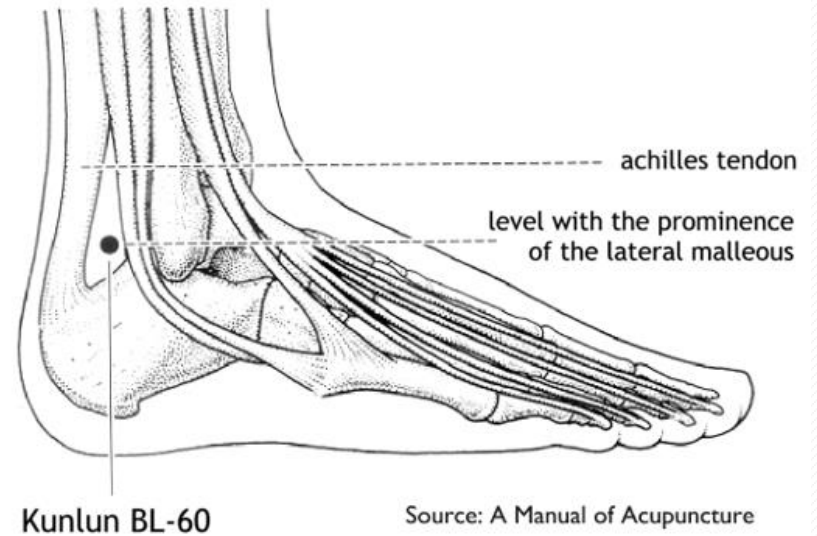
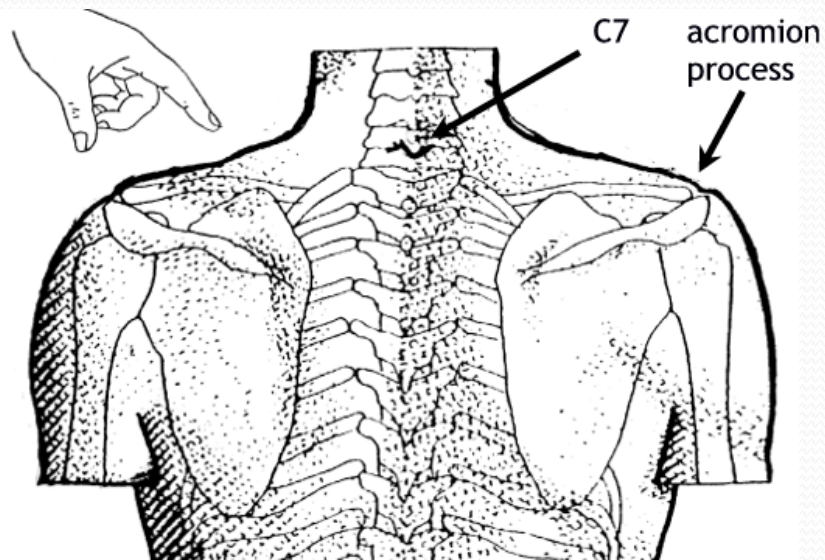
Source: A Manual of Acupuncture



Retained Placenta

GB -21

BL-60



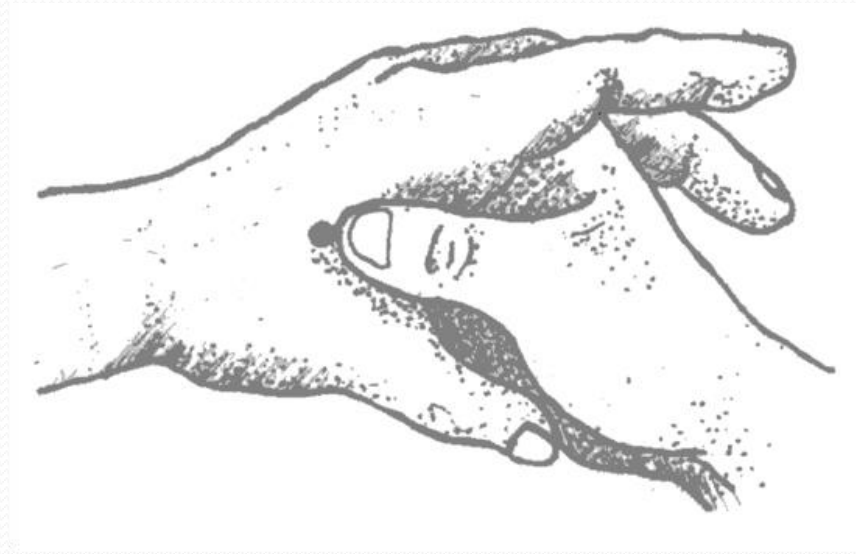
Source: A Manual of Acupuncture

Retained Placenta

SP-6



LI-4



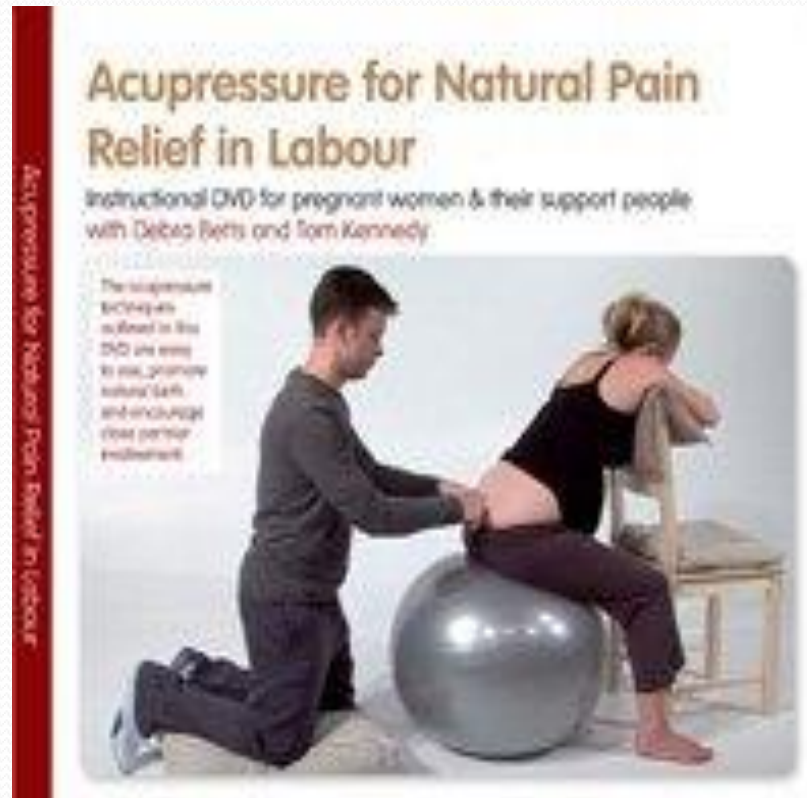
Pain relief in labour

- Not “blocking pain” - stimulating the body to work more effectively....result less pain
- Certain points affect areas of brain known to reduce sensitivity to pain and stress, increasing endorphin, promote relaxation and physical and emotional wellbeing
- Apply pressure to the acupressure, point it will increase the production of oxytocin.
- Oxytocin the love hormone it is important in labour as it will help the woman to cope better with the pain, helping her to relax reducing pain perception

The practicality

- Teach from 37 weeks, half hour session, or during antenatal classes
- Guided by woman's feedback – the woman is always right!
- Pressure - not massage at the woman's comfort level
- The pressure and points that women find most useful are likely to change as the labour progress
- Medical pain relief or intervention is still an option

DVD available www.jcm.co.uk



GB –21 technique

- Apply firm downward pressure using knuckles or elbow . Start gently and increase the pressure to tolerance
- The pressure may be applied either at the beginning of the contraction or gentle pressure that it is intensified during contractions



Bladder 32 : technique



- Apply firm pressure by placing knuckles into the point
- Maximum pressure achieved by the woman rocking backwards into the support people at the beginning of the contractions
- Women have also used these points by using tennis ball against a wall to lean back into during a contraction
- Feedback from women: produce a pleasant anaesthetic effect

Acupressure and water birth



• Clinical case (Loredana)

Acupressure offered to a primigravida during a planned home birth. In early labour, I used acupressure on bladder 32. The woman was coping well with the pain as the point produces a pleasant anesthetic, and more relax.

However, I started using Gall bladder 21 on the second stage of labour as I notice that the head was not descending.

The woman felt that the point was effective in reducing the pain, she felt more the urge to push

The woman had a successful water birth (SVD) with the second stage lasting 1 hour.

Clinical implication and feedback

- GB 21 Benefits tendons and muscle **has strong downward movement**
- Feedback from the midwives and from my personal practice, has shown that this point is particularly useful during the second stage of labour as it allows the head to descend into the pelvis promoting effective pushing and reduce pain as it shortens the second stage of labour

KIDNEY 1, to help deal with fear

Fear/panic issues calming the mind, this point has a useful relaxing action

Sea sickness bands with the 'button' applying pressure to KID 1 or chick peas or soya beans on a plaster/tape.

Women move around in early labour and then squat in the second stage.

For use during transition or any time during labour particularly if she is losing control



Combs



- Place teeth of comb along palm of hand where fingers join palm.
- Women grips combs during contraction as required

What are the evidence?

- Research by (Levett K et al, 2016;) reported that acupressure significantly reduce **the need for epidurals and caesarean sections**
- Use of acupressure was associated with a reduction in pain intensity in labour and reduced **rate of caesarean section when compared to sham acupressure.**

Smith CA et al 2020). Cochrane Review 2020

- Women who had support during labour (advice, assistance, emotional support) were more likely to have a spontaneous vaginal birth
- Associated with greater benefits when provider was not a member of staff and when it began early in labour (12,000 women)

*Hodnett ED. (2003) Continuous support for women in labour
Cochrane review*

Adverse Events? Safety

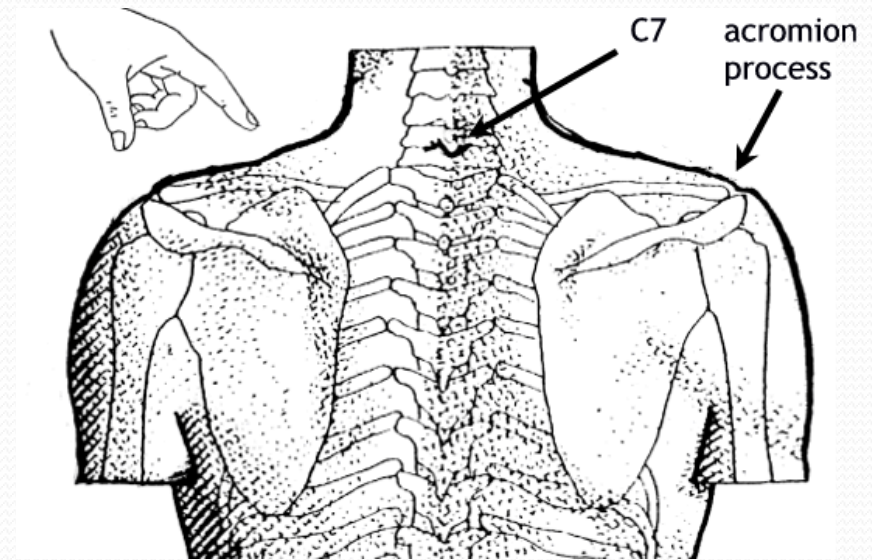
Possible minor adverse events of bruising, pain or discomfort if pressure excessive, administered incorrectly

No reports clinically of creating issues with premature labour, labour progress or fetal distress.

Avoid forbidden point before 37 weeks

GallBladder GB 21

- Relax tendons and muscle, helping breastfeeding encouraging the let down reflex



Moxibustion for turning the breech





The turning of a breech presentation using moxibustion has been used in China for thousands years

.

The technique for turning a breech baby involve using moxa –stick of dry herbs (*artemisia vulgaris*) to heat the acupuncture point Zhiyn,UB bladder 67.

Greater compliance is achieved with smokeless moxa



ZHIYIN BL-67 Reaching Yin


- Location : On the outside corner of the nail of the little toe



What does this do ?

The stimulation of the point with the heat encourages the release of oestrogen and prostaglandins ,this can lead to increase in fetal activity, which seems to help the baby to move into an optimal head –down position

Women will often report an increase in fetal movements both during and after the treatment

- 
- A vaginal breech is associated with a higher risk of perinatal death
 - Over 90 % of breech baby are born by planned cesarean section, increasing maternal mortality and morbidity
 - For women having a first baby by caesarean section will increase the probability of a subsequent Cesarean section
 - Reducing the incident of breech baby at term is relevant to reduce CS rate

When to start the moxibustion ?

Better outcome ,when the moxa is performed between 33 and 34 weeks as baby has plenty of room to move

Another advantage of starting the moxa at 33.34 weeks is that if the fetus does not turn with moxa alone,external caephalic version still an option .

- There is some evidence that when combined with an ECV Moxibustion increases the success of caephalic version (65%) MAMPS Maternity.Acupuncture . Mentoring .Peer support

Guideline



- First treatment demonstrated and continue at home . An Instruction leaflet and an informed consent form should be given before starting the treatment
- The therapeutic time for moxa is 20 minutes for ten treatment once a day bilaterally
- During this time the moxa is briefly lifted away from the point BL- 67 each time it becomes hot, (the pecking technique).
- Carry on the treatment even if the baby turn in cephalic position

Self treatment

Women can treat themselves by secure the moxa stick in a moxa holder made by child modeling clay .

The moxa holder is placed in a position to apply heat to the point



Contraindication for moxibustion

- Placenta previa ,history of ante-partum bleeding
- Olygohydramnios or polyhydramnios
- Bicornuate uterus
- Gestational diabetes
- Fetal abnormality
- History of premature labour or premature rupture of the membranes
- Pre-eclampsia and Hypertension
- Multiple pregnancy particularly if twins are sharing the some amniotic sac
- Previous Caesarean section if more recent than 2 years

What are the evidence ?

A Multicentre RCT study conducted by Jorge Vas et al , 406 women were divided in 3 groups : true Moxibustion to UB67, or Sp1 (sham) or usual care. At term: cephalic presentations were 58% for moxa to UB67, 43% for moxa at sham Sp1, 45% for usual care-

The result of the study suggested that offering moxibustion for breech presentation at 33 weeks reduce the number of breech presentation at term, consequently a reduction of the number of caesarean sections-

A systematic review and meta-analysis (2021) suggested that moxibustion has a positive effect on correcting breech presentation. However, more randomized, controlled clinical trials are needed to evaluate whether our estimate of the magnitude of the effect of moxibustion remains constant.

From a safety perspective

- No adverse events in moxibustion group (intrauterine death or placental detachment)

Recomendation

- The Royal College of Obstetrician & Gynaecology in the Guideline (2017) Quoted women may wish to consider the use of moxibustion for breech presentation at 33-35 weeks of gestation, under the guidance of a trained practitioner
- Moxibustion is a simple, effective and safe treatment for the management of breech presentation
- It is hoped that midwives will be able to train and offer this technique as a part of the routine treatment for breech presentation throughout maternity units everywhere

REFERENCES

Free acupressure booklet practitioner hand-outs acupressure videos
<http://acupuncture.rhizome.net.nz> –

Ingram J, Domagala C, Yates S. The effects of shiatsu on post-term pregnancy. *Complement Ther Med* 2005;13(1):11–5

Torkzahrani et al *Iran Red Crescent Med J*. 2015 Aug; 17(8): e28691 Effect of Acupressure on Cervical Ripening

Haire d 1996 update on obstetric drug and procedure their effect on maternal and infant outcome *birth gazette* 13.11 –

Kelly A J ,kavanagh j. Thomas (2003) Vaginal prostaglandine (PGe2 for induction of labour at term *Cochrane database of systematic review*

Mollart LJ, et al. 2017 Impact of acupressure on onset of labour and labour duration: A systematic review. *Women Birth* – Smith CA, Collins CT, Levett KM, Armour M, Dahlen HG, Tan AL, Mesgarpour B. Acupuncture or acupressure for pain management during labour. *Cochrane Database of Systematic Reviews* 2020, Issue 2. Art. No.: CD009232. DOI: 10.1002/14651858.CD009232.pub2.

Levett KM, Smith CA, Bensoussan A & Dahlen HG. (2016). Complementary therapies for labour and birth study: a randomised controlled trial of antenatal integrative medicine for pain management in labour. *BMJ Open*, 2016 Jul 12;6(7):e010691. DOI: 10.1136/bmjopen-2015-010691.


- Van den Berg, I.; Kaandorp, G.C.; Bosch, L.J.; Duvekot, J.J.; Arends, L.R.; Huning, M.G.M.(2010) Cost-effectiveness of breech version by acupuncture-type interventions on BL 67, including moxibustion, for women with a breech foetus at 33 weeks gestation: A modelling approach. *Complement. Ther Med.* , 18, 67–77.
- Liao JA, Shao SC, Chang CT, Chai PY, Owang KL, Huang TH, Yang CH, Lee TJ, Chen YC.(2021) Integrative, Complementary and Alternative Medicine (CAM) in Healthcare
- RCOG Guideline n 20 march 2017 external cephalic version and reducing the incidence of term breech presentation

!

- **Correction of Breech Presentation with Moxibustion and Acupuncture: A Systematic Review and Meta-Analysis**
[Correction of Breech Presentation with Moxibustion and Acupuncture: A Systematic Review and](#)

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- *Healthcare* **2021**, 9(6), 619; <https://doi.org/10.3390/healthcare9060619>
- **Received: 12 April 2021 / Revised: 19 May 2021 / Accepted: 20 May 2021 / Published: 22 May 2021**
- (This article belongs to the Collection



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