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Acupuncture and acupressure for pain management in labour and birth: A critical narrative review of current systematic review evidence[☆]

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KEYWORDS

Acupuncture;
Acupressure;
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Summary

Background: Reviews of maternity services highlight the need for a reduction of medical interventions for women with low risk pregnancies and births to prevent the potential cascade of interventions and their associated risks. Complementary medicines (CM) such as acupuncture and acupressure have claimed to be effective in reducing interventions in labour; however, systematic reviews of evidence to date are conflicting.

Aims: To examine current evidence from systematic reviews on the topic of acupuncture and acupressure for pain management in labour and birth, and to evaluate the methodological and treatment frameworks applied to this evidence.

Methods: A search limited to systematic reviews of the MEDLINE, CINAHL, PUBMED, EMBASE and Cochrane databases was performed in December 2013 using the keywords 'CAM', 'alternative medicine', 'complementary medicine', 'complementary therapies', 'traditional medicine', 'Chinese Medicine', 'Traditional Chinese Medicine', 'acupuncture', 'acupressure', cross-referenced with 'childbirth', 'birth', 'labo*r', and 'delivery'. The quality of the evidence is also evaluated in the context of study design.

Results: The RCTs included in these systematic reviews differed in terms of study designs, research questions, treatment protocols and outcome measures, and yielded some conflicting results. It may be inappropriate to include these together in a systematic review, or pooled analysis, of acupuncture for labour with an expectation of an overall conclusion for efficacy. Trials of acupuncture and acupressure in labour show promise, but further studies are required.

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Conclusion: The use of current systematic reviews of the evidence for acupuncture and acupressure for labour and birth may be misleading. Appropriate methods and outcome measures for investigation of acupuncture and acupressure treatment should more carefully reflect the research question being asked. The use of pragmatic trials designs with woman-centred outcomes may be appropriate for evaluating the effectiveness of these therapies.

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Background

Birth is a complex cultural, social and physical event, and evidence suggests that acupuncture and acupressure may be effective for managing pain in labour. The pain experienced in labour is affected by the processing of multiple physiological and psychosocial factors,^{1,2} and where labour is proceeding normally, does not reflect an abnormal pathological process. Perceptions of labour pain intensity vary, and interventions used in pain management can have a primary focus of helping women to cope with pain in labour and in relieving pain.³ The intent of pain relief in labour from pharmacological interventions is to relieve pain and for non-pharmacological methods to cope with pain,³ although their intent and aims can vary with treatment administered.

Over the past decade there has been a significant rise in the use of pharmacological pain relief in labour.⁴ Reviews of maternity services emphasise the fact that high level medical management and interventions in normal birth are accelerating,^{5–10} despite a reported plateau or slight decline in the benefits that these interventions confer to maternal and neonatal outcomes.¹¹ These interventions also have the potential to trigger a ‘cascade’ of interventions during the birth process.^{5,8,12} Australian Federal and State policy directives,^{5,8,10,13} have focused on the need to increase normal births by reducing interventions such as induction, caesarean section and pharmacological pain relief, while increasing birth options and expanding continuity of care models, with more education and support to improve outcomes for mothers and babies. With increased technological management of labour, women are reported to have less autonomy,¹⁴ less control,¹⁵ less decision making capacity,¹⁶ lower capacity for consent,¹⁷ as well as reported dissatisfaction¹⁸ and less education about ‘physiological’ ways to facilitate a normal labour.¹⁹ These are important components of labour and birth to address when evaluating the outcomes of treatment interventions.

Complementary medicine (CM) and CM therapies are growing in popularity in Australia, particularly among

pregnant women.^{4,20–22} Evidence suggests that acupuncture and acupressure may be effective for managing pain in labour and birth^{11,23–25} and may help to reduce rates of medical intervention, and the associated morbidity and mortality that are being reported in reviews of maternity services, both in Australia and internationally.^{5–10}

The evidence for acupuncture and acupressure has focussed on assessing the efficacy and effectiveness of these interventions on pain relief, pain management, and research examining the supportive role of these interventions for women during labour. Over the last decade four systematic reviews for acupuncture and acupressure on pain relief or pain management in labour and birth have been published.^{25–28} Many of the trials included in these reviews were designed to address the research questions using placebo or sham controls with the aim of isolating the ‘active ingredient’^{29,30} and are based on reductionist biomedical assumptions.³¹ These trial designs have dominated acupuncture studies to date and have yielded some very interesting and relevant results.^{30,32–34} The focus on specific parameters of acupuncture intervention, such as use of narrow outcome measures, use of sham or minimal acupuncture as controls, and the lack of patient centred outcomes have resulted in research designs that may not capture the broader effects of acupuncture.^{30,33–35} These broader effects reflect acupuncture as a complex intervention³¹ and include the context of care.³⁶ Within maternity care, the broader effects could include: the supportive role of acupuncture in the process of labour and birth; focused time and physical touch from partners and midwives; changes in requirement for medication; changes in relaxation or energy levels; changes in concepts about the benefits of a natural labour; choice of birth position; and feelings of involvement in decision making, autonomy and control. This may represent the idea of acupuncture as a ‘whole systems of medicine’^{34,35,37} To ignore these aspects of treatment may lead to an underestimation of the effectiveness and usefulness of the treatment in clinical practice.³⁸

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