

THE USE OF ACUPUNCTURE AS A ROUTINE PRE-BIRTH TREATMENT

by Debra Betts

Introduction

Pre-birth acupuncture refers to a series of treatments in the final weeks of pregnancy to prepare women for childbirth. Research¹ has demonstrated that the mean duration of labour in a group of women giving birth for the first time was reduced from 8 hours and 2 minutes in the control group (70 women) to 6 hours and 36 minutes in the group of 70 women who had received pre-birth acupuncture. In clinical practice acupuncture is an ideal method to help women prepare themselves to have the most efficient labour possible. Feedback suggests that pre-birth acupuncture offers a range of positive effects in labour that goes beyond reducing the time spent in labour, with midwives reporting a reduced rate of medical intervention. This article outlines the use of pre-birth treatments in clinical practice in the hope that this will encourage practitioners to promote this practical treatment.

Western medical information

In preparation for birth, a woman's doctor or midwife will usually recommend weekly visits when the gestational age of 36-37 weeks has been reached. During these visits the foetus is checked to detect its position and heartbeat. Monitoring is carried out for gestational diabetes (a form of diabetes that can develop during pregnancy and will usually resolve post birth) and pregnancy induced hypertension (also known as pre-eclampsia, a collection of symptoms including high blood pressure, oedema and protein in the urine that if left untreated can lead to problems such as small for dates babies and eclamptic fitting in the mother).

'Minor' discomforts that the women may be experiencing around this time, and which are considered normal, include heartburn, constipation, varicose veins, haemorrhoids, leg cramps, bleeding gums, nasal congestion, nosebleeds, backache, swelling of the hands and feet, difficulty in sleeping and increased anxiety and tiredness. It is also considered normal for the woman to have profuse transparent leucorrhoea, and to experience frequent urination as the baby drops and places further pressure on her bladder. On the plus side her breathing should become easier at this time as the baby descends further into the pelvis. Termed 'lightening', 'dropping' or 'engagement', this descending typically occurs two to four weeks prior to delivery in a first pregnancy, though it may not occur until birth in subsequent pregnancies.

From about 37 weeks onwards, a woman's preparation for labour usually consists of attending educational antenatal classes, talking through her plans and fears with her midwife or doctor and trying to rest as much as possible.

Traditional Chinese medicine

Traditional Chinese medicine has a long history of advocating that women modify their lifestyle throughout pregnancy, to ensure healthy babies and efficient births. This has involved advice on regulating physical activity, following dietary guidelines and maintaining a calm emotional state.

An early reference to this practice exists in the *Records of the Historian* which tells how the mother of the first emperor of the Western Zhou dynasty (11th century to 771 B.C.E.) refused to look upon adverse colours, hear indecent sounds, or the utterance of any arrogant words, and because of this she gave birth to a son who achieved great things². Later references to what became known as 'foetal education' included recommendations that pregnant women abstain from the use of non-prescribed medications, all alcohol and lifting heavy objects. Advice was also given on taking frequent leisurely walks and regulating sleep (avoiding both excessive sleep and undue fatigue). Abstaining from the seven passions, the five unfavourable tastes and all sexual activity was also seen as essential².

Dr. Xu Zi Cai (493-572 C.E.) detailed beneficial and detrimental foods for each month of pregnancy. During the second month of pregnancy, for example, the mother should avoid pungent, hot or drying foods, and if women experienced abdominal or umbilical fullness and a bearing down sensation in the third month, rooster soup should be taken³. As a woman approached the completion of her pregnancy, Dr. Xu Zi Cai advised that she concentrate her qi in the lower dantian, three cun below her umbilicus, to promote the growth of the foetus's joints and its mental development.

This interest in promoting optimal conditions during pregnancy, and in preparing for an efficient birth has continued to the present day in traditional Chinese medicine, with the emphasis on a women's qi and blood prior to delivery ("if the qi is correct and if the blood is circulating well labour is described as harmonious"⁴).

Acupuncture sessions prior to labour provide an ideal opportunity to ensure that the qi and blood, the five emotions and the zangfu are all in harmony.

Clinical practice

Acupuncture can be used in two main ways in the later stages of pregnancy. Firstly, specific pre-birth treatments, in the form of a standard set of points, can help prepare a woman's body for birth, with an emphasis on preparing the cervix and pelvis for labour. Secondly, treatment can be given to deal with medical conditions such as pregnancy induced hypertension, and symptoms such as heartburn and haemorrhoids.

Using a standard set of acupuncture points once a week for three weeks prior to the woman's due date is an accepted practice in German hospitals where acupuncture is practised. Midwives who have trained in a special acupuncture course use Yanglingquan GB-34, Zusanli ST-36 and Sanyinjiao SP-6, with Zhiyin BL-67 as an added point on the woman's third visit.

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Other formulas used elsewhere for this purpose are i. Zusanli ST-36, Yanglingquan GB-34, Sanyinjiao SP-6 and Shenmai BL-62⁵, and ii. Zusanli ST-36, Yanglingquan GB-34, Shenmai BL-62 and Jiaoxin KID-8⁶.

For many years my use of pre-birth treatments in clinical practice involved women who had experienced problems with a previous birth, and were seeking to make their subsequent delivery as natural as possible. While my own follow-up of these women's resulting birth experiences was positive (with the majority reporting an efficient labour), I remained reluctant to promote the general use of pre-birth treatments. My concern was that women seeking acupuncture had prepared for their birth in many other ways, for example finding supportive midwives, practising yoga for pregnancy and taking homoeopathic medicines, and I was unsure how to accurately measure the effects of pre-birth treatment against these. However, after running an acupuncture course for midwives in 1997, I received feedback suggesting that pre-birth treatment was more than just a useful support to reassure concerned women. The midwives suggested it should be offered to all birthing women, reporting that it consistently increased the chances of women experiencing a natural efficient labour. They commented that the time women spent in active labour was notably shorter than in those that did not receive treatment, and felt that the effect of introducing pre-birth acupuncture as part of midwifery care had contributed to reduced intervention rates, including medical inductions and caesarean sections.

Point prescription

Treatment was given by midwives once a week, from 37 or 38 weeks until delivery. The acupuncture points used were taken from research¹ concluding that the use of the acupuncture points Zusanli ST-36, Yanglingquan GB-34, Shenmai BL-62 and Sanyinjiao SP-6 once a week for several weeks prior to a woman's due date effectively reduced the time women spent in labour.

All points were needled bilaterally, with the woman sitting over a chair, or unilaterally, with the woman lying comfortably on her side. They were used with an even needling technique and usually retained for 20 minutes.

Jiaoxin KID-8 could be substituted for Sanyinjiao SP-6 if the midwife was concerned about using Sanyinjiao SP-6 (see below).

If the baby's position was not optimal (that is posterior or remaining high) Kunlun BL-60 or Zhiyin BL-67 was substituted for Shenmai BL-62 by some midwives.

I was initially concerned that although Sanyinjiao SP-6 was used in the above research, it might potentially have the effect of promoting a premature labour or a labour that was excessively rapid in certain women. It must be noted that although women may be under the impression that the faster labour is, the better they will feel about the experience, this is not necessarily true. Extremely intense rapid labours (for example three hours from start to finish in a woman having her first baby) can be very shocking for the mother, so much so that women often describe feelings of panic and thoughts that they were about to die. These extreme labours can also contribute to acute medical problems such as foetal distress and postpartum haemorrhage. There is therefore a vast difference between a labour that is short and efficient, and a rapid uncontrolled labour, potentially resulting in medical problems.

For this reason, midwives were advised to follow the guidelines I use in clinical practice when a woman presents with a labour history that includes a previous rapid birth or premature labour, which is to substitute Jiaoxin KID-8 for Sanyinjiao SP-6, to give a reduced number of pre-birth treatments to the woman, or to omit the use of Sanyinjiao SP-6 from the pre-birth treatment.

However, in treating women without a history of a previous rapid or premature labour where Sanyinjiao SP-6 is routinely used, no untoward effects have been noted. Midwives report that the use of Sanyinjiao SP-6 noticeably helps the cervix soften and dilate prior to labour commencing, a desirable outcome and one that is a positive indicator for an efficient labour.

Midwives also commented that they had observed a trend in women who received pre-birth treatment to either go into spontaneous labour around their due dates, or, if an induction was required, to respond well to acupuncture treatment for induction and progress efficiently to a natural birth.

This confirms my own clinical observation of a noticeable reduction in the number of women seeking induction treatments since I began offering pre-birth treatments.

Point discussion

- Zusanli ST-36, needled perpendicularly 1 to 1.5 cun, Used as a pre-birth point, due to its qi tonifying and blood nourishing properties.
- Yanglingquan GB-34, needled with a perpendicular or slightly oblique posterior insertion 1 to 1.5 cun. Used as a pre-birth point to help relax and soften the ligaments prior to labour.
- Sanyinjiao SP-6, needled with a perpendicular or oblique proximal insertion 1 to 1.5 cun. Used as a pre-birth point to aid in cervical dilatation.
- Jiaoxin KID-8, needled perpendicularly 0.5 to 1 cun. Used as part of a formula for pre-birth together with Zusanli ST-36, Yanglingquan GB-34 and Shenmai BL-62, possibly due to its ability to regulate the Conception (Ren) and Penetrating (Chong) vessels and assist the uterus.
- Shenmai BL-62, needled with an oblique inferior insertion 0.3 to 0.5 cun. Used as part of a formula for pre-birth treatment together with Zusanli ST-36, Yanglingquan GB-34 and Jiaoxin KID-8, possibly due to its influences over the lumbar region and hip.
- Kunlun BL-60, needled perpendicularly 0.5 to 1 cun or directed superiorly to join with Taixi KID-3, 1.5 to 2 cun. Used as a pre-birth point due to its descending action.
- Zhiyin BL-67, needled with a perpendicular or oblique insertion directed proximally 0.1 to 0.2 cun. Used as a pre-birth point for its action in promoting the optimal position of the baby for birth.

As pre-birth treatments offer the advantage of seeing a woman regularly for several weeks prior to labour, points can be carefully added to the standard treatment to deal with presenting problems such as pregnancy induced hypertension, insomnia, heartburn or posterior positioned babies. Help can also be offered for emotional problems such as frustration over a unwanted mother-in-law or friend that wants to be present for the birth, or fear and anxiety that this birth will follow the pattern of a previous birth (or a friend's birth), for example a 36-hour labour ending with an emergency caesarean section.

Care should be taken, however, not to scatter the woman's energy, and thus the number of points used should be kept to a minimum.

This is also an excellent time to advise on the benefits of preventive rest, explaining the traditional Chinese ideas on regulating physical activity and trying to maintain emotional balance to ensure that she enters birth in the best possible energetic state.

I have also found these pre-birth visits provide an ideal opportunity to discuss the use of acupressure points in labour for pain relief, and the role Chinese medicine can play in postnatal recovery.

Patient advice

The traditional Chinese medicine view is that a healthy pregnancy depends on adequate rest, a suitable diet and emotional well being. This provides a welcome alternative

middle ground to the two prevalent approaches found in modern western culture: that pregnancy is a medical problem that medicine should control, on the one hand, and that pregnancy is something that no healthy woman should let change her daily life, on the other.

The often-subtle pressure to be a "super pregnant mum" comes from a perception (from the woman herself or from those surrounding her), that all any woman really requires for a "healthy" pregnancy is a few antenatal visits. In contrast, the advice from the Chinese classic *Admonitions to Ladies* states, "A pregnant woman carries with her the finest piece of jade. She should enjoy all things, look at fine pictures and be attended by handsome servants"⁸

While the advice concerning servants may today be somewhat impractical, this passage does convey a great respect for pregnancy

Physical activity

In terms of physical activity, it is important for a woman to find a form of gentle, stamina building exercise that suits her lifestyle. This should be invigorating but not exhausting. Suggestions include walking, swimming, Tai Chi or yoga classes designed for pregnancy. It is also just as important for women to be able to rest before becoming exhausted. In the latter stages of pregnancy it is suggested that a woman creates a "down time" during the day when she can just rest or have a sleep. Whatever a woman's experience of labour is going to be, it will not be enhanced by feelings of tiredness and exhaustion.

Diet

Dietary recommendations include avoiding spicy, pungent and greasy foods. I often find there is a problem with excessive mucus production in the later stages of pregnancy, as women tend to increase their consumption of damp producing foods (for example dairy products, rich meats, bananas and concentrated juices, especially orange and tomato) in the belief that these are healthy and that they need the extra calcium or iron these foods provide.

Emotions

While women may not want to go to the extent of avoiding all of the "seven passions" (which includes avoiding sex until after the birth), it is useful to ask women to pay attention to activities that upset them, instead of dismissing these feelings as "just hormonal". It might be helpful to avoid watching disturbing films, reading sad books, or listening to negative news reports and instead where possible concentrate on more positive events.

Clinical experience from midwife's practice

One

One aspect of the acupuncture course for midwives that has been particularly useful in my practice is the use of pre-birth treatments. I believe that this has made an impact

on the birth experience of the primigravida women who have received the treatment. All first-time mothers under my care, from October 2000 to February 2001, agreed to have pre-birth acupuncture, once a week for three weeks. These were their outcomes:

Janice: normal birth, five-hour labour.

Andrea: normal birth, nine-hour labour.

Robin: normal birth, six-hour labour.

Suzette: normal birth, seven-hour labour.

Nicky: water birth, seven-hour labour.

Rachael: normal birth, seven-hour labour.

Janice went overdue and received two consecutive days of acupuncture treatment for induction (Ciliao BL-32, Sanyinjiao SP-6 and Hegu L.I.-4). She went into labour spontaneously on the third day. Ciliao BL-32 was used with success for an anterior lip during her labour. (Anterior lip is when during the later part of the first stage of labour the cervix becomes swollen, and is unable to fully dilate to allow the baby to descend. As the woman is in the later stages of labour she will have the urge to push but will be told by her midwife not to as she is effectively just making the lip more swollen by forcing the baby's head onto the cervix. This becomes a problem during labour as it is very uncomfortable for the woman and delays progress).

During labour Andrea remained 6cm dilated for three hours. Ciliao BL-32, Sanyinjiao SP-6 and Hegu L.I.-4 were used, and one hour later she was actively pushing.

Nicky Costello – Midwife

Two

I have been using Zusanli ST-36, Yanglingquan GB-34, Sanyinjiao SP-6 and Kunlun BL-60 as pre-birth treatments at 37, 38 and 39 weeks gestation.

I also often include Taichong LIV-3, Yintang (M-HN-3) and Baihui DU-20 to help relaxation and enhance the woman's calmness in this anticipatory time.

I have found that this is also a great time to chat while waiting for the treatment to be completed.

I have found that the women who have had this preparatory acupuncture usually come into labour before 42 weeks gestation and have an efficient labour. They make good progress and do not usually stop and start. The cervix is usually quite effaced by the time they reach 3cm dilatation and progress is often swifter than in those women who have not had any acupuncture. I do notice a difference between those who have had the pre-birth acupuncture in that even if the head is 'high' and will not come down (despite using Jianjing GB-21), or if the position is posterior (and has not responded to Zhiyin BL-67) so that women end up having a caesarean section, those women who have had acupuncture will have a much more favourable cervix than those who have not.

Liz Brunton - Midwife

Three

Beverly had a history of long labour, going 2 weeks overdue with all her previous 3 children and requiring medical

inductions for 2 of them. She was very keen to try pre-birth acupuncture for this pregnancy, as in her opinion it could only help.

At 37 and 38 weeks Zusanli ST-36, Yanglingquan GB-34, Shenmai BL-62 and Jiaoxin KID-8 were used.

At 39 weeks Sanyinjiao SP-6 was substituted for Jiaoxin KID-8 and Jianjing GB-21 was added.

At 40 weeks Jianjing GB-21, Zusanli ST-36, Sanyinjiao SP-6, Hegu L.I.-4, Taichong LIV-3 and Ciliao BL-32 were used.

Beverly went into spontaneous labour 2 days later. I used Hegu L.I.-4 and Sanyinjiao SP-6 when she arrived in the delivery suite, as the contractions seemed to have spaced out. Within half an hour they were coming more frequently and more regularly.

She had her quickest ever labour (8 hours and 18 minutes) and it was her first-ever drug-free labour.

Karen Wakelin – Midwife

Conclusion

Pre-birth acupuncture offers acupuncturists the opportunity to promote a safe and effective treatment to promote natural labour. It is ideally suited for western style private practice and overcomes the limitations of being on call when providing acupuncture for women during labour. With acupuncturists able to use their training to provide individualised treatments, they have the possibility of offering holistic care on top of a set of prescribed treatment points. I would encourage all acupuncturists interested in supporting women through the birthing process to promote this treatment, allowing women access to the benefits of acupuncture as part of their preparation for labour.

Notes and references

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