Acupuncture in childbirth

Since acupuncture is used extensively in China for surgical pain relief, a number of Western practitioners believe it may be useful in confinement. Curiously, the Chinese do not use acupuncture for pain relief in labour, and they seem to think it odd that we westerners require analgesia for this purpose.

The research literature on the use of acupuncture for pain relief during confinement is as yet sparse, but it does contain a number of well documented clinical trials, all of which show a success rate of approximately 60 per cent. I carried out a pilot study in Liverpool some five years ago on 20 randomly chosen maternity patients and the effectiveness of pain relief in this group, on whom acupuncture was used, was compared with that of a controlled group who received either no analgesia or an injected pain killer (pethidine). We also achieved a success rate of 60 per cent. None of the patients were told that acupuncture might be used during labour and, indeed, a considerable proportion of them didn't even realise afterwards that acupuncture had been used. It is not unreasonable to expect that, with appropriate antenatal training, the success rate of acupuncture in labour could be improved upon considerably.

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The method used for analgesia involves taping onto the skin a pair of small electro-conductive pads placed in pairs: one pair just above the pubic bone on the lower abdomen and the other pair over the sacrum (the lowest part of the spine). Acupuncture needles were then inserted into a point one hand's breadth above the inner side of the ankle on each side, known as Spleen 6, and a second point one hand's breadth below the outer side of the knee, known as Stomach 36. All the needles and pads were stimulated with an electro-acupuncture stimulator, which gives patients a pleasant tingling feeling in all of these sites.

My more recent work has shown that it is possible to do away with acupuncture needles in the limbs and to use instead the so-called 'uterus' point on the ear, which is situated at the top of the ear towards the front. I have found this very useful in the control of pain during labour. I insert very small acupuncture needles into the uterus point on both sides and stimulate them electrically. Then I use a third set of pads placed at each side of the midline, approximately half way down the spine. With this method the patient is able to walk around during labour and has all four limbs free.

 Mothers using this method are generally not completely painfree during labour and feel some discomfort at the peak of each contraction. Acupuncture has never relieved the discomfort felt at the so-called transition stage from first to second stage, which only lasts a few minutes. However, the mother gets through to this stage without drugs and is usually in a much fitter state to cope with the second stage of labour, when maximum cooperation is required to push the baby out.

One incidental advantage of this method of pain control is that labour seems to be accelerated. If this was shown to be a uniform effect, the almost habitual use of an intravenous drip with Syntocinon added might be obviated.

However, putting up a drip will remain common practice since, as every doctor knows, it can be vital to have an intravenous line ready and available if things do go wrong.

In conclusion, the pain relief obtained in labour from acupuncture analgesia is not as profound as epidural pain relief. However, the
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Table 6—Stimulation-produced analgesia (SPA)
Fractured femur: open reduction 15
Tonsillectomy: post-op pain relief 12
Cataract extraction 1
Pain relief during labour 7

Table 7—Addictions
Nicotine 31(21) 68
Barbiturate 2(2) 100

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7. After five hours normal sensation returns but, owing to the action of the locally-acting steroid the pain is no longer present as the nerve is no longer inflamed and the spasm is relieved.

Neuroma points around the knee:
1. The saphenous nerve at the level of the lower border of sartorius.
2. The saphenous nerve at the branching of the infrapatellar branch.
3. The saphenous nerve at the joint level.
4. The saphenous nerve at entrance to the adductor canal.
5. The external femoral cutaneous nerve.
6. The central femoral cutaneous.
7. The medial femoral cutaneous.
8. The infrapatellar branch of the saphenous.
10. The posterior cruciate ligament.

Neuroma points for the feet
1. The sapheneus nerve at the upper end of the tibia.
2. The saphenous nerve ¼ the way down the tibia.
3. The sapheneus nerve ¾ the way down the tibia.
4. The musculocutaneous nerve at the ankle and to the calcaneum.
5. The anterior tibial nerve at the ankle.

Neuroma points for the shoulder
1. The upper subscapular nerve.
2. The lower subscapular nerve.
3. The circumflex nerve from under the deltoid.
4. The nerve to teres minor, on its ganglion.
5. The suprascapular nerve, over the supraspinatus tendon.
6. The suprascapular nerve, around the scapular spine.
7. P.P.R. of the 5th and 6th cervical segments.

Neuroma points of the elbow
1. The lateral cutaneous nerve of the forearm as it pierces the fascia.
2. The posterior cutaneous nerve of the forearm, over the ulnar.

Neuroma points of the hand
1. The posterior interosseous ganglion.
2. The radial nerve in the anatomical snuffbox for the thumb.
3. The suprascapular nerve over the supraspinatus tendon (3rd. finger).
4. The lateral cutaneous nerve of the hand.
5. The posterior cutaneous branch of the hand.
6. The central cutaneous branch.
7. The medial cutaneous branch.
8. The posterior cutaneous branch of the hand.
9. The anterior cutaneous nerve of the hand.
10. The posterior cutaneous nerve of the hand.

Other odd points that are useful
1. The auricular branch of the vagus on the right side only. This often controls vertigo.
2. The right glossopharyngeal nerve to control heartburn.
3. The ilio inguinal nerves to control impotence.
4. The lateral nerve of the penis to control impotence.
5. The P.P.R. of the thoracic nerves to control root pain. Often due to secondary carcinoma.
6. The anterior branches of the thoracic nerves.
7. The thoracic nerves for Trice's disease.
8. The Zygmatic temporal nerve to relieve pain in the eye.

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discomfort experienced by the mother is more bearable and many mothers are prepared to exchange partial pain-relief for a labour doped with drugs or for epidural analgesia, which has rare but appalling consequences if the procedure goes badly wrong. Another advantage of acupuncture analgesia is that it is a cheap, simple method which midwives can be trained to use and which obviates any potential risk to the baby.

The method still requires testing on a wider scale and it is possible that a hospital in the south of England may help to set up a clinical trial large enough to evaluate this potentially useful and harmless method of controlling labour pain.

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