Letter to the editor on obstetric acupressure and acupuncture

After reading the editorial ‘Moxibustion for breech presentation: significant new evidence’¹ and article by Vas et al.² in Acupuncture in Medicine, I wish to share some of my experiences in acupuncture for obstetric patients with the readers of this journal.

The first case was a patient I came across while on call for the Obstetric Unit. The analgesia for this patient was gas and air and transcutaneous electrical nerve stimulation (TENS). I was informed that since the baby’s head was in an abnormal position that they would take the patient for a caesarean section if she did not deliver within 2 h, when the next assessment was due. I got permission from the patient as well as the husband after explaining acupressure. Neither of them had any objections. I showed them the points I would like them to put pressure on and massage for about 2 min each. I also got the midwife involved to give acupressure as often as possible. The points used were LI4, SP6, LR3 and BL31–BL34.³⁴ When I visited the labour ward after about 2.5 h I was greeted by a happy and smiling husband and wife and also the midwife. The baby had been delivered normally about 1.5 h after the start of acupressure. I think I managed to avoid a possible caesarean section.

The second case involves a midwife who used to work with me in the hospital. She knew lot about acupuncture and was about 35 weeks pregnant with her second baby, which was breech. She did not wish to go to hospital for a caesarean section, so she rang and asked me whether I would be willing to give her acupuncture for breech presentation. There were no contraindications for acupuncture. I saw her on a Tuesday evening. I explained to her the pros and cons of breech conversion, and she had already done her homework. I gave her acupuncture at BL67 and Korean hand acupuncture (KHT) at point K–139 (0.1 cun below the midpoint of the proximal border of the nail of the fifth finger).⁵ Special KHT needles were used. The needles were left for about 20 min. The needles were stimulated every 3–5 min and after their removal moxa was applied at the above points. These special moxa cones can be placed safely on the acupuncture point and lit (KHT smokeless moxa, made in Korea). The cones were left until she experienced warmth and then removed. I took special care not to cause a burn. I also gave her a silver-plated aluminium acupressure disc to apply on the points where moxa cones were placed (New Seoam Press pellets, Koryo Hand Acupuncture Therapy Unit, Korea). I made arrangements to see her the following day. The following morning she rang me and said that the baby had turned and so she did not need to come for further acupuncture. However, I gave her moxa stick and advised her how to use it safely. I rang her about 10 days later to see how she was doing. She mentioned that following Tuesday (a week later), her baby turned breech again and she applied moxa as instructed. On the following day (Wednesday), it was in vertex presentation. From a traditional Chinese medicine (TCM) point of view, BL67 is the point where Yang changes to Yin.

The same lady rang me again when she was about 40 weeks pregnant. She did not wish to go to hospital for induction and delivery, but preferred to deliver at home. She mentioned that the cervix was thick and there were no signs of imminent onset of labour. She wanted acupuncture to induce labour. The points used were LI4, SP6, CV4 directed towards CV3 (15 mm length needles), LR3 (directed towards the ankle), KI1 (directed towards LR3) BL31–BL34 and GB21.³⁴ The needles were stimulated every 3–5 min. The length of needles used on the back was 40 mm. I also advised her to use acupressure over the points as many times as possible. I advised her to get her partner to apply acupressure on the points where the needles were placed. I gave her acupuncture once a day for 3 days and on the fourth day she had a normal delivery at home.

The third case involves a dental nurse who works with me. She was 38–39 weeks into her second pregnancy and it was very uncomfortable and tiresome. She asked whether it was possible for me to give her acupuncture to induce labour. She had no contraindication for acupuncture. I gave acupuncture on a Tuesday afternoon during my lunch break. I used the same points I used for my second patient, and advised her also to use acupressure on those points any number of times. On the following day (Wednesday) morning about 8:00 am she texted me saying she had delivered a healthy baby girl normally in hospital.

Finally, I would like to add that we should get our obstetric colleagues and midwives to learn a few points to use in labour wards, to avoid unnecessary inductions and caesarean sections saving time and money when hospitals are short of cash. However, convincing obstetric administrators, doctors and midwives on the use of acupuncture in the obstetric unit may not be easy.

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