ACUPUNCTURE IN LABOUR

by Zita West

Introduction

The use of complementary therapies is growing faster than ever, and pregnancy and childbirth is one of the key areas. Women are increasingly keen to know about the use of acupuncture for the common ailments of pregnancy antenatally, and particularly for pain relief during labour. They are understandably reluctant to take drugs during pregnancy, and acupuncture is an obvious drug-free choice, with no side effects.

The effective use of acupuncture requires the practitioner to have a detailed understanding of the points used in pregnancy and the ability to needle them accurately. However I firmly believe that it is not only the use of acupuncture and the appropriate points that can be of good effect, but also that the acupuncturist’s understanding of the mother’s behavioural patterns and emotional needs is vital too. Insight into the mother’s emotions helps to guide the acupuncturist in determining the points to use and the overall approach to adopt.

The use of acupuncture during labour is something of a European development which began in the 1970’s, since acupuncture is not commonly used to relieve the pain of labour in China.

Preparation

Before going into labour room with your patient, be aware of the following points:

Create a pleasant environment

- Talk to the mother before she goes into labour to find out what would help her be relaxed. Get her to bring her own music, bean bags, cushions, chairs - anything that she feels would make her comfortable. It is very important to allay fear: arrange her surroundings (subdued lighting for example) to help her feel quiet and calm.
- Decide who will give instructions to the mother: too many people advising can be distracting and confusing.
- The mother is more relaxed in her own home environment, in familiar surroundings and with the possibility of much more intimacy with her partner and children. She is likely to be in a better emotional and physical state.

Establish a rapport with the midwives

Communicate your needs and intentions to the midwives, so that there is no break-down in communications. Keep in contact with the midwives about the progress of labour, e.g. dilatation of the cervix.

Explain to the staff

Explain what you intend to do, for example where you intend to put the acupuncture needles. Explain the uses of acupuncture for labour and what you feel you can help with realistically, for example increasing the strength of contractions, alleviating pain or reducing stress levels.

Shift changes

Shift changes might happen three times while you are there. Give a report at the end of each shift to the staff, explaining how you are progressing with the treatment.

Labour Terms Explained

These are some terms you may hear or procedures you may observe during the first stage of labour on a labour ward.

- CTG (Cardio-tachograph)
  This is a machine which monitors the baby’s heartbeat and is attached on the mother’s abdomen in two places, one to monitor the contractions and one to monitor the baby’s heart beat. The normal foetal heart rate is between 120 and 160 bleeps per minute.
- ARM (Artificial Rupture of Membranes)
  This may be done during the first stage of labour using amni hooks. These are small plastic hooks which nick the membrane to allow fluid out - it is not a painful process.
- Partogram
  A chart the midwife fills in to measure contractions, record blood pressure and the descent and position of the baby’s head, e.g. occipital posterior or occipital anterior.
- Pain Relief
  Offered during the first stage of labour: injections of pethadine, an epidural or sometimes Entinox, which is gas and air.
- Vaginal Examination
  Two fingers are inserted into the vagina to see how the cervix is dilating and assess the progress of labour.
• Effacement of the Cervix  
Term for the cervix thinning out and dilating.
• IVU  
Intra-Venous Infusion, or drip.

**Labour pain**

The basic pain messages that are received by the brain during labour stem from the stimulation of sensory nerves in the uterine muscles. The primary source of pain is the stretching of the cervix. Endorphins are natural substances which are released whenever the body is physically stressed. Endorphins have three main effects:

- they modify pain
- they alter perception of time and space
- they create a sense of well being

Once labour begins the level of endorphins rises, helping the mother to cope with her contractions and to rest in between. A very relaxed mother, even to the extent of seeming 'spaced out', is a sign that endorphin levels are adequate.

**Ear points for labour**

The use of ear points in labour can in my opinion help with this altered state. The principal points are:

- Uterus: to stimulate uterine contractions
- Shenmen: for general analgesia
- Endocrine: to stimulate uterine contractions

In practice I have generally found the first two points to be sufficient.

Insert quarter inch needles into the points on one ear to the maximum possible depth, and tape them into position with micropore tape. Attach them to an electro acupuncture machine using the crocodile clips supplied with the machine. I use a V TENS, which was recommended by Gordon Gadsby Ph.D. Electroanalgesia¹. The setting for this machine is 200 pulse width and 2.5 pulse rate which gives the highest endorphin release and is comfortable for the patient, who can control the frequency herself and adjust it accordingly. The typical sensation is a warm thudding in the ear. It takes 30 to 40 minutes to build up the endorphin level for therapeutic effect.

Ear points can be inserted early on and left in place for the whole labour. I have found them to be very beneficial for women who are being induced, because starting contractions artificially does not promote the natural build up of endorphins, with the result that induced labours can be more painful. Because many women become unable to bear the pain early on, they frequently end up with an epidural. Ear acupuncture during the early phase of labour helps to get them through it.

The advantage of ear acupuncture over other points on the body, for example those specified in the ancient texts such as Hegu L.I.-4 and Sanyinjiao SP-6 is that it enables the mother to move and walk around. The box can be clipped onto her clothes and doesn’t interfere with the monitoring of the baby and her contractions. Her contractions are also likely to be better if she is mobile.

The disadvantages are few: sometimes the needles fall out and occasionally the ear may bleed, but such problems are not unique to ear acupuncture. If the mother chooses a water birth, all acupuncture needles will have to be removed.

**Boosting the mother’s energy**

Maintaining the mother’s energy during labour is very important, and helps prevent a prolonged labour. Auricular points should be all that are needed for pain relief and body acupuncture points can added accordingly to boost the mother’s energy, for example Pishu BL-20 and Weishu BL-21 together tonify the Stomach and Spleen and Zusanli ST-36 tonifies the qi generally. The back-shu points are particularly easy and accessible.

**Fear**

It is important for the acupuncturist to understand the effect of fear on labour, and how simple measures can allay fear.

When a person is frightened, adrenaline is released which produces the ‘fight or flight’ syndrome. This increases blood sugar, raises blood pressure, slows down digestion and stimulates a faster heartbeat. Adrenaline can be released in any situation where the mother feels threatened. Additionally the physiological stress of labour alarms the body and more adrenaline is released.

A poor labour environment, unnerving comments by those present or an uncomfortable physical position can all increase pain and cause anxiety. The mother may become agitated and as a result labour can slow down.
First stage of labour

The average length of the first stage of labour with a first baby is 12 to 14 hours. The first stage can be divided into three parts:

- Early labour: dilation of the cervix from 0 to 4 cms
- Accelerated labour: dilation of the cervix from 4 to 8 cms
- The transition: dilation of the cervix from 8 to 10 cms

Signs of the first stage of labour are the thinning and opening of the cervix, the start of rhythmic contractions of the uterus, the dilatation of the cervix, and sometimes a ‘show’. This can happen any time after 37 weeks.

1. Early Labour

During this stage the cervix dilates from closed to open, expanding from 0 to 4 centimetres. The baby moves deep down into the pelvis and the face gradually turns towards the mother’s back. Labour begins with regular contractions which the mother feels in the groin or low in the abdomen or back, and the uterus can be felt hardening. Sometimes there is constant backache, and sometimes the waters may leak.

Weak / Slow Contractions

Contractions in the early stages of labour last 50 to 60 seconds and can be five to ten minutes apart or even longer. They may be bearable depending on the position of the baby and the mother’s pain threshold. One of the commonest reasons to consider using acupuncture in labour is to improve weak or slow contractions. Contractions can become weak and slow for a number of reasons. In Chinese terms there is usually deficiency of qi and blood so that the use of acupuncture to boost the mother’s qi can be invaluable. If contractions do become weak and slow, the labour is likely to be prolonged because the cervix cannot dilate without good contractions. The following points are therefore good both for weak and slow contractions and a poorly dilating cervix:

- Shangliao BL-31
- Ciliao BL-32

I find these to be the key points to stimulate contractions and I use them frequently for induction of labour. They initiate contractions because they are needled straight into the sacral plexus. The easiest way to use them in labour is to get the mother to straddle a chair back-to-front, using a cushion to support her baby and the back of the chair for her to lean on. This gives you full access to her back and makes it easy to locate the points, which can be difficult to find. I use one and half inch needles bilaterally, inserted directly perpendicularly into the foramen. Stimulate all four needles manually very strongly for about ten minutes, but avoid doing so when the mother is having a contraction, since it can be too painful for her. Other points that can be added once these are in place are Hegu L.I.-4 and Taichong LIV-3. Stimulate each in turn. After ten to fifteen minutes she will probably become uncomfortable on the chair, and Hegu L.I.-4 and Taichong LIV-3 can be removed. Shangliao BL-31 and Ciliao BL-32 however may be left in place whilst the mother walks around and may still be stimulated as necessary.

Hegu L.I.-4 and Sanyinjiao SP-6 can also be used for weak contractions, but they are more difficult to use if the mother is moving around. If you do use Sanyinjiao SP-6, you should angle the needle towards the uterus. Zhiyin BL-67 may also be needled to promote contractions if the position the mother has adopted allows it.

Pain

It is important to first establish where the pain is:

- Backache
  
  Backache could mean that the baby is in a posterior position, and this can be quite painful. Needle Shangliao BL-31 and Ciliao BL-32, leaving the needles in without stimulation. You can also use a TENS machine with rubber electrodes over these points. Kunlun BL-60 is also effective but difficult to access, as the mother is unlikely to be able to keep still enough if she is suffering intense pain.

- Abdominal Pain
  
  Taichong LIV-3 in conjunction with Yanglingquan GB-34 can help if you have access to the points. The chair position described above is helpful for this.

The acupuncturist’s role in the first stage of labour

The acupuncturist will be using various acupuncture points, and moving around with the mother if she wants to be mobile. The ear points are very helpful for the first stage of labour.
Mother’s behaviour in the first stage of labour
In the early stage of labour she can be excited, nervous with anticipation, restless, maybe having twinges and inconsistent contractions. She will be walking around, and happy to make conversation. She will have a mucus discharge, and in about 20 percent of women membranes may be ruptured. She makes eye contact, is unable to sleep, likes to eat and drink as usual, and needs conversation, distraction and companionship.

Positions for labour
During the whole of the first stage it is better if the mother is upright and as mobile as possible. The upright position enables the presenting part of the baby to be well applied to the cervix which helps to trigger oxytocin and maintain contractions, and the mother will find that the contractions are much less painful. An upright position also helps to release the pelvic floor muscles and protect the perineum. She should move freely and experiment with different positions, but should be fully supported whenever necessary and her knees should be bent to avoid tiredness in her legs.

2. Accelerated Phase
Labour is now established. The cervix is dilated to 4 to 5 cm.

Mother’s behaviour in the accelerated phase
The mother may move to a lying down position, needing to rest her legs. If she is lying down, she will usually like to sit up and rest between contractions and will generally be more comfortable upright. Her partner, the midwife or the acupuncturist can help support her, keeping her upright if possible. She will avoid conversation and eye contact, and probably will rest her head and arms on the pillow. She will lose her appetite for food but become more thirsty. She will start to develop her own breathing pattern, and her behaviour will become more passive. She needs not to be disturbed: avoid noise and chatter.

Contractions
Contractions will now be 2 to 3 minutes apart, lasting 45 to 60 seconds, and will be stronger and more intense. They may become more frequent.

Acupuncturist’s role in the accelerated phase
The acupuncturist should concentrate on helping the mother conserve her energy, finding positions where she can relax fully supported - both between and during contractions. Give minimal needling and encourage her to keep drinking fluids. Back massage is very helpful at this stage, using strong pressure right into the sacroiliac. Encourage her to have a bath to help with relaxation, and to keep changing positions until she finds one that is comfortable.

Acupuncture Points
If labour is progressing well the continued use of the ear points should be sufficient. Constantly assess where the pain is and insert the needles accordingly as in the early part of the first stage.

3. Transition
Transition occurs at 8 to 10 centimetres dilatation of the cervix. Physiologically the cervix is changing from the opening out phase to the bearing down phase. It is very often the most difficult part of the labour unless the mother maintains control throughout.

Role of the acupuncturist
Try to help the mother stay calm and relaxed. Be firm with her if she starts to lose control.

Contractions
Contractions will be one and a half to three minutes apart lasting 45 to 90 seconds. This is the strongest that they will become. At this stage the ear needles can easily become dislodged as the mother thrashes around. Her pain at this point also will be different as the contractions get stronger, and she will want to push in response. She feels the pain less, so the aim of acupuncture moves from pain relief to calming and tranquillising.

Mother’s behaviour during transition
The mother’s endorphin level rises in response to pain, and she may have a sudden change in the behaviour patterns that were previously established. She may be irrational and irritable, feel out of control and unable to manage, and may be restless and needing to move. Help her experiment with different positions to find maximum comfort. She may be noisy - don’t take any abuse she gives personally! Her membranes may rupture, and it is very common during this stage for her to be shaking and vomiting.

Positions for transition
Standing or sitting will help ease much of the pain, especially towards the end of the first stage: it is easier for the mother to rest if she is well supported on pillows or a bean bag. Wet towels and back massage are helpful.

Premature urge to push
The mother may wish to push before she is fully dilated. Frequently the anterior lip of the cervix will impede full dilatation: this happens when the cervix is almost dilated fully but not quite. Midwives usually lie the woman on her side to try to stop her from pushing, but it is extremely difficult to resist the urge once it has started.

Needling Shangliao BL-31 and Ciliao BL-32 will assist in full dilatation of the cervix. If the mother is kneeling and not on her back or being monitored, it will be possible to use these points. If she is on her back Taichong LIV-3 and Yanglingquan GB-34 (the hui-meeting point for sinews) used together will help the cervix to dilate.
Second stage
The mother is now fully dilated and ready to have her baby. When the mother is pushing there is no need to use acupuncture unless her contractions start to slow. It is natural during the second stage for contractions to become less frequent, which allows the mother recuperate briefly. However, sometimes the midwife may feel that there is too long a gap between contractions. I have found it most useful to get the mother to stand up between her contractions and needle the ear point for the Bladder, again using a quarter inch needle in one ear and leaving it in place.

Other useful points at this stage are Jianjing GB-21 and Zhiyin BL-67, both of which have a strong descending movement.

Third stage of labour
This is the delivery of the placenta which usually happens within 5 minutes of the birth. Acupuncture can be used for a retained placenta although I have no experience of this. Suggested points for helping the placenta to move are Zhongji REN-3 or Guanyuan REN-4, Hegu L.I.-4, Taichong LIV-3 and Jianjing GB-21 which is an empirical point for retained placenta. It is certainly worth using acupuncture, since if the placenta does not come away there is a risk of haemorrhage and the mother may have to go to theatre to have it removed.

Notes
1 De Montfort University, Leicester.
2 A plug of mucus which can be slightly streaked with blood and comes away from the cervix prior to the start of labour. Its appearance is a good sign that there is some activity around the cervix. It can come a week or so prior to the start of labour.

Zita West is a midwife of 15 years experience. Five years ago she set up an acupuncture service within the National Health Service at Warwick Hospital, England, which continues to be successful. She runs workshops for acupuncturists on the use of acupuncture in pregnancy ante-natally and post-natally.