

## The value of obstetric acupuncture

While traditional Chinese medicine for gynaecology and fertility is frequently promoted by acupuncturists, obstetric acupuncture appears to undervalued. Obstetric acupuncture offers practitioners a unique opportunity to provide treatment options that

- Are more effective than the current western medical treatments available. This exists not only in the form of patient feedback for conditions such as muscular skeletal pain, insomnia and emotional aspects, but also in literature with research in medical journals concluding that acupuncture is safe and the treatment of choice for nausea<sup>1</sup>, pelvic girdle pain<sup>2</sup> and correction of a breech position.<sup>3</sup>
- Involves no medication. At a time when women become concerned about the possible side effects from both western drugs and alternative herbal preparations (for some women even homeopathic remedies), women who had previously not considered acupuncture will be motivated to seek treatment.
- Promotes the professional integration of traditional acupuncture within western medicine. Obstetric care involves working with a team of health professionals. In the course of monitoring the pregnancy they are able to see the effects of treatment and often become a referral base. This is especially true in the treatment of conditions such as Pregnancy Induced Hypertension and anaemia where changes can be clearly seen in biomedical markers such as blood tests.
- Involves working with a group of highly motivated women who open to making life style changes and the practice of preventive medicine. This is especially true with prebirth treatment, which has become the leading cause in my practice for women seeking treatment

Of course there is also the advantage that during pregnancy women will be networking amongst themselves discussing their pregnancy and birth, their problems and recommending treatment options, providing a solid referral base for your practice.

Perceived barriers to promoting obstetric practice appear to be that

- Practitioners will be required to be on call for labours.
- Due to “forbidden points” acupuncture is dangerous during pregnancy.
- Requires practitioners to have specialist knowledge

The requirement of being on call to attend labour is not essential. My practice grew through the use of prebirth acupuncture and teaching support people acupressure for use during labour. This resulted in interest from women, midwives and specialists due to the efficient labours the majority of these women experienced. Leading to a small study that found a reduction in medical inductions, labour times (especially women having their first baby) and caesarean sections rates in those women receiving prebirth treatment<sup>4</sup>.

Obviously there is a requirement to use acupuncture with care – the use of “forbidden points”, obstetric terms and conditions that may require medical referral are important, but does not have to a barrier to providing treatment – they form part of any specialist practice and are fully outlined in my book and covered during seminars.

The majority of research and clinical practice in obstetric acupuncture involves medical acupuncturists (midwives, physiotherapists and doctors who have completed short courses) for example it is cited in the text book *Medical Acupuncture* “Today, several thousand midwives in Germany possess, in varying degrees, extensive knowledge about obstetric acupuncture”<sup>5</sup>

While outcomes are positive they do not provide women with the full scope of care acupuncture offers.

It is vital that traditional acupuncturists promote themselves as offering this care; failure to do so runs the risk that traditional acupuncturists will be ignored within the health profession, with medical acupuncturists claiming obstetric acupuncture as their speciality.

To view articles on

Nausea during pregnancy

Pregnancy induced Hypertension

Prebirth acupuncture

Acupressure use during labour

Postnatal care

Research of acupuncture treatment during pregnancy

And a sample chapter or the text book *Essential Guide to Acupuncture in Pregnancy and Childbirth*

[Http://acupuncture.rhizome.net.nz](http://acupuncture.rhizome.net.nz)

For further information on seminars being offered in Toronto and Vancouver in March 2008

[www.prodseminars.com](http://www.prodseminars.com)

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<sup>1</sup> **Smith C**, Crowther C, Beilby J. (2002). “*Acupuncture to treat nausea and vomiting in early pregnancy: a randomized trial*”. *Birth*. 29(1):1-9.

<sup>2</sup> **Elden H**, (2005) Ladfors I, Fagevik Olsen M, Ostaard H, Hagberg H. “*Effects of acupuncture and stabilising exercises as adjunct to standard treatment in pregnant women with pelvic girdle pain: randomised single blind controlled trial*”. *British Medical Journal*;330(7494):761.

<sup>3</sup> **Cardini F**, Weixin H. (1998). “*Moxibustion for correction of breech presentation*”. *Journal American Medical Association*. 280:1580-1584.

<sup>4</sup> **Betts D** Lenox S ( 2006) *Acupuncture For Prebirth Treatment: An Observational Study of its use in Midwifery practice*. *Medical Acupuncture*. Vo 17 No 3

<sup>5</sup> **Roemer A**.(2000) *Medical Acupuncture in Pregnancy*. Thieme