ACUPUNCTURE

Key Words: Acupuncture, pain relief in labour, Qi energy, non-pharmacological analgesia, alternative therapies in labour, complementary therapies

AIM

- To provide a safe, non-pharmacological method of pain relief in labour.

BACKGROUND INFORMATION

Acupuncture is a component of traditional Chinese medicine. The technique uses fine needles that are strategically placed in more than 365 points along the 12 paired interconnected ‘meridians’ (energy channels) of the body. This is believed to regulate changes in the channels of energy balance, or ‘Chi’ /’Qi’ in the body. The Qi flows through all meridians of the body, which are connected to an internal organ, and together function as one unit in health. It is thought that if the channel flow of Qi is imbalanced, impeded, is too weak, or too strong, then an illness will occur. Pain is thought to interrupt the flow of Qi, and acupuncture is used to remove this disruption.

Current evidence (mainly linked to single trials) suggests that acupuncture may improve management of labour pain, with few side-effects. Some studies also suggest decreased labour length, use of forceps, ventouse and caesarean sections, however, further research is required to verify the effectiveness. Studying the effects of acupuncture for labour pain is difficult due to the lack of standardisation of acupuncture points, needling techniques, and the difficulty of choosing a control group.

Theories that are suggested as to why acupuncture can alleviate labour pain include:

- stimulation of the large myelinated fibres blocks the smaller fibres from transmitting painful stimuli (gate control theory)
- acupuncture alters the chemical neurotransmission in the body
- acupuncture influences the body’s natural electrical or electromagnetic fields
- endorphins are released due to the activation of the hypothalamus, and endogenous opioid production in the pituitary or brain stem

Acupuncture may be administered by:

- Manual needle stimulation
- Electrical stimulation
- Laser stimulation
- Moxibustion (burning of herbal preparations containing Artemisia vulgaris or mugwort on an acupuncture point)

KEY POINTS

1. Only Chinese medicine practitioners and physiotherapists who are registered with the National Board can practice using protected titles (e.g. acupuncturist) or
make claims to be qualified to practice.\textsuperscript{9} Registration can be checked online with AHPRA.

2. Staff to be familiar with KEMH Policy No W107 Use of Complementary Therapies.

3. There have been no reported adverse outcomes with acupuncture in labour, although there is potential risk of infection.\textsuperscript{6}

4. Acupuncture has been shown to aid relaxation, allowing women to have more control and management of their labour pain.\textsuperscript{10}

5. Acupuncture may cause some physical limitations for women in labour.\textsuperscript{1}

**MANAGEMENT**

1. Ensure the woman has signed the consent form MR 810.01 ‘Acknowledgement of Complementary Therapies’ form prior to use of acupuncture at KEMH. This is attached to the KEMH ‘Policy No W107 Use of Complementary Therapies’.


3. A trained registered acupuncturist is the only person who should perform acupuncture at KEMH.

4. Sterile, disposable stainless steel needles should be utilised to prevent infection.
REFERENCES / STANDARDS

National Standards – 1- Care Provided by the Clinical Workforce is Guided by Current Best Practice; 2- Partnering with Consumers and/or Carers to Design the Way Care is Delivered to Better Meet Patient Needs and Preferences
Legislation – Health Practitioner Regulation National Law (WA) Act 2010
Related Policies - KEMH Policy No W107 Use of Complementary Therapies
Other related documents –
- AHPRA Chinese Medicine Board of Australia (Registration of practitioners)
- Physiotherapy Board of Australia

RESPONSIBILITY
Policy Sponsor Nursing & Midwifery Director OGCCU
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