

Acupuncture for cervical ripening

A randomised controlled trial into the effects of acupuncture on cervical was published by Rabl 2001 [\[12\]](#).

Summary

The objective was to evaluate whether acupuncture at term can influence cervical ripening and thus reduce the need for postdates induction. On their due dates 45 women were randomized into either an acupuncture group (25) or control group (20).

The women were then examined at two daily intervals for cervical length (measured with vaginal trasonography, cervical mucus and cervical stasis according to Bishops score). The acupuncture group also received acupuncture every two days at the acupuncture points **Hegu LI-4 and Sanyinjiao SP-6**.

If women had not delivered after 10 days labour was induced by administering vaginal prostaglandin tablets. The time period from the woman's due date to delivery was on average 5 days in the acupuncture group compared to 7.9 days in the control group.

Labour was induced in 20 % of women in the acupuncture group compared to 35% in the control group.

There were no differences between overall duration of labour and the first and second stage of labour.

Conclusion

Acupuncture at the points Hegu LI-4 and Sanyinjiao SP-6 supports cervical ripening and can shorten the time interval between the woman's expected date of delivery and the actual time of delivery. Acupuncture comments

Treatment method

Hegu LI-4 and Sanyinjiao SP-6 were used bilaterally. The needles were inserted to achieve de qi and then retained for 20 minutes with no further stimulation.

Clinical Perspective

It was interesting that four women were delivered within 24 hours of having their first acupuncture treatment while no women in the control group delivered within 24 hours of their first examination.

It is also interesting to note that none of the women from the acupuncture group went into labour during treatment or within one hour following treatment, reflecting that it is a practical option for women to receive acupuncture in a private clinical setting.

From a safety perspective there was no difference in the number of women experiencing difficulties during delivery, with 3 women requiring a vacuum extraction and two women requiring a caesarean section from each group.