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A Summary of a Cochrane Review: Acupuncture or acupressure for induction of labour

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1. Introduction

Review authors in the Cochrane Collaboration conducted a review of the effects of acupuncture or acupressure for inducing labour. After searching for all relevant studies, they identified 7 studies comparing acupuncture to a sham (placebo) treatment, 8 studies comparing acupuncture to usual care, 1 study comparing acupuncture to sweeping of membranes, and 4 studies comparing acupressure to either usual care or a sham treatment. This summary presents the findings of the 7 studies comparing acupuncture to sham treatment.

1.1. Acupuncture and induction of labour

Labour is induced when it is believed that the mother or baby will benefit from the birth of the baby, but labour has not yet started. Labour is usually induced by mechanical (e.g., sweeping of membranes) or pharmacological (e.g., prostaglandin drip) methods. However, some of these methods are uncomfortable, and may lead to harms to the mother. Many women are interested in alternative methods to induce labour, including acupuncture and acupressure. This review was carried out to summarize the evidence on the effects of acupuncture or acupressure for induction of labour. Important outcomes to measure are whether a vaginal birth occurred within 24 hours, whether a Caesarean-section had to be done, and whether the mother or baby died or had serious harms. Additional important outcomes include whether epidural analgesia is used for pain relief, whether instruments are used to assist vaginal birth, whether other methods are used to induce labour, and how long labour lasts.

2. What does the research say?

Seven studies with a total of 795 women compared the effects of acupuncture and sham acupuncture for inducing labour. The studies were carried out in Australia, Canada, Denmark, Egypt, France, Germany, Iran, the UK, and the USA. In these seven studies,

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women in their third trimester who had not yet begun labour were randomly selected to receive either true acupuncture or sham (placebo) acupuncture to induce labour. During the sham acupuncture, acupuncture needles were placed away from the correct acupuncture points or were not allowed to penetrate the skin. Most studies used manual acupuncture only, however three studies used electrical stimulation and one study used laser acupuncture. Participants were given between one and five treatment sessions.

The studies did not have information on whether the women delivered vaginally within 24 hours. For other outcomes, the evidence from the studies ranged from high to very low quality. The quality was lower when there was not enough data from the studies (i.e. the total number of events from the studies was small), or there were inconsistencies between the studies. Based on the evidence and the importance of the differences found between acupuncture and sham treatment, some conclusions can be made. Acupuncture probably does not reduce the chance of a Caesarean section or the use of instruments to assist vaginal birth. Acupuncture does not reduce the use of epidurals for pain relief or the use of additional methods to induce labour, but it probably slightly reduces the length of labour. There were no reports of serious harms or deaths for the mothers or babies with either acupuncture or sham acupuncture (see Table 1). Additional well-designed trials are needed, and future trials should include information on safety.

3. Where does this information come from?

This summary is based on a Cochrane systematic review: Smith CA, Armour M, Dahlen HG. Acupuncture or acupressure for induction of labour. Cochrane Database Syst Rev. 2017, Issue 10. Art. No.: CD002962. DOI: 10.1002/14651858.CD002962.pub4.

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Table 1
Summary of Findings Table: Effects of acupuncture on induction of labour

What was measured	Effect when receiving sham acupuncture	Effect when receiving true acupuncture	Quality of the evidence	What happens when receiving true acupuncture
Caesarean section (8 studies, 789 people)	23 out of 100 people	On average 5 fewer people (from 10 fewer to 4 more)	⊕⊕⊕⊖ moderate ^a	Acupuncture probably does not reduce the chance of a C-section.
Epidural analgesia (5 studies, 571 people)	54 out of 100 people	On average no difference in the number of people (from 7 fewer to 10 more)	⊕⊕⊕⊕ high	Acupuncture does not reduce the use of epidural for pain relief
Instrumental vaginal birth (5 studies, 610 people)	17 out of 100 people	On average 3 more people (from 3 fewer to 11 more)	⊕⊕⊕⊖ moderate ^a	Acupuncture probably does not reduce the use of instruments to assist vaginal birth.
Use of other induction methods (5 studies, 1052 people)	40 out of 100 people	On average no difference in the number of people (from 4 fewer to 6 more)	⊕⊕⊕⊕ high	Acupuncture does not reduce the use of other induction methods.
Length of labour (3 studies, 694 people) Measured in minutes	The average length of labour ranged from 400 to 700 minutes	On average 37 minutes shorter (from 125 shorter to 52 longer)	⊕⊕⊕⊖ moderate ^b	Acupuncture probably reduces the length of labour slightly.
Serious maternal morbidity or death (1 study, 364 people)	--	--	⊕⊖⊖⊖ very low ^c	There were no maternal deaths or serious events (e.g., uterine rupture) in this study.
Serious neonatal morbidity or death (1 study, 364 people)	--	--	⊕⊖⊖⊖ very low ^c	There were no neonatal deaths or serious events (e.g., birth asphyxia) in this study.

Details about the quality of the evidence:

^aEvidence is moderate quality because there are not many events in the studies (fewer than 300 total).

^bEvidence is moderate quality because there are inconsistencies between the studies.

^cEvidence is very low quality because there are no events in the studies.