

Acupuncture for cervical ripening and induction of labor at term--a randomized controlled trial.

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OBJECTIVE: The aim of this study was to evaluate whether acupuncture at term can influence cervical ripening, induce labor and thus reduce the need for postdates induction.

METHODS: On the estimated date of confinement (EDC) women were prospectively randomized to an acupuncture group (AG) or a control group (CG). Data of 45 women were evaluated (AG, n = 25; CG, n = 20). Inclusion criteria were as follows: confirmed EDC, uncomplicated course of pregnancy, singleton pregnancy in cephalic presentation. Exclusion criteria were as follows: cervical dilation > 3 cm, active labor, premature rupture of membranes, previous cesarean section, pathologies in mother or fetus. Women were examined at 2-day intervals. The cervical length was measured with vaginal ultrasonography, cervical mucus was obtained for a fetal Fibronectin test and the cervical status was assessed according to the Bishop score. In the AG, the points Hegu (Large Intestine 4) and Sanyinjiao (Spleen 6) were pierced on both sides every second day. If women were not delivered 10 days after EDC, labor was induced by administering vaginal prostaglandin tablets. **RESULTS:** The cervical length in the AG was shorter than that in the CG on day 6 and day 8 after EDC ($P = 0.04$ for both). In the AG the time period from the first positive Fibronectin test to delivery was 2.3 days, while that in the CG was 4.2 days ($P = 0.08$). The time period from EDC to delivery was on average 5.0 days in the AG and 7.9 days in the CG ($P = 0.03$). Labor was induced in 20% of women in the AG (n = 5) and in 35% in the CG (n = 7) ($P = 0.3$). Overall duration of labor, and first and second stage of labor were not different in the two groups. In 56% of women who underwent acupuncture (n = 14) and in 65% of controls (n = 13), Oxytocin was used to augment labor. ($P = 0.54$). **CONCLUSION:** Acupuncture at points LI4 and SP 6 supports cervical ripening at term and can shorten the time interval between the EDC and the actual time of delivery.

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