



Labour (pain relief)

**1 McNabb MT et al 2006 Does regular massage from late pregnancy to birth decrease maternal pain perception during labour and birth?-
-A feasibility study to investigate a programme of massage, controlled breathing and visualization, from 36 weeks of pregnancy until birth
Complement Ther Clin Pract.12(3):222-31**

Study to evaluate a structured plan of antenatal massage and relaxation used for 35 women and its effects on maternal pain perception during labour, by measuring maternal cortisol and catecholamines, pain perception on a visual analogue scale and cord venous blood for plasma concentrations following birth. This preliminary study showed very promising results, suggesting that there is a direct link between the use of touch and its physiological impact on labour.

**2 McNeill JA et al 2006 A retrospective cohort study exploring the relationship between antenatal reflexology & intranatal outcomes
Complement Ther Clin Pract.12(2):119-25**

Randomised study to investigate the effects of antenatal reflexology on labour outcome on a small group of women who received reflexology in pregnancy and another which did not. There was no significant difference in the onset of labour or duration of labour between the two groups. The group who had four or more reflexology treatments had a reduced length of labour but this was not statistically significant. There was a significant difference in the use of Entonox between the two groups with the reflexology group having a lower uptake. Fewer women in the reflexology group had a normal labour with a higher percentage of women having a forceps delivery. Further research requires standardized treatment and outcome measurement using prospective randomized designs with large samples.

3 Smith CA et al 2006 Complementary and alternative therapies for pain management in labour Cochrane Database Syst Rev. 18;(4):CD003521.

This systematic review examined the effects of complementary therapies used for labour analgesia on maternal and perinatal morbidity. The Cochrane Pregnancy and Childbirth Group's Trials Register, Cochrane Central Register of Controlled Trials, MEDLINE, EMBASE and CINAHL were searched and included published and unpublished randomised controlled trials comparing intrapartum complementary therapies with placebo, no treatment or pharmacological pain relief. Meta-analysis was performed and outcome measures included maternal satisfaction, use of pharmacological pain relief and maternal and neonatal adverse outcomes. 14 trials were included with data on 1537 women; 1448 women were included in the meta-analysis. There were 3 acupuncture studies (n = 496), one trial on audio-analgesia (n = 24), two acupressure studies (n = 172), one on aromatherapy (n = 22), five explorations of hypnosis (n = 729), one massage trial (n = 60), and one on relaxation (n = 34). The acupuncture studies showed a decreased need for pain relief in general, while self-hypnosis decreased requirements for pharmacological analgesia, including epidural analgesia, and these women were more satisfied with their pain management compared with controls. No differences were seen for women receiving aromatherapy, or audio analgesia. It was concluded that acupuncture and hypnosis may be effective alternatives for pain relief in labour although the number of women studied so far is small. Few other complementary therapies have been subjected to proper scientific study.

4 Cho SH et al 2010 Acupuncture for pain relief in labour: a systematic review and meta-analysis BJOG.117(8):907-20

This study aimed to evaluate the evidence for or against acupuncture for labour pain management, using data from 19 electronic databases, including English, Korean, Japanese, and Chinese databases. All randomised controlled trials (RCTs) involving women receiving acupuncture alone, or as an adjunct to conventional analgesia, for pain relief in labour, were considered. Pain intensity on a 100-mm visual analogue scale and use of other analgesia were used as primary outcomes. Maternal/fetal outcomes were secondary outcomes, and adverse events were also recorded. Risk of bias was assessed regarding randomisation, allocation concealment, blinding, incomplete outcome data, selective outcome reporting, and other biases. 10 RCTs involving 2038 women were included. VAS for pain intensity data were available in 7 studies; meta-analysis showed that acupuncture was not superior to minimal acupuncture at

1 hour and at 2 hours. Women reported significantly reduced pain by 4 and 6% during electroacupuncture (EA) treatment at 15 and 30 minutes, compared with placebo EA, but the effect was not maintained afterwards. Compared with no intervention, acupuncture reduced pain by only 11% for the first 30 minutes. In trials where acupuncture was compared with conventional analgesia, women receiving acupuncture required less meperidine and other analgesia. No acupuncture-related adverse events were reported. Most trials did not blind participants, care providers and/or evaluators. The authors concluded that evidence from RCTs does not support the use of acupuncture for controlling labour pain. The primary studies are diverse and often flawed and more studies are needed.

5 Borup L et al 2009 Acupuncture as pain relief during delivery: a randomized controlled trial Birth. 36(1):5-12

This randomized controlled trial aimed to compare the effect of acupuncture with transcutaneous electric nerve stimulation (TENS) and traditional analgesia for pain relief and relaxation in labour, with respect to pain intensity, birth experience, and obstetric outcome. 607 healthy women in labour at term who received acupuncture, TENS, or traditional analgesics were included. Use of pharmacological and invasive methods was significantly lower in the acupuncture group. Pain scores were comparable. Acupuncture did not influence the duration of labour or the use of oxytocin. Mean Apgar score at 5 minutes and umbilical cord pH value were significantly higher among infants in the acupuncture group compared with infants in the other groups. It was concluded that acupuncture reduced the need for pharmacological and invasive methods during delivery and is a good supplement to existing pain relief methods.

6 Abbasi M et al 2009 The effect of hypnosis on pain relief during labor and childbirth in Iranian pregnant women Int J Clin Exp Hypn. 57(2):174-83

This study described the effect of hypnosis on pain relief during labour. Using a qualitative approach, 6 pregnant women were trained to use self-hypnosis for labour. Women described their feelings about hypnosis during labour as: a sense of relief, self-confidence, satisfaction, lack of suffering labour pain, changing the feeling of pain into one of pressure, a decrease in fear of natural childbirth and lack of tiredness and anxiety. They expressed increased concentration on the uterus and cervical muscles, awareness of all the stages of labour, and having "positive thoughts." Births were perceived as being very satisfactory compared to their previous experiences.