

Natural pain relief techniques for childbirth using



Acupressure

Promoting a natural labour and partner involvement

Debra Betts - NZRN, MBAA, NZRA

ISBN 0-473-04467-6

Acknowledgements:

My thanks to those who gave their time and experience to make this pamphlet a reality.

COPYRIGHT Debra Betts 2003 ©. All rights reserved.

ISBN 0-473-04467-6

The license attached gives people the right to distribute it entire, but not to alter it or take credit for it in any way.

INTRODUCTION

As an acupuncturist I have been promoting the use of acupressure for use during labour since 1992. At first I was somewhat sceptical as to just how effective it would be, but felt that acupressure would be at least be “helpful”.

Initially, although pleased with the positive feedback I was receiving from couples (with women commenting on a reduction in the pain of contractions and feeling more in control during labour), as an acupuncturist I considered that acupuncture would be the preferred method of promoting pain relief during labour. It wasn't until I used acupressure during the birth of my second child that I understood just what the feedback I had been receiving really meant.

This was not a case of “that feels nice” or “I think this is useful” this was “come back and press here, now!” For myself, pressure on Ciliao BL-32 appeared to half the intensity of the contractions – so long as strong pressure with my partner's knuckles was applied. This effect lasted until early transition. The difference this made to my perception of labour was unmistakable, no acupressure and within 2 to 3 contractions the intensity had dramatically increased, direct acupressure and the intensity immediately diminished. I had experienced acupuncture during my first birth (ear acupuncture and acupuncture to Ciliao BL-32 followed by tens) and while at the time I thought it was useful, acupressure provided a dramatic reduction in my pain perception. Acupressure allowed me the advantage of unrestricted movement and the option of using water during the labour and became my preferred choice for the birth of my third child.

The continuing feedback I receive from midwives and couples has led me to believe that acupressure is capable of giving results that equal if not surpass the use of acupuncture as a tool for pain relief in labour. Women consistently report a reduction in their pain combined with an overall sense of calmness and a high level of satisfaction with their birth experience.

In 1995 I followed up of a sample of 74 women that I taught acupressure to over the period of a year, 88% percent of the women attempted to use acupressure. Of these women, 86% used it successfully in labour to significantly reduce their pain. 66% using terms such as “excellent” and “brilliant” to describe the effects. Of the four couples that also tried using a tens machine, three discontinued, preferring to resume using acupressure.

The acupressure points outlined in this booklet are easy to use, promote natural labour and encourage close partner involvement. It is my hope that in the future acupressure will be offered to women as part of their routine antenatal care.

ACUPRESSURE

This booklet outlines acupuncture points and details their use in acupressure. Each point has been labelled - the letters indicate the name of the meridian pathway it lies along, and the number corresponds to the position on that meridian. Extra points have been labelled according to the body part.

In Traditional Chinese Medicine, meridians are a series of channels that carry qi (energy) through the body. These meridians are a separate system from nerves, blood vessels and lymphatic ducts. They contain over 600 points. In restoring and balancing the bodies energy through this meridian system acupuncture and acupressure promote changes to improve the way the body functions.

In traditional Chinese medicine terms, I see these acupressure points as prompting the body to work more efficiently. From a medical model, they can be viewed as, promoting the release of endorphins, blocking the pain receptors to the brain, dilating the cervix, and increasing the efficiency of the contractions.

USING ACUPRESSURE

- For the maximum benefit to be gained from acupressure, it is important that the use of these points are commenced as early as possible. Women reporting the highest satisfaction began using the acupressure points at the beginning of their labour.
- Women and their support people need to continually try different acupressure points during labour, deciding through the women's feedback which points are the most useful as she progresses through labour.
- These acupressure points are not to be used if they produce any discomfort, if effective they will produce a pleasant sensation or noticeable effect that wears off when discontinued.
- It is important for the support people to understand that this is not massage, but rather direct firm pressure to a specific area. This is a very "hands on" technique; no prior knowledge of anatomy or Chinese massage is necessary. If these acupressure points are useful women will be able to give very clear instructions to their support people exactly where and how much pressure is required.

Although I see acupressure as a useful tool for women, and one that is helpful in promoting an efficient labour, I myself never had any intention of refusing available western medical pain relief to prove that I could have a “natural childbirth”. It will be obvious to the woman and her midwife or doctor if acupressure is providing adequate pain relief, and if not, there are medical pain relief options available. It must also be remembered that not all labours will go as planned and that western medical intervention will always play an important role for a certain percentage of women in childbirth.

There are acupressure points in this booklet labelled “To be used with caution in pregnancy”. These are points that can be used to induce labour. Due to this effect they should not be used with any strong regular pressure during a pregnancy. It is possible to practice locating these points prior to labour but they are only to be used on a regular basis if the intention is to promote labour.

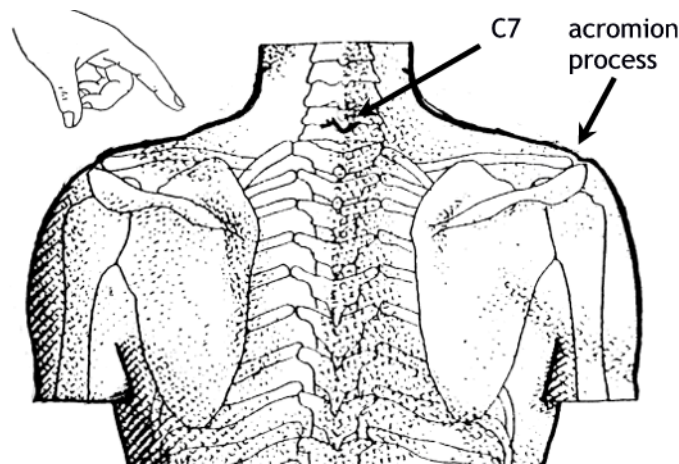
How much practice is needed I leave up to the individuals to decide. I would suggest that the support people need to feel comfortable locating the points on the woman’s body. It is essential that the support people be guided by the woman's actual feedback during labour as these acupressure points will often feel quite different then from the sensations felt during a practice session.

ACUPRESSURE POINTS FOR PAIN RELIEF IN LABOUR

JIANJING GB-21

POINT LOCATION

When you draw an imaginary line between the bony prominence of the neck (C7), and the top of the shoulder joint (the acromion process), this point lies midway along this curved line, at the highest point of the shoulder muscle. It will feel tender with a numbing/ buzzing/ warming sensation (this sensation varies with individuals). The sensation is stronger on this point than any other points along this line. You can find this point on yourself by bringing your hand diagonally across your chest and palpating with your index finger along this "imaginary line."



ACUPRESSURE TECHNIQUE

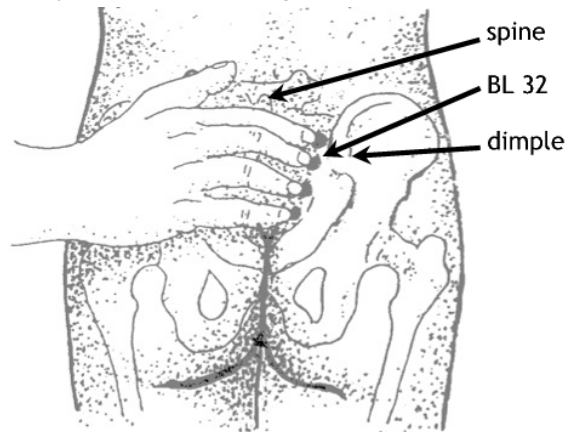
- It is important that support people apply firm downwards pressure with their thumb/ knuckle/ elbow. This acupressure point responds to pressure, massaging and rubbing the area can be irritating for women during labour.
- When using the thumbs the pressure needs to come from the arms rather than the thumb joint - otherwise people will end up with very sore thumbs.
- It is not unusual for support people to resort to using the ends of two wooden spoons, but it is preferable to start with using hands when possible. These acupressure points are usually used with the support person applying pressure using their knuckles on both shoulders together, but I know of women who have successfully used this on themselves using only one shoulder at a time.
- The pressure can be applied at the beginning of each contraction or continual gentle pressure applied that is intensified during contractions.
- This acupressure point has a descending action to aide the first and second stages of labour and can stimulate uterine contractions.

This acupressure point is to be used with caution during pregnancy

CILIAO BL-32

POINT LOCATION

This acupressure point lies midway between the dimples above the buttocks and the lumbar spine (please note that Ciliao BL-32 is not the dimple). If you cannot see the dimples clearly, it lies approximately one of the women's index finger lengths above the top of the buttock crease, approximately one thumb width either side of the spine. When you place your finger on Ciliao BL-32 you can feel the small depression of the sacral foramen where the point lies. As labour begins you can start here and as the labour progresses move down the spine (approximately one thumb width at a time moving slightly closer to the centre of the spine until as you arrive at the top of the buttock crease, your knuckles will be touching). The timing of this movement downwards will depend on the women, who will usually instinctually tell the support person to apply pressure lower as the baby descends during labour.



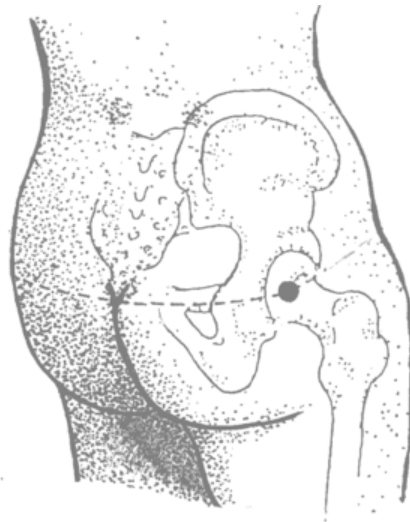
ACUPRESSURE TECHNIQUE

- The support person places their knuckles into the acupressure points and applies firm pressure. This pressure can be increased by the women rocking backwards into the support person at the beginning of a contraction.
- From feedback these appear to be the most frequently used points. Producing a pleasant “anaesthetising” effect on the strength of the contractions, noticeably “wearing off” when the pressure is discontinued and building up again when recommenced.
- There is a distinct sensation produced when you are pressing into the sacral foramen. This may be felt as a numbness, warmth, tingling, aching or buzzing. If there is sharp pain the support person is pressing on the surrounding bone and need to readjust their pressure slightly.
- It is important to note that for some women the sacral foramen are not exactly in a straight line. Be guided by the women's feedback.
- This acupressure point is most frequently used with women leaning or kneeling against a wall, table or bed. It can also be effectively used in water; it just requires a little flexibility on behalf of the support people!

BUTTOCK POINT

POINT LOCATION

This point is in a direct horizontal line from the top of the buttock crease. If you press along this line there will be a tender point approximately two thirds of the distance between the buttock crease and the hipbone.



ACUPRESSURE TECHNIQUE

- When the support person places their hands on the woman's hips they can push their thumbs into this point, helping the woman to move in rotating movements during contractions.
- This point can be used as the woman enters transition, either with direct pressure or combined with strong downward massage from Ciliao BL-32 out to this point.

HAND POINTS

POINT LOCATION

These points lie along the creases of the hands where the fingers join the palm. These are said to help release endorphins (the body's natural painkillers) into the body.



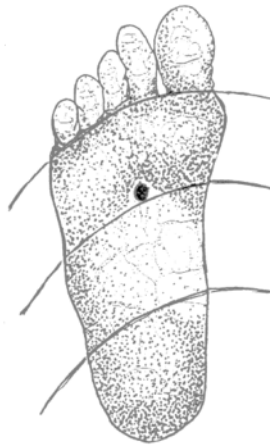
ACUPRESSURE TECHNIQUE

- Women can hold a small comb in the palm of their hand so that the teeth of the comb are touching these points. They can then grip the comb during contractions, applying pressure to the level that feels the most useful.

Yongquan KID-1

POINT LOCATION

This point lies in depression found in the top one third of the sole of the foot. It can be easily located as a depression formed when the foot is placed in planter flexion (by pulling the toes towards the sole of the foot).



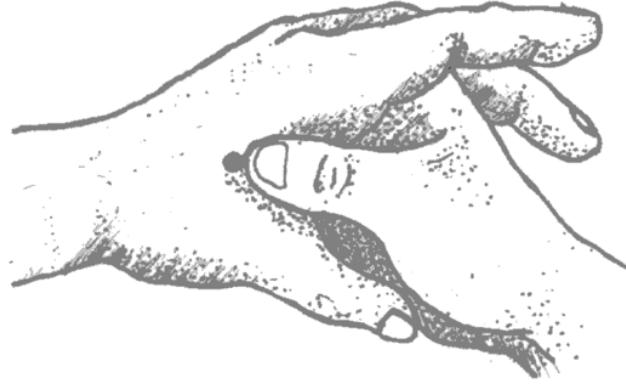
ACUPRESSURE TECHNIQUE

- The support person can place strong pressure in this depression with their knuckle, pushing inwards and upwards towards the big toe.
- This acupressure point has a useful relaxing effect and can be used at any time during labour. It has been noted as being especially useful effective in producing a calming effect during transition. It is easily accessed at this time if the woman is positioned on her knees.
- This acupressure point is especially useful during a labour where there are feelings of panic (for example, going into a labour with a unpleasant previous birth experience).
- This acupressure point can also be utilized by placing a seasickness band over the foot so that the plastic press button lies over the point. In this way the point is stimulated as the women walks around during labour.

Hegu L.I.-4

POINT LOCATION

This point is found between the first and second metacarpal bones (the bones of the thumb and first finger). It lies at the highest point formed when the thumb is brought to rest against the index finger.



ACUPRESSURE TECHNIQUE

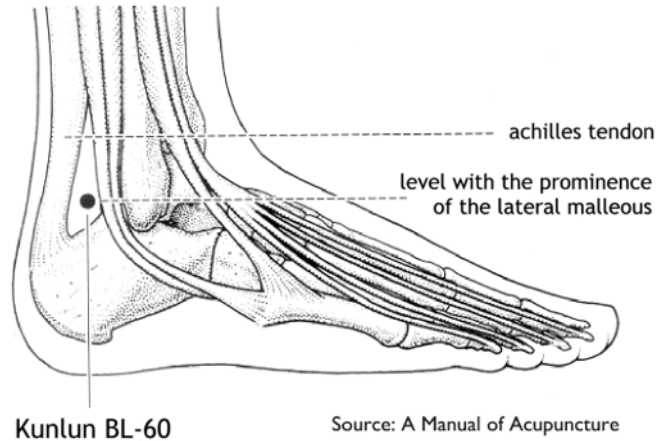
- The woman or her support person can firm pressure with their thumb. This acupressure point has a dull achy feeling when located correctly.
- Acupressure to this point can be used to providing general pain relief in labour. It can be very useful as women head towards transition. Midwives and women have reported on the effectiveness of using ice on this point (with the ice cubes placed in a small plastic bag or wrapped in a cloth and then placed over the point).
- Hegu L.I.-4 has a function of stimulating efficient contractions. It can be useful during labour if contractions are of irregular intensity.
- A useful acupressure point during the second stage of labour once the cervix has fully dilated. It aids the body's efforts to move the baby down through the birth canal and can be especially useful if women are tired and not pushing effectively.

This acupressure point is to be used with caution during pregnancy

KUNLUN BL-60

POINT LOCATION

This acupressure point is found in a depression midway between the tip of the lateral malleolus (the external ankle bone) and the outer edge of the achilles tendon.



ACUPRESSURE TECHNIQUE

- A support person can apply pressure to this acupressure point by gripping the women's ankles and applying firm pressure with their thumbs.
- This acupressure point is frequently used in the first stage of labour; it has a descending action and can be used to promote the baby to descend during labour.

This acupressure point is to be used with caution during pregnancy.

SANYINJIAO SP-6

POINT LOCATION

This acupressure point is located using four of the woman's finger widths above the tip of the medial malleolus (the shin bone on the inside of the ankle). This area will often be tender and the point is found when you slide your finger off the edge of the tibia bone, towards the inside of the leg. It is useful to press on the tibia when first locating this point as pressing on this bone produces a very different sensation from the acupressure point.



ACUPRESSURE TECHNIQUE

- The woman or support person can apply direct pressure with their index finger or thumb.
- This acupressure point has an effect in helping the cervix to dilate and can be used to help the cervix to dilate efficiently. Women having their first child or those who have experienced dilation difficulties in a previous birth might like to use this point in early labour. It can be used by applying firm acupressure on one leg at a time for approximately one minute, then using it on the opposite leg 20 - 30 minutes later. Once labour has become established (the contractions have become efficient and regular), acupressure can be discontinued.
- This acupressure point will often be tender and after using it some women report feeling their cervix stretching and contractions strengthening.

This acupressure point is to be used with caution during pregnancy.

ACUPRESSURE TO INDUCE LABOUR

WATERS BREAKING

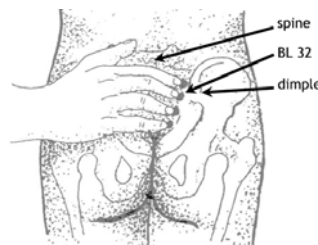
The term “waters breaking “ refers to the rupture of the membranes surrounding the baby and the gush or the leaking of amniotic fluid through the vagina. Although a significant sign of early labour, labour will not always automatically commence. Due to a possible risk of infection a medical induction will be considered if labour does not establish spontaneously.

Women need to notify their midwife or doctor immediately if their waters are discoloured that is, if they notice a brownish /greenish appearance to the amniotic fluids.

If a woman’s membranes have ruptured **Hegu L.I.-4, Sanyinjiao SP-6 and Ciliao BL-32** can be used to help establish labour.



Hegu L.I.-4 can be used in combination with Sanyinjiao SP-6 with the woman or her support person applying firm pressure to each point for several minutes at hourly or 2 hourly intervals. All four acupressure points can be used, or for practical purposes Hegu LI.-4 on one hand can be used in combination with the Sanyinjiao SP-6 point of the opposite leg. This combination can be repeated 1- 2 hours later starting with Hegu L.I.-4 on the opposite hand.



Ciliao BL-32 can also be used in combination with Hegu L.I.-4 and Sanyinjiao SP-6 with the support person applying firm downward strokes from Ciliao BL-32 through to the buttocks for 5 minutes once or twice a day

ACUPRESSURE PRIOR TO A MEDICAL INDUCTION

If it is seen as necessary by a woman's midwife or doctor to medically induce labour the use of acupressure as outlined above can be commenced three days prior to the medical induction. The aim of the acupressure is to help establish contractions and promote cervical dilation. Even if labour does not commence spontaneously, feedback from midwives suggest that a woman's cervix is more favourable following acupressure and that there is an increased chance of a woman progressing through the induction with minimal intervention.

ACUPRESSURE FOR A SOCIAL INDUCTION

Social induction is a term I use to indicate that women are interested in trying to induce labour around their due date for personal reasons. For example to coincide with a family member visiting or their partner's work commitments.

It must be remembered that due dates do not actually indicate the exact day that a baby will be born. It is only an indication of when a baby is due, in reality it is estimated that only 4% of babies will actually arrive on their due date.

While acupressure can be seen as more "natural" than a medical induction it is still an intervention. I would caution any women attempting to induce their labour for any reason other than on a recommendation by her doctor or midwife. The mechanisms that lie behind labour commencing are complex and while acupressure may be helpful in stimulating contractions this does not guarantee labour will progress efficiently.

ACUPRESSURE POINTS FOR PROBLEMS IN LABOUR

There are a variety of reasons why problems may arise in labour. These acupressure points on many cases will promote a prompt response with labour becoming more efficient within ten minutes so that further intervention is no longer required. They are given in light of the positive feedback given by midwives who use them before progressing, when necessary, on to the appropriate medical interventions. They are intended as a tool to promote the body to labour more effectively, and in no circumstances should be used to delay medical intervention when it is deemed necessary by a midwife, doctor or specialist.

POSTERIOR POSITION

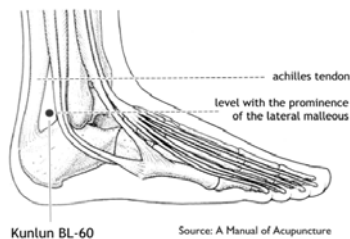
The best position for a baby to fit easily through the pelvis is one termed an anterior position. This is when the back of the baby's head and its back face anterior towards the mother's abdomen. If lying slightly to the left it is termed **LOA** or Left Occipito Anterior, if lying to the right it is termed **ROA** or Right Occipito Anterior.

If the baby is lying with the back of its head and back facing posterior towards the mother's spine it is termed a posterior position. This can be **LOP** (Left Occipito Posterior) or **ROP** (Right Occipito Posterior). In either of these positions labour may become less efficient as the baby's head is not lying in an optimal position over the cervix, delaying progress as the cervix dilates. The woman will also feel increased back pain due to the baby's back being pressed up against her spine.

Women and support people may become aware that the baby is in a posterior position before labour commences from the antenatal palpation by the midwife or doctor, during the birth due to the back pain the woman is experiencing or from the comments of their midwife or doctor.

The points below can be tried to help the baby turn into an anterior position during labour. Feedback from midwives suggests that if these points are useful labour will notably change with the contractions becoming more efficient and the back pain reducing within ten minutes.

KUNLUN BL-60 IN COMBINATION WITH SANYINJIAO SP-6

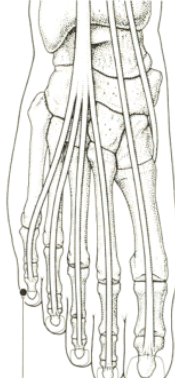


These points can be used together, placing pressure on Kunlun BL-60 for up to two minutes followed by pressure to Sanyinjiao SP-6 for up to two minutes, preferably both legs are used so that in total four points are utilised.

ZHIYIN BL-67

POINT LOCATION

This point lies on the little toe, just on the outside aspect of the toenail.



Zhiyin BL-67 Source: A Manual of Acupuncture

ACUPRESSURE TECHNIQUE

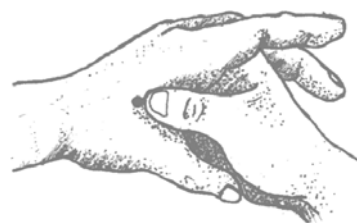
This point is usually stimulated by midwives using a very tiny needle on a plaster for each toe – termed press needles they are used by acupuncturists for ear acupuncture. In preparation for labour these may be able to be sourced from a local acupuncturist and taken into labour, just in case. When the baby presents in a posterior position during labour they can then be applied and left in place; if they feel uncomfortable they need to be repositioned. When using local pressure to stimulate the point the blunt end of a ballpoint pen or a fingernail can be used, feedback suggests the support person simply applies pressure for up to five minutes.

UNESTABLISHED LABOUR OR FAILURE TO PROGRESS

If the baby is known to be in an anterior position but labour is not progressing efficiently the following points can be used in combination to encourage efficient contractions and cervical dilatation.

SANYINJIAO SP-6 AND HEGU L.I.-4

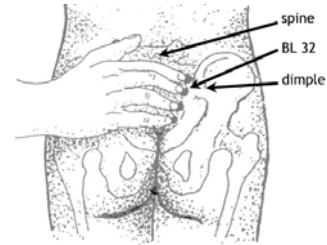
Acupressure can be used for several minutes on each point. If possible Hegu L.I.-4 on one hand can be used in combination with the Sanyinjiao SP-6 point of the opposite leg. Ten minutes later this combination can be repeated starting with Hegu L.I.-4 on the opposite hand.



CERVICAL LIP

This is when, although the woman feels the urge to push, the cervix has not yet dilated fully. The cervix then has a swollen “lip” which makes it difficult to achieve full dilation. The woman will be told not to push by her midwife or doctor.

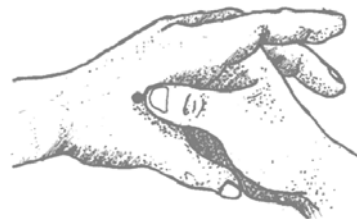
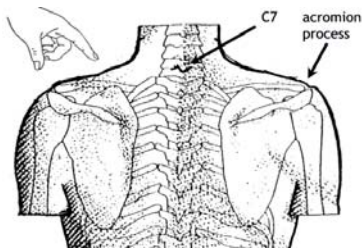
If this becomes a problem during labour **Sanyinjiao SP-6** and **Ciliao BL-32** can be used.



Strong pressure with your knuckles is applied into Ciliao BL-32 for up to ten minutes. If possible pressure to Sanyinjiao SP-6 can also be used in combination.

FAILURE TO PROGRESS DURING SECOND STAGE

If a woman is fully dilated but there are problems in pushing the baby down through the birth canal firm acupressure to **Jianjing GB-21** and **Hegu L.I.-4** can be applied for 5-10 minutes.

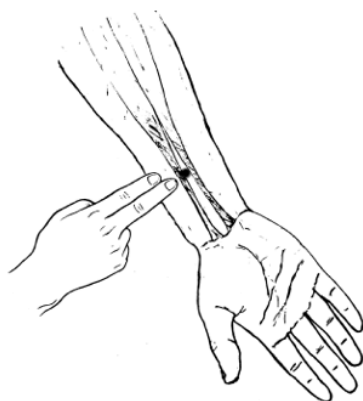


NAUSEA AND VOMITING DURING LABOUR

NEIGUAN P-6

POINT LOCATION

This point is three of the women's finger widths above the transverse crease of the inner wrist. It lies directly between the two tendons felt here. (The tendons of palmaris longus and flexor carpi radialis).



ACUPRESSURE TECHNIQUE

This can be used for mild feelings of nausea through to vomiting.

Place pressure on the point and hold until the symptoms are relieved, usually within five minutes.

You can use pressure on both wrists or only one, whatever is more practical at the time.

It is possible to buy a wristband to help apply pressure to this point. They are available through chemists and have plastic buttons on them to place pressure over the acupressure point.

Alternately you can make your own. Form a wrist band with elastic, and sew onto it a rounded button. Wear it with the rounded edge pressing into your skin. Take care that once in place the pressure exerted on the acupressure point through the button is firm but not uncomfortable.

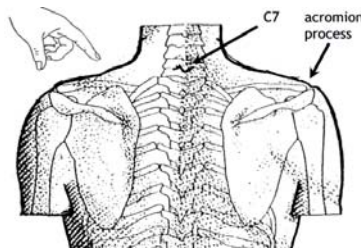
ACUPRESSURE POST BIRTH

AFTER PAINS

These are intermittent contractions that occur for several days as the uterus moves back into position following birth. They are often at their most noticeable as the baby begins to breast-feed. While these after pains may be mild after the birth of a first child they can become increasingly severe with subsequent births. Acupressure points include **Sanyinjiao SP-6**.



Acupressure to Sanyinjiao SP-6 can be used at the beginning of a breastfeed to help reduce the intensity of the contractions. Support people can apply pressure to both legs as the women begin to breast-feed or if this is not possible the women can apply pressure just before a feed. Often pressure to this point will have an almost “magical” effect in helping to lessen the pain associated with these after pains.



BREAST FEEDING

Support people can help promote efficient breast feeding by applying acupressure to Jianjing GB-21 just prior to or as the women begins to breast feed.

Acupressure to this point is used to help promote the breast milk letdown reflex. It is also located in an area where women often carry a lot of muscular tension and can be a pleasant way for support people to help women relax during breast feeding.

TESTIMONIALS

“I found using acupressure during labour brilliant. Having used acupressure I wouldn’t even consider being in labour without it. The difference was amazing - I felt a lot calmer and able to cope and much more relaxed. It was really good for me to have my partner so closely involved with each contraction - I felt connected and supported. Acupressure helped me stay focused and calm. Acupressure is safe, effective, natural and I was in control. An ideal pain management technique.”

Sarah Doherty, Wellington

“ When I went into labour with my second child, I used the acupressure points thinking they would take the edge off the pain at least. It wasn’t until I had a contraction while my husband was loading the car that I realised just how effective they were! They halved the pain and allowed me to feel more in control of things. It was easy to learn them and meant my husband got to do something very useful during the birth. The labour felt much quicker since the contractions didn’t feel as bad as the first labour, right up to transition, which meant I only used the acupressure points and didn’t need any other pain relief.”

Cathryn Skumiewski, Wellington

“ The simple technique of Acupressure enabled me to get through a short sharp labour without artificial pain relief. It also helped my partner to play an active part in the birth of our son - I’ve been recommending it flat out since my most positive experience with it! “

Ruth Oliver, Wellington

“ At first I was very cynical about acupressure’s ability to relieve the pain of childbirth, but as soon as my partner’s contractions began, it was obvious that this was really effective. She almost seemed to enjoy the contractions, as long as I was pressing very hard indeed on the right spots and not letting up for an instant. This was also the ideal way for me to feel fully involved in the birth and not get too panicky. We had a trouble-free, doctor-free labour and birth and we now have a beautiful, healthy, happy son. I’d recommend acupressure to anyone having a baby.”

Mark Derby, Wellington.

DEBRA BETTS

NZ Reg. Nurse, Lic Acupuncture British College, Diploma of Acupuncture, MNZRA

Debra is a New Zealand registered nurse qualifying as an acupuncturist in London in 1989. Returning to New Zealand she has divided her time between lecturing at the New Zealand School of Acupuncture, tutoring courses for midwives in the use of acupuncture during pregnancy and labour and a private practice where her focus is on women's health specialising in pregnancy care.

Debra and her husband have three children. The youngest two were natural deliveries, using the techniques outlined in this pamphlet.

E-mail acupressure@rhizome.net.nz

Web <http://acupuncture.rhizome/net.nz/>

ILLUSTRATIONS

Original illustrations by Tina Young

Sourced illustrations reproduced with permission from A Manual of Acupuncture, Peter Deadman and Mazin Al-Khafaji (2001)