

Case Report

Acupuncture For Preterm Labor

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Abstract

Preterm birth is the leading cause of death in children under five. (Malaina) Each year approximately 15 million babies are born before 37 weeks gestation worldwide. The highest rates are in North America and Africa. (Romero) Sadly, nearly one million preterm births result in the death of the infant each year. (Malaina) We report a 38-year-old woman whose preterm labor at 22 weeks gestation was successfully halted by acupuncture in one treatment.

Introduction

A search on PubMed for “acupuncture AND preterm labor” yields just 16 results. Only two of the queries deal with using acupuncture to stop preterm labor, both are from the 1970’s and solely one is in English. The study in English demonstrated a 91.6% success rate whereby 11 of the 12 women who were preterm labor had their labor halted. (Tsuei) The remaining search results range in focus from turning a breech presentation, progressing an established labor to dealing with labor pain using acupuncture. Treatment and prevention of preterm labor had been a long-standing challenge in allopathic medicine. Two-thirds of preterm births occur after the spontaneous onset of labor. Preeclampsia, intrauterine growth restriction and other fetal complications account for the remainder. (Romero) Neonates born preterm face a heightened risk of complications linked to immaturity of multiple organ systems, as well as neurodevelopmental disorders and vision/hearing impairments. (Poehlmann) The annual cost for preterm birth in the United States is at least \$26.2 billion per year. (Romero)

Acupuncture is growing in popularity in the United States. Although there is little study thus far on its effect to halt preterm labor, we present a case study of success. The goal is to add to the limited body of research and trigger further study into this vital area.

Patient Information

A 38-year-old Caucasian female sought acupuncture treatment for preterm labor at 22 weeks gestation. First trimester of pregnancy was characterized by intense fatigue, slight nausea all day, occasional vomiting, gas and constipation. Patient had no other health or pregnancy complications. She reported a pattern of fatigue, overthinking, having many tasks to track and some worry. Her earliest labor symptoms were light contractions that began at 18 weeks. At 20 weeks her treating obstetrician prescribed terbutaline and progesterone to slow the contractions. The drugs lessened but failed stop the contractions. Patient was placed on bedrest. At 22 weeks the light contractions became a stronger and more regular. Her cervix dilated to 2 cm and began to efface. Her belly lowered in profile and the baby moved deeper in the pelvis. Earlier on the day she received acupuncture her obstetrician advised her to go home, nap, pack a bag and return to the hospital to deliver the baby. She was informed the baby would not live long once delivered due to early gestational age. In distress, the patient sought the counsel of a friend who advised acupuncture maybe able to halt the labor. An emergent acupuncture appointment was set up a couple hours later.

Clinical findings

Upon arrival to our clinic, the patient was having contractions every 90 seconds, her belly was carrying low, she was experiencing downward pressure in her pelvis and was visibly anxious.

Diagnostic Assessment

Blood pressure was slightly elevated at 138/ 85. Heart rate 85 bpm. Notable traditional Chinese medical pulse findings: Kidney yin pulse - deep and weak. Kidney yang pulse – deep. Spleen pulse - moderately deep, weak and rolling. Heart pulse - tight. Traditional Chinese medical tongue findings - pale tongue, swollen with teethmarks, no coat and a red tip. A diagnosis of spleen qi deficiency, upright qi failing to hold, kidney qi and yin deficiency, blood deficiency and heart heat was made. From a Chinese medical perspective there was a resource issue. Her body didn't have sufficient qi, blood and yin to “finance” or secure her pregnancy.

Therapeutic Interventions

Patient laid supine on the treatment table. Clean needle technique was followed and acupuncture administered by Jeremiah Krieger, a California licensed acupuncturist on the following points: Du 20, left Lung 7, right Pericardium 6, Ren 17, Ren 12, bilateral Kidney 3, Ear Shen Men, Yin Tang, left Stomach 36 and right Spleen 10. Manual stimulation of the points was done until a “Da Qi” sensation was achieved (tingling, warmth, pulsing, heaviness, tightness or achiness). Acupressure and qigong were applied to the scalp immediately adjacent to Du 20 for 20 minutes while the patient was resting with the needles. Approximately 20 minutes into the treatment the patient's belly rumbled, moved up several inches at once, the patient burst into tears and exclaimed, “I don't know what just happened but I know my labor has stopped and my baby will be ok.” Her contractions ceased and her preterm labor stopped. Acupuncture points were then removed.

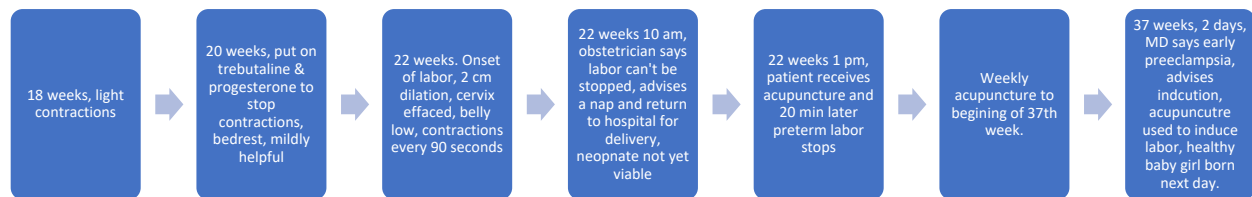
Follow-up and outcomes

Preterm labor was halted with one acupuncture treatment. Weekly follow up treatments were continued until 37 weeks gestation. At 37 weeks the patient had a slight headache, mild protein in her urine a minor swelling. Her obstetrician felt she was in the early stages of preeclampsia and advised they induce her labor. She came for acupuncture to induce labor which worked within 24 hours of treatment. A healthy baby girl born by vaginal delivery the following day.

Discussion

Based on the positive outcome in halting the preterm labor presented and the similar results reported in the Tsuei study, further investigation is warranted into the treatment of preterm labor using acupuncture. However, the small number of cases showing benefit are not sufficient to make broad conclusions. Initial indications are that acupuncture can be a safe and effective means of stopping preterm labor. Terbutaline has caused serious side effects including death in mothers / babies and is no longer recommended for stopping preterm labor. (Medline) With diminished options available, alternative means to address the crisis must be explored.

Figure 1. Timeline of events.



References

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