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Labor pain treated with acupuncture or acupressure; an update from 2016

Acupuncture and acupressure facilitate natural labor or reduced intrapartum narcotic analgesia use. Acupuncture and acupressure may be excluded from professional association practice recommendations for obstetric analgesia and anesthesia as nonpharmacologic treatment modalities. Nonetheless, in light of the prescription drug abuse milieu, acupuncture and acupressure as non-pharmacological labor pain management (NPLPM) are especially recommended for laboring patients. The current literature suggests a place for sequential obstetric acupuncture and acupressure use: Acupuncture to enhance cervical ripening, followed by noninvasive electro-acupuncture (EA) or acupressure for labor pain reduction and labor duration shortening. Bilateral acupressure at LI4 applied twice during active labor can significantly reduce visual analog scale (VAS) pain scores post intervention ($p < 0.0001$) and labor length ($p < 0.05$). Despite a trend from 1995 through 2014 of acupuncture research focusing on pain, pregnancy, and labor, with increased randomized controlled trials (RCTs), additional larger RCTs are needed to assure continued EA and acupressure use as NPLPM.

Biography

Oroma Nwanodi completed her Graduation from Meharry Medical College of Nashville, Tennessee in the United States of America as a Medical Doctor in 2001. She specialized in Obstetrics and Gynecology at University of Massachusetts and Maimonides Medical Center. In 2013 and 2014, she obtained specialization in Integrative Holistic Medicine. In 2016, she completed Doctor of Health Science program at A. T. Still University, Arizona and has practiced in California, Minnesota, Missouri, New York, and Wyoming. She has published more than 30 papers in reputed journals and serves as an Editorial Board Member of repute.

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