

Summary Tables and References from

A Review of Complementary and Alternative Medicine in Obstetrics

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Table 1A: CAM Modalities for Prenatal Nausea and Vomiting

Intervention(s); Sample Size(Dropouts and Exclusions)	Control(s); Sample Size(Dropouts and Exclusions)	Gestational Age	Primary Outcome Measured	Intervention Schedule	Blinding	Results in Comparison to Control(s) Other Reported Results
Traditional Chinese acupuncture[12]; Sham Acupuncture; n=22(5) n=22(6)		6-10 weeks	Reported VAS for nausea	15 min 2x/week for 2 weeks, then weekly for 2 weeks	Double	No decrease (p=.8), although Both Groups improved over time (p<.001)
1) Traditional Acupuncture[13]; n=115(33); 2) P6 acupuncture; n=115(33)	C1) No Acupuncture; n=107(42) C2) Sham acupuncture; n=112(36)	<14 weeks	Reported nausea, dry retching, and vomiting	20 min 2x in first week then weekly for 3 weeks	None	Decreased nausea and dry retching (p < .05), vomiting not reduced (p>.05)
Deep P6 Acupuncture[14]; n=33(5)*	Superficial non-P6 acupuncture; n=33(2)*	6-16 weeksHG	Number of emesis episodes, VAS of nausea	30 mins, 3x/day for 4 days, 2 day washout, Control for 4 days	Subject Only	Reduced emesis (p<.05), restricted nausea analysis Faster reduction of nausea (p=.032).
Manual P6 acupressure[16]; n=30	Pressure of placebo point; n = 30	<12 weeks	Reported nausea and vomiting	3 day washout, 10 min/day for 7 days	Subject Only	Decreased nausea (p=.002) No change in vomiting
Wristband P6 acupressure[17]; n=54	C1) Sham bands; n=53 C2) No bands; n=54	Not Specified	RINVR nausea and vomiting scores	2 day washout, then Worn for 4 days	Subject Only	No difference between groups for either nausea or vomiting
1) Unilateral Wristband P6 acupressure[18]; n=60* 2) Bilateral Wristband acupressure	C1) Unilateral sham acupressure; n=60* C2) Bilateral sham acupressure; n=60*	7-12 weeks	Reported Vomiting	Worn for three days in each group (I1, I2, C1, C2)*	Double	Decreased vomiting complaints (p<.05)
1) Manual P6 acupressure[19]; n = 50 (69); 2) Sham acupressure; n=52 (40)	No acupressure; n=70(49)	Not Specified (First Prenatal Visit)	Morning Sickness Incidence and Severity	5min every 4 h for four days	None	Both groups decreased Severity of sickness (p <.01), I1 decreased severity more than I2 (p<.0005)
Wristband P6 acupressure [20]; n=20	C1) Placebo acupressure; n=20; C2) No treatment; n=20	6-16 weeks	Reported VAS for Nausea	Worn for 2 weeks	Partial	Had lower scores than C1 for duration Similar to C2 for six days (p>.05) then improved (p<.05)
Wristband P6 acupressure [21]; n=Unknown (97 total)	Placebo acupressure; n=Unknown(97 total)	8-12 weeks	Change in NV symptoms	4 days washout, then worn for 4 days	Double	Significant reduction of duration (p=.018), did not reduce intensity
Wristband P6 acupressure [22]; n=16*	No treatment n=16*	<12 weeks	Reported Nausea and multiple affect adjectives	Wore for 5 days, then 5 day washout, then 5 days control	None	Reduced NV (p<.025), reduced variety of negative characteristics
1) Manual P6 acupuncture[23]; n=10 2) Manual P6 acupressure; n=11	C1) Superficial Acupuncture; n=8 C2) Placebo Acupressure; n=7	(Not Specified)HG	Assessed and Reported efficacy of NV treatment	I1) 30min/day for 7 days I2) Subject performed 30min ad lib for one week	Double	Both interventions improved treatment (p<.01)
P6 acupressure and electrical stimulation[24]; n= 95(22)	Sham device; n=92(21)	6-12 weeks	Time-averaged change in RINVR score	Worn on either wrist for 3 weeks	Subject Only	Faster improvement (p=.02) Improved weight gain (p=.003)
Ginger extract (125 mg) [25]; n = 48 (12)	Placebo; n=51(9)	<20 wks	RINVR scores	4x/day for 4 days	Double	Nausea improved on days 1, 2, 4. No difference in vomiting
Ginger syrup, 1 tablespoon (250 mg)[26]; n = 13(1)	Placebo; n=12(0)	7-11 weeks	10-point scale of nausea and vomiting	Daily for two weeks	Double	No comparative statistical analysis Overall trend suggests an effect
Ginger capsule (1.05g)[27]; n=120(26)	Vitamin B6 capsule(25mg); n=115(30)	8-16 weeks	RINVR Form 2 scores	3x/day for 3 weeks	Double	As therapeutically effective as Control
Ginger capsule (500mg)[28]; n=64(4)	Vitamin B6 capsule (10 mg); n=64(4)	<17 weeks	Nausea measured by VAS, emesis frequency	3x/day for 3 days	Double	Not different than control for nausea (p=.136) or emesis (p=.498)
Ginger capsule (250mg)[29]; n = 32(0)	Placebo capsule; n=35(3)	<17 weeks	Nausea measured by VAS, Number of emesis episodes	4x/day for 4 days	Double	Decreased nausea (p <.05), vomiting (p <.001), nausea not significant under intention to treat analysis (p=.0820)
Ginger capsule (250 mg)[30]; n = 27(3)*	Placebo capsule; n=27(3)*	<20 weeksHG	Score of Assessed Hyperemesis symptoms	Daily for 4 days, then 2 day washout, then control for 4 days	Double	Improved scores(p=.035) Specific reduction of vomiting and decreased nausea (no statistics)

RINVR=Rhodes Index for Nausea, Vomiting, and Retching; VAS=Visual Analogue Score; **I1**, Intervention group one; **I2**, Intervention group 2; **C1**, Control group 1; **C2**, Control group 2; ^{HG}=Hyperemesis Gravidarum admission ; ^=Dropouts and exclusions were not clear or specified by group *=Crossover trial where subjects served as their own controls

Table 1B: CAM Modalities used in the Prenatal Period

Intervention(s); Sample Size (Dropouts and Exclusions)	Control(s); Sample Size (Dropouts and Exclusions)	Gestation Age	Primary Outcome Measured	Intervention Schedule (Provided by Clinician unless indicated)	Blinding	Results in Comparison to Control(s) Other Reported Results
Low back pain						
Traditional Chinese acupuncture[31]; n=28(2)	Physiotherapy; n=18(12)	<32 weeks	Reported VAS of pain and disability	20min, 3x/week for 2 weeks, then 2x/week for 2weeks	None	Pain ($p < .02$) and disability reduced (statistics not provided)
Traditional Chinese acupuncture[32]; n=37(13)	No acupuncture; n=35(50)	24-37 weeks	Reported VAS of pelvic and lower back pain	Individualized regimen 1 back or 2x/week till resolution or delivery	None	Decreased PR pain ($p < .01$)
Mood Enhancement						
Massage Therapy[33]; n=14	Progressive muscle relaxation; n=12	14-30 weeks	Multiple mood and anxiety measures	Therapist provided 20 min 2x/week for 5 weeks	None	Improved mood and reduced anxiety levels
Foot Edema						
1)Relaxing reflexology[34]; n=20 [^] 2)Lymphatic reflexology; n=25 [^]	Couch rest; n = 10 [^]	>30 weeks	Multiple Foot measurements	One 15min session	Subject Only	No significant differences All groups increased well-being from pre-test values
Breech Version						
Acupuncture of BL 67 acupoint[35]; n=34	No acupuncture; n=33	34 weeks	Cephalic version rate	30min/day, 2x/week until version or 38 weeks	None	Increased at 38 weeks, 76.4% vs. 45.4% ($p < .001$) Cesarean section rate, 35.2% vs. 48.4% ($p < .001$)
Moxibustion of Acupoint BL 67 at 33 weeks[36]; n=130	Normal care: n=130	33 weeks	Cephalic version rate at 35 weeks and delivery	Partner provided 15min/side daily for one week, or 15/side 2x/day for one week	None	Increased Version (35 weeks RR=1.58 CI:1.29-1.14) (Delivery RR 1.21, CI 1.02-1.43)
Electroacupuncture of BL67 acupoint[37]; n=48	C1)Moxibustion of acupoint BL67; n=32 C2)Standard Care; n=31	>28 weeks	Correction of malposition (breech, transverse, occipitoposterior presentation)	One time bilaterally for 30min	None	Increase in correction rates
Moxibustion of Acupoint BL67[38]; n=114(6)	Standard Care; n=112(8)	33-35 weeks	Cephalic version rate at delivery	20 mins 2x/week for two weeks	None	Increase (RR=1.42 CI:1.06-1.90) Lower Cesarean Rate ($p=.03$)
Labor Induction						
Acupuncture of LI4 and SP6[39]; n=25(3)	No acupuncture: n=20(8)	40 weeks exactly	Days after EDD when delivered	One time for 20 min, induced after 10 days	None	Decrease ($p < .03$) No change in other outcomes
30Hz Electro-acupuncture [40]; n=10 [^] (11 total)	Acupuncture (not electric); n=10 [^]	41 weeks and 1 day	Frequency of uterine Contractions	One time for 2h	None	Increase (+53 vs. -9; $p < .01$)
Prophylaxis to Shorten Labor						
Raspberry Leaf tablet, 1.2 grams[41]; n=96 [^] (48 total)	Placebo tablet; n=96 [^]	32 weeks	Length of labor	2 tablets/day until delivery	Double	No significant differences No adverse effects
Prevention of Perineal Trauma						
Perineal Massage[42]; n=332 [^] (179 total)	No Massage; n=350 [^]	34 weeks	Intact perineum rate	Participant conducted for 4min, 3-4x/day until delivery	Clinician Only	No increase ($p=.073$) Increase in >30 yrs old (OR=1.93 CI:1.08-3.48)
Perineal massage[43]; n=770 [^]	Standard care; n=762 [^]	34-35 weeks	Intact perineum rate	Participant conducted 10min/day until delivery	Clinician Only	Increased trend ($p=.003$) No difference in vaginal tear rate
Perineal Massage[45]; n=10(35)	No Massage; n=10(55)	34 weeks	Intact Perineum rate	Participant or partner provide 5-10min 1x/day until delivery	Clinician Only	Increased ($p < .01$)

VAS, Visual Analog Score; **I1**, Intervention group one; **I2**, Intervention group 2

[^]Dropouts and exclusions were not clear or specified by group, entered for both controls and intervention where available

Table 2: CAM Modalities used during the Intrapartum period

Intervention(s); Sample Size (Dropouts and Exclusions)	Control(s); Sample Size (Dropouts and Exclusions)	Participant description	Primary Outcome Measured	Blinding	Intervention Schedule	Results in Comparison to Control(s) Other Reported Results
<i>Pain in Labor</i>						
Traditional acupuncture using a variety of acupoints[46]; n=106	Sham Acupuncture; n=102(2)	Term active labor	Reported VAS for pain	Participant Only	Individualized regimen, needles left in until delivery	Decreased VAS ($p < .05$) Decreased use of some analgesics ($p < .05$)
Traditional acupuncture using a variety of acupoints with analgesia[47]; n=46(5)	Standard Care with analgesia: n=44(5)	Term active labor	Assessment pain intensity and relaxation	None	Individualized regimen, needles left in for 1-3h	Improved relaxation score, not significantly different pain scores Reduced epidural use
Traditional acupuncture using a variety of acupoints[48]; n=106(1)	C1)Standard care; n=92 C2)Non-participant controls ; n=92	Term active labor	Use of meperidine	None	Individualized regimen, length of treatment varied	Decreased compared to both controls ($p < .01$) Lower use of other analgesics
1)Acupressure of LI4 and BL67[49]; n=43(7) I2)Arm Effleurage; n=42(8)	Standard care; n=42(8)	Term active labor	Reported VAS for pain	None	20min of stimulating bilateral acupoints or arms	Differences between I1 and controls in active 1 st stage of labor ($p=.041$), not significant in other stages ($p>.05$)
Massage during Uterine Contractions[50]; n=30(12)	Standard Care: n=30(11)	Term active labor	Nurse assessed behavioral intensity for pain	None	30min by partner in each phase following 30min by researcher in latent phase	Decreased ($p < .02$) for all stages of labor Decreased VAS for pain only in latent phase of labor ($p < .05$)
Massage during labor[51]; n=14	Normal care: n=14	Term active labor	Reported or assessed stress outcomes	None	20min provided by partner, hourly for 5h	Improved
1)Sterile water injection 4x0.1ml[52]; n=10(1) I2)Transcutaneous electrical stimulation; n=12	Standard care with massage; n=12	Term active labor with pain	Reported VAS for intensity and unpleasantness of pain	None	1)Administered <i>ad lib.</i> during a contraction for pain I2)Adjusted <i>ad lib.</i>	I1 decreased in both compared to I2 and control. I2 not significantly decreased compared to controls
Sterile Water injection 4x0.1ml[53]; n = 24	Saline injection 4x0.1ml; n =21	Term active labor with pain	Reported VAS for pain	Double	Administered once during a contraction	Decreased at 45min and 90min ($p < .05$)
Sterile Water injection 4x0.1ml[54]; n=141	Saline injection 4x0.1ml; n=131	Term active labor with pain	Reported VAS for Pain	Double	Administered once during a contraction	Decreased at 1 and 2 hrs ($p < .01$)
1)Intracutaneous Sterile Water injection 4x0.1ml[55]; n=33 I2)Subcutaneous Sterile Water injection 4x0.5ml; n=33	Subcutaneous Saline injection 4x0.1ml; n=33	Term active labor with pain	Reported VAS for pain	Double	Administered once during a contraction, concurrent with nitrous oxide.	I1 and I2 both decreased at 10min and 45min ($p < .05$) No differences between I1 and I2 ($p > .05$)
<i>Shortening Labor</i>						
1)Chanlibao[57]; n=80 I2)Oxytocin at 2 nd stage; n=52	No drug control; n=29	Term active labor	Duration of 2 nd stage of labor	None	I1) Given between 1 st and second stage I2)Given by IV during 2 nd stage	Decreased in both groups ($p < .01$) Not different between I1 and I2
<i>Operative Nausea</i>						
Acupressure bands at P6 acupoint with saline[58]; n=25	C1) Sham bands with saline; n=25 C2)Sham bands with metolopramide; n=25	Elective Cesarean section	Reported VAS for nausea	Double	Bands applied bilaterally during operation with 2ml Saline given by IV	Decreased compared to C1 ($p < .001$) No difference compared to C2 ($p > .05$)
Acupressure of P6 acupoints[59]; n=30	Standard care; n=30	Elective Cesarean section	Reported VAS for nausea	Clinician only	Band applied bilaterally during operation	Reduction of nausea and vomiting ($p < .05$) No difference in pruritis or dizziness
<i>Prevention of Perineal Trauma</i>						
Perineal Massage during 2 nd stage of Labor[60]; n=708	Normal care w/o massage; n=632	Term labor expecting singleton	Rate of intact perineum	None	Midwife provided massage during 2 nd phase	Not significantly different Decreased 3 rd degree laceration rate (RR 0.47, 95% CI 0.23–0.93)

VAS, Visual Analog Score; **I1**, Intervention group one; **I2**, Intervention group 2; **C1**, Control group 1; **C2**, Control group 2

Table 3: CAM Modalities used during the Postpartum period

Intervention(s); Sample Size (Dropouts and Exclusions)	Control(s); Sample Size (Dropouts and Exclusions)	Time Postpartum	Primary Outcome Measured	Intervention Schedule	Blinding	Results in Comparison to Control(s) Other Reported Results
<i>Postpartum Depression</i>						
Infant Massage Class with support group[61]; n=12(7)	Support group only; n = 13(2)	4 weeks	Median change in EPDS scores	1h per week for 5 weeks	Limited	Greater reduction ($p = .03$) Increased mother-infant interaction
<i>Breast Engorgement/Lactation Suppression</i>						
Cabbage leaf extract cream[62]; n=21	Placebo Cream: n = 3 days 18		Measures of hardness and engorgement	2h between feeds	Double	No significant effects ($p > .05$) Both groups improved from pre-test values
Application of cold cabbage leaf[63]; n = 60 [^]	Standard care; n = 60 [^]	3 days	Perception of breast engorgement	Following 4 consecutive feeds	None	No change ($p > .5$) Longer duration of Breastfeeding ($p = .04$)
I1)Water Compress[64]; n=18 I2)Tea Compress; n=21 [^] I3)Expressed Milk; n=19 [^]	Education Only; n=15 [^]	1 day	VAS of pain affect and intensity	4x/day for 7 days	None	I1 reduced both scores significantly compared to all other groups No other significant differences
Application of jasmine flowers[65]; n = 30	Bromocriptine mesy-late 2.5 mg; n = 30	1 day	Lactation score and prolactin level	Daily for 2 weeks	None	Similar lactation scores ($p > .05$), Not as effective in reducing prolactin ($P < .001$)
<i>Perineal Discomfort</i>						
I1)Arnica Montana 1:10 ⁶ dilution[66]; n=37(1) I2) A. Montana 1:10 ³⁰ dilution; n=39	Placebo; n=85	Shortly after delivery	Multiple measures of pain and mood	3 tablets 4x/day p for 2 days then 3 x/day for 3 days	Double	I2 reported more "unhappy" mood ($p < .05$) No other significant differences
I1) Lavender oil[67]; n = 134(83) I2)Synthetic oil: n = 132(81)	Inert oil; n = 120 (85)	1 day	Reported discomfort scores	6 drops in bath water daily for 10 days	Subject Only	No differences on any of the 10 days ($p > .14$) Reported pleasant experience
<i>Postpartum Restoration</i>						
Kyuki-choketsu-in herbal therapy 2gm[68]; n= 85	Ergometrine 0.375mg; n = 86	1 day	Fundal height, various plasma biochemical values	30min before each meal for 6 days	None	Significant only on day five, reduced by 1.6 cm ($p = .0071$) Decreased C-reactive protein and liver enzymes, normalized total protein and albumin ($P < .05$)

VAS, Visual Analog Score; EPDS, Edinburgh postpartum depression score; **I1**, Intervention group one; **I2**, Intervention group 2; **I3**, Intervention group 3; [^]=dropout and exclusions not specified by group