

### **Efficacy of Acupressure on the Sanyinjiao Point for Women in Active Phase Labor**

#### **Abstract:**

This study examines the reduction of pain during active phase labor. The purpose of this study was to use acupressure on the Sanyinjiao point (SP6) and document pain during active labor. A single-blind randomized study was done on 120 nulliparas women. The women were randomly assigned into two groups, a case group, and a control group. The case group received acupressure at the Sanyinjiao point for 30 minutes during contractions. While in the control group they were only tapped or “touched” at the Sanyinjiao point (right above the ankle)<sup>1</sup>. After two hours a second examination was performed. Oxytocin was administered when there were no “good forceful” contractions.<sup>2</sup> For the final parts of active phase labor the women’s pain levels, oxytocin administered (amounts varied “necessary” and “necessity”), and delivery method was measured and compared.<sup>3</sup>

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<sup>1</sup> Maryam Kashanian & Shadab Shahali (2010) Effects of acupressure at the Sanyinjiao point (SP6) on the process of active phase of labor in nulliparas women, The Journal of Maternal-Fetal & Neonatal Medicine, 23:7, 638-641, DOI: [10.3109/14767050903277662](https://doi.org/10.3109/14767050903277662)

<sup>2</sup> Maryam Kashanian & Shadab Shahali (2010) Effects of acupressure at the Sanyinjiao point (SP6) on the process of active phase of labor in nulliparas women, The Journal of Maternal-Fetal & Neonatal Medicine, 23:7, 638-641, DOI: [10.3109/14767050903277662](https://doi.org/10.3109/14767050903277662)

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When analyzing the results the study found that the mean active phase was shorter in the case study group. Also, the severity of pain for the control group was less than the case group. In conclusion, acupressure at the Sanyinjiao point was found to reduce the severity and duration of labor.

#### **Introduction:**

Giving birth is one of the most important and dangerous events in a mother’s life.<sup>4</sup> Pain relief during labor is a unique issue because labor begins without warning and some people prefer non-pharmacological pain relief. Using non-pharmacological sedation means there is a need for complementary or alternative methods to subserve pain reduction. There have been studies done that promote the use of acupressure and acupuncture during active labor to reduce pain.<sup>5,6</sup>

#### **Case Presentation:**

A single-blind randomized clinical trial was performed. The study was conducted March 2007 through September 2007, in a teaching hospital (Akbarabadi Teaching hospital) in Tehran, Iran. The inclusion criteria for the trial is as follows: “18-35,

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<sup>4</sup> Cunningham FG, Leveno KJ, Bloom SL, Hauth JC, Gilstrap LC III, Wenstrom KD. Williams Obstetrics, 22nd ed. 2005; New York, USA: McGraw-Hill. p 475.

<sup>5</sup> Lee MK, Chang SB, Kang DH. Effects of SP6 acupressure on labor pain and length of delivery time in women during labor. J Altern Complement Med 2004;10:959-965.

<sup>6</sup> Chang SB, Park YW, Cho JS, Lee MK, Lee BC, Lee SJ. Differences of cesarean section rates according to San-yin-jiao (SP6) acupressure for women in labor. Taehan Kanho Hakhoe Chi 2004;34:324-332

nulliparas, singleton, cephalic presentation, gestational age between 37 and 41 weeks of pregnancy, intact membrane, cervical dilation 3-4 cm, and proper contractions (45-60 s in 10 min)".<sup>7</sup> The exclusion criteria are as follows: "any sedation during labor, abnormal or dead fetus, any signs of fetal distress, meconium passage, previous hysterotomy or uterine scare, any medical or surgical complications of pregnancy and any drug use except for supplements, vaginal bleeding, and high-risk pregnancies".<sup>8</sup>

The patients were randomly assigned groups (A, B, C, D). Groups A and C were given treatment. While groups B and D were the control group. In the case group, acupressure was given on the Sanyinjiao point during contractions for 30 min. For the control group, the point was only touched. They used the same investigator. The severity of the pain was calculated using the Visual Analogue Scale after delivery by both groups. Two-hours after the beginning of the trial pelvic examinations were performed. In the absence of contractions, the women were given low

doses of oxytocin. Statistical analysis was done using SPSS 15.

### *Management and Outcome:*

The patients between groups A, B, C, and D did not differ significantly in age, gestational age, body mass index, educational status, the severity of pain before the intervention, and neo-natal weight and Apgar score. They also recorded the cesarean deliveries, severity of labor pain, and amount if any of oxytocin used.

### **Discussion:**

In this study, the Sanyinjiao point was used to reduce the pain and severity of active labor pain. This study found evidence that acupressure can decrease labor pain, shorten the length of delivery, decrease cesarean rates.

In conclusion, complementary and alternative therapies like acupressure can be effective ways for reducing active labor pain and could even reduce the delivery length. Acupressure is noninvasive, safe, and can be self-administered.

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<sup>7</sup> Maryam Kashanian & Shadab Shahali (2010) Effects of acupressure at the Sanyinjiao point (SP6) on the process of active phase of labor in nulliparas women, The Journal of Maternal-Fetal & Neonatal Medicine, 23:7, 638-641, DOI: [10.3109/14767050903277662](https://doi.org/10.3109/14767050903277662)

<sup>8</sup> Maryam Kashanian & Shadab Shahali (2010) Effects of acupressure at the Sanyinjiao point (SP6) on the process of active phase of labor in nulliparas women, The Journal of Maternal-Fetal & Neonatal Medicine, 23:7, 638-641, DOI: [10.3109/14767050903277662](https://doi.org/10.3109/14767050903277662)