

TABLE TWO: Acupuncture and back/pelvic pain

Author, date	Study Design	Outcome measured	Control Group (n)	Acupuncture Method and timing (n)	Additional Information	Conclusion
Ekdahl <i>et al</i> , 2010	Prospective, randomised.	Changes in back pain assessment.	N/A	Group 1: patients receiving acupuncture from gestational age 20 wks; Group 2: patients receiving acupuncture from gestational age 26 wks.	All patients receiving acupuncture for eight 30min sessions over 6 weeks. Samples numbers unknown.	Acupuncture helped reduce pain, even when started later in pregnancy when patients suffered more physical restrictions.
Wang <i>et al</i> , 2009	Prospective, randomised, controlled.	Changes in lower back pain and posterior pelvic pain.	Group 1: waiting list control group (n = 47); Group 2: sham acupuncture at 3 non-specific points (n = 54).	Patients receiving auricular acupuncture at 3 points (kidney, analgesia, and shenmen) for one week (n = 58).	Pilot Study. All patients monitored for 2 weeks. All were of gestational age 25-38 weeks.	Acupuncture significantly reduced pain and improved functional well-being. Reduced pain was sustained 1 week after ceasing intervention by the majority (but not all) patients.
Elden <i>et al</i> , 2008a	Prospective, randomised, single-blinded.	Overall perception to treatment, changes in pelvic pain and adverse outcomes.	Group 1: Patients receiving standard treatment (n = 130); Group 2: patients receiving stabilising exercises and standard treatment (n = 131).	Patients receiving acupuncture twice a week for 30mins and standard treatment (n = 125).	All treated for 6 weeks. Standard treatment consisted of education, support, pelvic belts and generalised exercises.	Acupuncture had no adverse influences on the pregnancy, mother, delivery or the fetus/neonate. Despite some reporting some minor adverse effects (headaches, drowsiness etc) acupuncture patients were more likely to report feeling satisfied with the treatment than the control group.
Elden <i>et al</i> , 2008b	Prospective, randomised, controlled. Double-blinded.	Changes in pelvic pain, discomfort, frequency of sick-leave and functional status.	Patients receiving standard treatment and sham (supervical) acupuncture (n = 57).	Patients receiving standard treatment and true acupuncture 12 acupuncture treatments, each of 30-minute duration, twice a week for 4 weeks then once a week for 4 weeks (n = 58).	All patients were of gestational age 12–29 wks. Standard treatment defined as above.	Both groups had reduced pain: true acupuncture had no significant effect on pain or on the degree of sick-leave compared with non-penetrating sham acupuncture, although there was some improvement in performing daily activities. Acupuncture's effects may be due to placebo.

Lund <i>et al</i> , 2006	Prospective, randomised, single-blinded.	Changes in pelvic pain intensity and some emotional symptoms.	Patients receiving sham (supervicial) acupuncture (n = 22).	Patients receiving true acupuncture (n = 25).	Median gestational age 26 weeks (range 18-35). All patients received 10 acupuncture treatments.	No significant difference between the two groups, but both reported decreased pain and increased energy. The degree of individual responses suggest acupuncture should be individually taylored.
Elden <i>et al</i> , 2005	Prospective, randomised, controlled. Single-blinded.	Changes in pelvic pain independently assessed and by an independent examiner before and after intervention.	Group 1: Patients receiving standard treatment (n = 130); Group 2: patients recieving stabilising exercises and standard treatment (n = 131).	Patients receiving acupuncture and standard treatment (n = 125).	Pain was assessed in the morning and evening.	Acupuncture reduced pain at all times compared to control group 1, and more than exercises in the evening. The independent examiner deemed acupuncture to better attenuate pelvic pain.
Guerreiro da Silva <i>et al</i> , 2004	Prospective, randomised, controlled.	Changes in low back pain, capacity to perform general tasks and additional use of pain-killers.	Patients receiving conventional treatment only (n = 34).	Patients receiving conventional treatment <i>and acupuncture</i> (n = 27).	Women were followed up for eight weeks and interviewed five times, at two-week intervals.	Acupuncture significantly reduced pain and paracetamol use, and increased ability to perform daily activities compared to the control group.
Kvorning <i>et al</i> , 2004	Prospective, randomised, controlled.	Changes in back and pelvic pain intensity, and pain during activities.	Patients receiving no intervention (n = 35).	Patients receiving personalised acupuncture twice a week until delivery or complete recovery (n = 37).	All patients at gestational age 24-37wks.	Acupuncture significantly improved pain variables compared to patients receiving no intervention. No adverse effects on pregnancy or neonates were observed.
Ternov <i>et al</i> , 2001	Retrospective.	Retrospective analysis of adverse and analgesic effects of acupuncture performed during the second and third trimesters.	N/A	All patients had lower back pain, pelvic pain or both. All had received acupuncture at least two different times (n = 167).	Possible adverse and analgesic effects were assessed by the midwife responsible for the acupuncture given in each patient.	21% experience transient dizziness or tiredness. Pain relief was deemed good or excellent in 72% of patients (by the midwife). No abortions or adverse effects on the neonate were reported.

Wedenburg <i>et al</i> , 2000	Prospective, randomised, controlled.	Changes in back and pelvic pain intensity, and ability to perform daily activities.	Patients receiving physiotherapy once or twice a week totalling 10 sessions within 6-8 weeks, 50 minutes each. (n = 30).	Patients receiving acupuncture 3 times a week during the first two weeks, then twice a week, totalling 10 treatments within one month, each of 30 minutes (n = 30).	12 physiotherapy patients failed to complete the study, all acupuncture patients completed.	Although overall satisfaction in both groups was good, acupuncture relieved pain and diminished disability in low-back pain during pregnancy better than physiotherapy. No adverse effects were seen.
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