

Acupuncture and Moxibustion for Breech Presentation: Summary sheet

Background

While the incidence of breech presentation is common before 28 weeks – this decreases as a pregnancy progresses; with 7-15% of babies remaining breech at 32 weeks and 3-4% at birth.¹

Usual care to turn a breech baby to a cephalic presentation may involve the use of an external rotation (ECV), a procedure that requires close medical monitoring. While this has been shown to be more successful than no treatment, the success rate remains relatively low.² However there is some evidence, although limited, that moxibustion alone or moxibustion in combination with acupuncture may assist babies turn cephalic.³ It is also known that there is an interest from women in seeking interventions such as moxibustion in order to achieve cephalic version.⁴

Moxibustion (moxa) is often recommended in acupuncture texts as a treatment for breech presentation. This is usually in the form of the herb compressed into a cigar like moxa stick. The precise mechanism by which moxa may effect a baby's position remains unknown. However moxa has been shown to emit long-wavelength infrared radiation⁵ and it is suggested that stimulation of the point BL 67 stimulates the production of maternal hormones (placental oestrogens and prostaglandin), encouraging the lining of the uterus to contract which in turn may stimulates fetal activity.⁶

In the studies to date no differences have been reported in the risk of risk of premature rupture of membranes or other pregnancy complications between groups for those receiving moxibustion and those of the control groups or those receiving usual care.³

To date there is no research available for women with twin pregnancies where the presenting twin is breech.

The Evidence Base for Moxibustion and Moxibustion with Acupuncture

A Cochrane review found limited evidence to support the use of moxibustion for correcting breech presentation (Table 1). However within these studies the length of time that the moxibustion was used and the frequency of treatment delivered varied considerably. It may be that these 'dosage' differences impacted on the findings. Only two trials examined the use of moxibustion as recommended in acupuncture texts.^{7,8} This involves using moxibustion for 15 minutes bilaterally. Trials that do not reflect the therapeutic dose delivered in clinical practice may well limit the confidence of research findings.

A finding from the research that has important considerations for clinical practice was that for two trials in western countries^{9,10} women failed to fully comply with the research protocols.

Practitioners may need to consider how to support women to complete the treatment when the concept of moxibustion is unfamiliar. Written information sheets and follow up may be required.

Although the studies using moxibustion plus positioning demonstrated positive benefits it is worth noting that two of these studies (Lin 2002; Yang 2006) accepted women under 34 weeks gestation and as more babies are expected to turn spontaneously before 34 weeks these results may not be transferable.

Table 1. Trials in Cochrane review

Citation	Control	Intervention	Treatment details	Findings
Cardini 1998 N =260	Usual care	Moxa only	15 mins each toe Daily up to 14 days	Moxa (+)
Cardini 2005 N=123	Usual care	Moxa only	15 mins each toe Daily up to 14 days	Discontinued due to noncompliance
Chen 2004 N = 142	Position exercises.	Moxa + position	10 – 15 minutes in total Once a day for 3 days	Moxa plus position (+)
Lin 2002 N= 122	Position exercises	Moxa + position	15 minutes in total Once a day for 2 days	Moxa plus position (+)
Yang 2006 N=206	Position exercises	Moxa + position	15 – 20 mins in total Twice a day up to one week	Moxa plus position (+)
Guittier 2009 N= 212 women	Usual care	Moxa	10 minutes each toe once up to 14 days	18 % turned Moxa 16% usual care
Neri 2004 N=226	Observation (no ECV)	Moxa + acupuncture	20 mins in total Twice a week up to 2 weeks	Moxa + aup (+)
Neri 2007 N= 41	Moxa Acupuncture Moxa + acupuncture		20 mins each toe Twice a week up to 2 weeks	80% for moxibustion 28% for acupuncture 57% for acup + Moxa

(+) Statistically significant. N= number of women

Further studies to this review include a comparison of Moxa on BL 67 to Moxa on Sham point and an inactive laser on BL 67. This study found that the moxa treatment was statically significant to the sham and control.¹¹ While a study that used an inactive laser as a control to a treatment of moxa plus acupuncture did not find any statically significant differences,¹² it should be noted that the use of acupuncture is not recommended in acupuncture texts^{7,8} and may not reflect recommended clinical practice. Finally a study examined usual care to the use of moxibustion for a total time of 15–20 minutes rather than 15 mins to both toes.¹⁰ This does not necessarily reflect recommended clinical practice and may have impacted on their findings that there was no statically significant differences between groups.

Conclusion

When considering the evidence for the use of moxibustion to turn breech babies cephalic it is worth considering dosage. To date very few studies have used the moxibustion as recommended in acupuncture texts. This may impact on the research findings reported.

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