Effect of Ear Acupressure on Acute Postpartum Perineal Pain: A Randomized Controlled Study

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Keywords:
Perineal pain
Ear acupressure
Postpartum

Introduction
Perineal pain is a common problem seen in women who have undergone a vaginal delivery. A significant body of research contributes to the understanding on the postpartum management of perineal pain. While pharmacologic means may found to be more effective, non-pharmacologic methods are sometimes more welcome by women and health care professionals because there is lesser concern of adverse effects on mother and baby. This study, funded by the Hong Kong Obstetrics and Gynaecological Trust Fund, investigated the effect of ear acupressure in relieving perineal pain during the first 48 hours post delivery.

Objectives
1. To compare the level of pain reported by women in the ear acupressure group and in the control group
2. To evaluate the amount of oral analgesics consumed by women in these two groups

Methodology
126 and 130 Chinese women with a normal vaginal delivery at the gestation of 37 weeks or above were assigned to the intervention and control groups respectively by using stratified blocked randomization. All women in the intervention group received ear acupressure after delivery by taping the same number of Vaccaria segetalis Garcke seeds on the same stimulation points on both ears. For the control group, the same number of adhesive tapes was applied to irrelevant points on both ears but no seeds were attached. Women in both groups were given the same instruction on how to stimulate the taped points. Verbal Descriptive Pain Scale (VDPS) and the Visual Analog Scale (VAS) were used to measure the perineal pain perception. Medication records of all participants were reviewed to evaluate the amount of oral analgesics (paracetamol) consumed during the first 48 hours after delivery.

Result
Ear acupressure was well accepted by women as evidenced by the low refusal and withdrawal rates. The mean Paracetamol consumption was generally lower in the intervention group than the control group, though statistical significance was not reached. No significant difference in perineal pain perception was observed by using
the VDPS and VAS, but women in the intervention group were more likely to introduce this modality to friends (p=0.04). Although ear acupressure should not be routinely recommended as an alternative to pharmacological agents for postpartum perineal pain relief, it could be offered as a supplementary method to mothers who wish to try a non-pharmacological method.