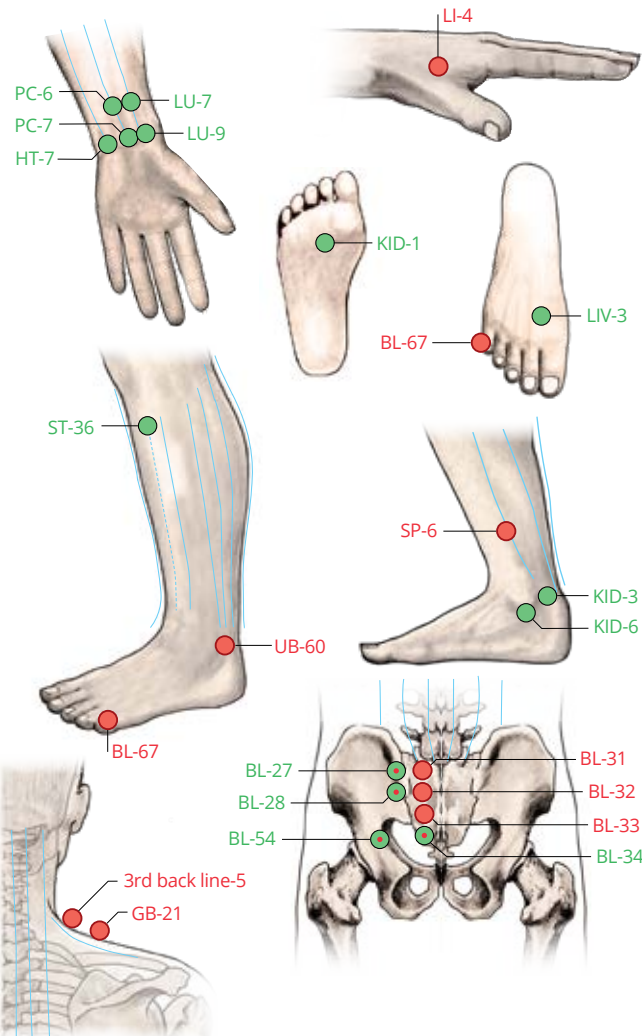


WHAT ARE THE “PROHIBITED” POINTS?

These are **acupuncture points** that according to Traditional Chinese Medicine should not be needed during pregnancy as they may initiate contractions and lead to miscarriage or abortion. There is no complete agreement between different acupuncture Schools and Practitioners as to the selection of these points. Most Schools and Practitioners however, agree about **BL-67** ● **BL-60** ● **BL-31** ● **BL-32** ● **BL-33** ● **SP-6** ● **LI-4** ● **GB-20** and points on the abdomen - these are the **red points** on the drawings below. See detailed point locations on page 32. I added 3rd back line-5 that is used in medical Thai massage which has a similar effect to GB-20.

Some Schools or Practitioners see additional points as prohibited as well. These are **PC-6** ● **PC-7** ● **HE-7** ● **LU-7** ● **LU-9** ● **ST-36** ● **BL-27** ● **BL-28** ● **BL-34** ● **BL-54** ● **GB-20** ● **LIV-3** ● **KI-6** ● **KI-3** ● **KI-1**.

We, Thai massage and other bodywork Practitioners do not need to consider the **green points** as prohibited. The majority of acupuncture Practitioners use these additional points regularly in their antenatal acupuncture treatments and you can find them in many of the treatment routines in this book. **BL-27** ● **BL-28** ● **BL-34** ● and **BL-54** ● however, are next to the sacrum, and I recommend that you do not focus on them.



What are the “prohibited” body parts?

These are the sacrum and the top of the trapezius that can induce labor. The abdomen is added due to the fear of injuring the placenta or fetus. Some Practitioners omit the top of the trapezius and others add the lower back. Some bodywork Practitioners add the inner legs, wrists and ankles. There is no need, however, to avoid pressing on the inner legs, wrists and ankles.

Do the “prohibited” points and body parts really have the power of inducing labor?

The effectiveness of the prohibited points and body parts (abdomen not included) in pre-birth treatments at the end of pregnancy in the promotion of cervical ripening is the common experience of many Practitioners although no one will claim 100% success!

The effectiveness of these points and body parts when the labor process has begun, at inducing contractions, reducing labor pain, shortening the duration of the latent and active phases of labor, reducing the need for medical induction and the risk of childbirth complications (vacuum, biceps and C-sections deliveries), can be testified by many laboring women, midwives and doctors.

Studies, however, on the induction effect of these points (at the end of pregnancy **but before the process** of labor with its specific signs (lightening, water breaking, “bloody show”, diarrhea, contractions) **has begun**, show mixed results. Many of these studies show no measurable induction or other favorable expected effects. Here are two examples out of many other studies, on the induction effect of acupuncture.

Acupuncture for the induction of labor: a double-blind randomized controlled study

125 healthy women with uneventful pregnancies at week 41 were randomized into two groups. The intervention group was given acupuncture twice on the same day at acupuncture points GV20, BL67, LI4 and SP6. The control group received sham acupuncture at the same points. Main outcome measures were labor or delivery within 24 hours.

Results: 7 women (12%) in the acupuncture group and eight women (14%) in the control group were in labor or gave birth within this time.

Conclusion: Under the treatment regimen investigated in this study, acupuncture for the induction of labor in post-term women at gestational age 41+6 weeks may not be effective.

2010, Modlock J, Nielsen B, Ulbjerg N. Department of Obstetrics and Gynaecology, Herning Regional Hospital, Herning, Denmark

Acupuncture to initiate labor: an 89 women randomized, sham-controlled clinical trial

Objective: To evaluate the efficacy of acupuncture for

labor stimulation.

89 nulliparous women at 38 weeks or greater were randomized to traditional Chinese medicine (TCM) acupuncture, sham acupuncture, or usual care only groups. Acupuncture points LI4, SP6, BL32, and BL54 were needled bilaterally. The primary outcome was time from enrollment to delivery. Secondary outcomes included rates of spontaneous labor and cesarean delivery.

Results: There were no statistically significant differences among groups for time from enrollment to delivery ($p=0.20$), rates of spontaneous labor ($p=0.66$), or rates of cesarean delivery ($p=0.37$). Rates of maternal and neonatal outcomes were not significantly different.

Conclusion: TCM acupuncture was not effective in initiating spontaneous labor or reducing the rate of cesarean delivery compared with sham acupuncture or usual medical care.

2009, J Matern, Asher, Coeytaux, Chen, Reilly, Loh, Harper.

Below are two systematic reviews of many different studies.

Acupuncture for pain relief in labor: a systematic review and meta-analysis.

Nineteen electronic databases, including English, Korean, Japanese, and Chinese databases, were systematically searched. All randomized controlled trials involving 2038 women receiving acupuncture alone, or as an adjunct to conventional analgesia, for pain relief in labor were considered.

Author's conclusions: The evidence from trials does not support the use of acupuncture for controlling labor pain. The primary studies are diverse and often flawed. Further research seems warranted.

2010, Cho S-H, Lee H, Ernst E.

Acupuncture or acupressure for induction of labor

Cochrane database of systematic reviews of 22 trials which reported on 3456 pregnant women.

Authors' conclusions: Overall, there was no clear benefit from acupuncture or acupressure in reducing caesarean section rate. Acupuncture showed some benefit in improving cervical maturity; however, more well-designed trials are needed.

2017, Caroline A Smith, Mike Armour, Hannah, G, Dahlen, National Institute of Complementary Medicine (NICM), Sydney University.

Here are a few examples out of many other studies and reviews that have shown a clear effect of acupressure or acupuncture of the labor-inducing (prohibited) points:

Acupuncture for cervical ripening and induction of labor at term--a randomized controlled trial.

Summary: On their due dates 45 women were randomized into either an acupuncture group (25) or control group (20). The women were then examined at two daily intervals for cervical length. The acupuncture group also received acupuncture every two days at the acupuncture points Hegu LI-4 and Sanyinjiao SP-6. *Results:* The time period from the woman's due date to delivery was on average 5 days in the acupuncture group compared to 7.9 days in the control group. Labor was induced in 20% of women in the acupuncture group compared to 35% in

the control group. Four women were delivered within 24 hours of having their first acupuncture treatment while no women in the control group delivered within 24 hours of their first examination.

Conclusion: Acupuncture at the points Hegu LI-4 and Sanyinjiao SP-6 supports cervical ripening and can shorten the time interval between the woman's expected date of delivery and the actual time of delivery.

Clinical Perspective: None of the women from the acupuncture group went into labor during treatment or within one hour following treatment, reflecting that it is a practical option for women to receive acupuncture in a private clinical setting.

2001, Rabl M, Ahner R, Bitschnau M, Zeisler H, Husslein P. Wien Klin Wochenschr.

Impact of acupressure on onset of labor and labor duration: A systematic review.

Seven trials with data reporting on 748 women using different acupressure points were included in the review. The two most studied acupoints were Sanyinjiao/Spleen 6 and Hegu/Large Intestine 4.

Results: suggest acupressure may reduce the length of labor particularly in the first stage.

2015, Mollart LJ, Adam J, Foureur M.

Effect of LI4 and BL32 acupressure on labor pain and delivery outcome in the first stage of labor: A randomized controlled trial.

105 women in active phase of the first-stage of labor were divided into 3 groups. 35 women received acupressure to LI-4, 35 women received acupressure to BL-32 and a 35 women control group received routine labor care.

Results: Pain reduction was significantly greater in LI4 and BL32 groups compared with control group. Also, acupressure on BL32 point was superior to LI4 point in pain relief.

Conclusion: Acupressure on BL32 and LI4 points are effective in reducing labor pain compared to control group with a slight superiority for BL32 points. Acupressure on these points could relieve pain in labor as an inexpensive and easy to administer method.

2016, Ozgoli G, Sedigh Mobarakabadi S, Heshmat R, Alavi Majd H, Sheikhan Z

Comparison of the Effects of Maternal Supportive Care and Acupressure of BL32, on Labor Length

150 women were divided into supportive care, acupressure, and control groups each containing 50 women.

Results: The average time of the first stage of labor in the labor support group was 157 minutes and the 2nd stage 59 minutes. In the acupressure group, 1st stage average time was 161 minutes and 2nd stage 56 minutes. In the control group that received no acupressure nor labor support, the average 1st stage time was 281 and 2nd stage time 128 minutes. There was no difference between the acupressure and support group but there was a significant difference between the acupressure and support groups to the control group.

Conclusion: Continuous support and acupressure could reduce the length of labor stages and therefore, these methods, as effective non-pharmacological strategies, can be introduced to the medical staff to improve the delivery outcomes.

2015, M Akbarzadeh M, Masoudi Z, Zare N, Kasraeian M.

Influence of acupuncture on duration of labor

57 women (group A), received acupuncture treatment. The control group included 63 women (group B).

Results: Median duration of the first stage of labor was 196 minutes in group A and 321 minutes in group B. Median duration of the second stage of labor was 57 minutes in group A and 57 min in group B. 30 women had a premature rupture of the membranes in group A and 20 in group B. 53 Women without acupuncture (group B) received oxytocin induction during the first stage of labor (85%) compared with 8 women in group A (15%). In the 2nd stage of labor 72% of women without acupuncture were induced and 28%, in the acupuncture group.

Conclusion: Our study suggests that acupuncture treatment is a recommendable form of childbirth preparation due to its positive effect on the duration of labor, namely by shortening the first stage of labor.

1998, Zeisler H1, Tempfer C, Mayerhofer K, Barrada M, Husslein P.

Here is my personal experience:

In her 36 week of pregnancy my wife Idit, woke up a bit before 5 a.m. when her waters broke. She had no contractions. I gave her a general Thai massage and pressed the labor-inducing /prohibited points. 20 minutes into the treatment the first contraction occurred and a second one some 10-15 minutes later. After an hour treatment and a few additional contractions I called our neighbor Eran Goldstein (a Practitioner of acupuncture and Shiatsu and a male Dula who coached me how to treat Idit during the labor) and asked him to induce Idit with acupuncture to "ensure" effective contractions and a short labor. By the end of his treatment, Idit had regular contractions every 5 minutes so we drove to the Hospital.

At the hospital, Idit was monitored but there were no contractions. The nurse told us to go to a near café and come back in a few hours. We asked if we can stay for a while to "Press the points". She gave us an OK but asked us to please leave after 20 minutes as she will probably need the bed.

I pressed LIV-3 and then SP-6 when a contraction appeared on the monitor. I also pressed LI-4 and GB-21 several times. The midwife passed by in the corridor, saw us and asked: "Are you still here"? Idit said yes, but I have contractions now. She checked Idit and said, "right and you are also 3 fingers dilated, OK, you can go into the labor room". Idit had a short and relatively easy labor (with the support of a lot of Thai massage and acupressure) and gave birth to our first Daughter – Gal (meaning - a wave in the sea).

When Idit was pregnant with our second daughter, her waters broke around 10 a.m while we were sitting at a café. We went home, rested for a few hours and waited for the contractions to begin but contractions did not develop so we "got down to work". I gave Idit a

Thai massage and pressed the labor-inducing points. The contractions begun shortly afterwards and when they became regular we went to the hospital. The midwife however, sent us back home. There were no contractions. We walked a bit at the hospital and at some point decided to start "work" again. We sat on on a bench in the corridor and I pressed the points. Contractions became regular in a short time and we were admitted into the labor room. After a short and a relatively easy labor our second Daughter Ilil (a variation on the word Goddess) was born.

A home birthing Doctor and a Practitioner of acupuncture, told me this story:

A client in week 40 called him to say that she is tired of being pregnant and cannot take it anymore. He called an acupuncturist who lives a 5 minute drive from his client and asked him to induce her. The acupuncturist asked him: Are you already here? My friend answered that he was already home (a 45 minute drive away). The acupuncturist told him: once I induce her, labor will come very fast, I will not needle her before you are here. My friend told him: OK I am coming, you can needle her. When he had arrived 45 minutes later, his client was already in labor.

My own personal understanding is that the "prohibited" points and body parts do work. And if they really work, there comes this question:

Do we risk the pregnancy when we press the "prohibited" points and body parts?

As you give your pregnant client a foot massage and later work the inner lines of the leg, inner lines of the arm, her hand, the sacrum, lower back and the top of or the trapezius, you will be pressing prohibited points and prohibited body parts. Many bodywork practitioners do not touch pregnant women due to the fear of accidentally pressing these points or body parts and risk their client by inducing a pre-term labor or miscarriage. Practitioners who do treat pregnant women, often make sure not to touch these points and body parts, or they only touch them on the skin level..

It's very clear that the prohibited points work when the process of labor has begun but it's the experience of most Practitioners that I know or heard of, that these points will not induce labor when the birth process has not begun from within, on its own, before the uterus has changed "mode" from keeping the fetus to pushing it out. A few Acupuncture Practitioners have told me that they never succeeded in stopping an unwanted pregnancy. I heard, however, of other Practitioners that had success in initiating abortion and there are reports from a study in China that resulted in 75% abortion success in 1st trimester and 31% success in the 2nd trimester. It's also said that acupuncture was used to cause abortion during the one child policy days in China but I could not find information to support that.

A home birthing doctor who practices acupuncture as well, explained to me with regard to the prohibited points: "It's easy to initiate a medical process both by modern medical procedures and by traditional medical procedures, if the process has already begun from within, but it is very difficult to start a process that has not begun and has not ripened".

I recommend that you read an article by Debra

Betts and Sarah Budd - Forbidden Points' in Pregnancy: Historical Wisdom? In this article, the authors suggest that certain acupuncture points may pose particular risks during the first 10-12 weeks of pregnancy and during the last 4 weeks of pregnancy by:

1. Enhancing oxygenation to the developing embryo, via increasing blood flow to the uterus (which is not wanted during the first weeks of pregnancy.)
2. Affecting the level of maternal progesterone in early pregnancy. Decreased level of progesterone may result in contractions.
3. Stimulating uterine contractions.

I also recommend that you read an article by Mike Cummings, Medical Director of the British Medical Acupuncture Society. In his article, called, "Forbidden points" in pregnancy: no plausible mechanism for risk, he is debating Betts's and Budd's article. Cummings examines the 3 suggestions made by Betts and Budd of the risk of acupuncture and fails to find any plausible physiological mechanism that can back their 3 suggestions.

To conclude their article, Betts and Budd write: "Best practice would suggest that until more is known about the specific effects of acupuncture points such as LI4, SP6, GB21, BL32, CV4, SP6, BL60 and BL67, caution is recommended, especially in early and late pregnancy".

My instruction in this book and in my courses is: Do not focus on these points throughout the entire pregnancy! You can touch them and press them as part of your general massage for 3, 4 seconds at a time but do not focus on them before week 36. You will only find instructions on how to use these points in the menstrual cramps, preparation to labor, in the birthing room and in the postpartum routines.

Results from numerous studies show very clearly that the prohibited points do NOT pose a risk of miscarriage or abortion and can be used safely in women with healthy pregnancies throughout 1st, 2nd and 3rd trimesters. Most studies conclude that the forbidden points when needled before any inner labor process has begun do not induce preterm birth.

3 studies on the risk of acupuncture in pregnancy

An especially interesting study Published in 2013 in Germany by A. Römer, W. Zieger, F. Melchert, was called "*Verbotene Akupunkturpunkte in der Schwangerschaft – überholte Tradition oder beachtenswerter Existenznachweis?*" or in English "*Prohibition of acupuncture points during pregnancy – an outdated tradition or objective evidence? Results of a retrospective study from the Department of Gynecology and Obstetrics at the Mannheim University hospital, Germany*".

This large retrospective cohort study reports results for 5885 women treated at forbidden points at all stages of pregnancy between 1995 and 2003, compared with a control group cared for in the same unit but receiving no acupuncture. Römer clearly states that he considers there to be no such thing as contraindicated points in pregnancy: "*All the forbidden points are frequently needled without*

anxiety at the University Hospital Mannheim, irrespective of gestation". Absolute rates of miscarriage and preterm birth were as expected and did not differ in women receiving forbidden points acupuncture compared with the control group. The proportion of women experiencing any type of preterm contractions did not differ between the acupuncture and control groups (15.4% vs 15.8%, $p>0.05$) and fell below the anticipated incidence (up to 20%)".

The authors conclude that the results from this retrospective study by evaluation of treatment protocols give evidence to the absence of prohibited acupuncture points during pregnancy. They wrote: "***There was no evidence of the existence of prohibited points in clinical tests of all points during all stages of pregnancy.***"

The authors further conclude: "***The elevated number of patients (n = 5.885) as well as the results lead to the conclusion without doubt that there is no evidence to support the traditional doctrine of prohibited points during pregnancy.***"

This next study's objective was to answer an open question in the field of physical therapy in regard to the efficiency of medical acupuncture in the treatment of pregnancy pelvic girdle pain but has become a source of interest to Practitioners of acupuncture and acupressure because the acupuncture points were chosen, ignoring TCM theory, and prohibited points were used (LI-4, BL-60 BI-32, BI-33, BI-54, LI-4). The needling of these points was supposed to induce labor according to TCM tradition and text books but no serious complication were reported during treatment.

Acupuncture as an adjunct to standard treatment for pelvic girdle pain in pregnant women: A randomized double-blinded controlled trial comparing acupuncture with non-penetrating sham acupuncture involving 386 pregnant women.

The objective was to compare the efficacy of standard treatment for pelvic pain to standard treatment plus acupuncture or standard treatment plus physiotherapy stabilizing exercisers (for the deep lumbopelvic muscles). The study lasted six weeks. Three physiotherapists gave standard treatment, two medical acupuncturists delivered the acupuncture treatment and two physiotherapists gave the stabilizing exercises. The acupuncture treatment was given to 125 pregnant women who were from 12 To 31 weeks gestation, twice a week for 6 weeks. The needles were left in place for 30 minutes.

Conclusion: Acupuncture was superior to stabilizing exercisers in the management of pelvic girdle pain in pregnancy.

2005, Elden H, Fagevik-Olsen M, Ostgaard HC et al.

As I mentioned above, some of the points that were used are prohibited points (LI-4, BL-60 BI-32, BI-33, BI-54, LI-4), but no serious complication was reported during treatment.

Here is another interesting study on the effectiveness of medical acupuncture in the treatment of pregnancy lower back and pelvic pain, involving the use of acupuncture points LIV-3 and LI-4. Together, these points create a combination that is considered to be labor inducing.

Acupuncture for lower back and pelvic pain in late pregnancy: a retrospective report on 167 consecutive cases

Acupuncture was given on at least two different occasions by three manual stimulations of two or more acupuncture or tender points, mainly LIV-3 and LI-4 with local tender points. Results: Pain reduction was good or excellent in 72% of patients. There were no abortions and no influence on the delivery course of the infants, but transient premature contractions were observed during the fourth stimulation carried out in the 15th gestational week in one woman. The contractions were over after a few hours and her pregnancy continued to its full term.

Conclusion: Acupuncture seems to be safe and effective for pain relief in lower back pain, pelvic pain, or both during the second and third trimesters of pregnancy.

2001. Nina Kvorning Ternov, MD Lars Grennert Anders Aberg Lars Algotsson Jonas Akesson

Read a very good article by David John Carr: "The safety of obstetric acupuncture: forbidden points revisited".

He concludes: "Objective examination of the scientific literature does not reveal any evidence of harm following needling at "forbidden" points of pregnancy, despite historical or theoretical concerns. Although acupuncture appears to be able to stimulate uterine contractions and/or cervical change, there is no evidence that these putative somatovisceral effects translate into adverse pregnancy outcomes."

What can we conclude from these studies with regard to our treatment of pregnant women?

It seems responsible to conclude that pressing the "prohibited" labor-inducing points as part of lines work, as a part of general massage that does not focus on these points is absolutely safe, not risking the pregnancy and not forbidden!

When giving her a foot massage, we press around the ankles, which mean that we press forbidden body area and the forbidden points KI-3, KI-6, BL-60 (in this book KI-3 and KI-6 are used in many routines). Is it safe to do so? According to a common belief, pressure points near the ankle are contraindicated during pregnancy because, when manipulated, they can cause the pelvic muscles and uterus to contract and may lead to preterm labor.

Let's use common sense: When we stand on our feet most of our body weight is on our ankles. When we walk or climb stairs there is a combination of compression and movement that is substantially greater than acupressure to the ankles. If pressure around the ankles would really initiate labor, pregnant women would not be allowed to stand, let alone go for a walk.

When working between the metatarsals we will be pressing the forbidden point LIV-3. When pulling and pinching the toes, we will be pinching the forbidden point BL-67. When working the arm and hand we will be giving acupressure to the wrist that is contraindicated by some practitioners. A common belief sees the above as risking the fetus. Think again! When a woman cooks or cleans or

carries her child or practices yoga, there is a combination of compression and movement to the wrist that is much stronger than that of acupressure. If acupressure to the wrist had the power to initiate contractions, pregnant women would not be allowed to cook or clean or care for their children.

According to the American Pregnancy Association, pressure points near the ankle are contraindicated during pregnancy, because, when manipulated, they can cause the pelvic muscles and uterus to contract.

Think about this: You treat a pregnant client, making sure not to press reflex points near the ankle that may affect her uterus but when she is back home, she is masturbating or having intercourse with her partner. Is not the clitoris THE reflex point for the uterus? Would not an orgasm result in uterine contractions? And what about penetration when the pines directly stimulating the cervix? Does not that make our worries about ankle or wrist massage seem very exaggerated? As long as a woman is allowed by her Doctor to have sex, it would be unnecessary to avoid pressing the ankle or wrist or other body areas and points, would it not?

Remember the studies mentioned above. Prohibited points were needled and nothing happened in thousands of women. It probably means that even if we focus on these points, pressing them as in acupuncture, for half an hour, we do not risk healthy pregnancies.

As much as we appreciate the effectiveness of acupressure, it would be very unreasonable to think that 5 seconds of acupressure to a point is more effective than 1,800 seconds of acupuncture to that point. Prohibited points are revered by so many of us. We give them mystical power and we make sure not to touch them but that is not necessary. We can gradually modify our imaginations and the unrealistic power that we give to these points.

We can press the points of the foot during our foot massage. We can press SP-6 while working the inner leg lines, we can press LI-4 and the wrist when giving a hand and arm massage and we can press GB-21 when working the top of the trapezius. There is no need to skip them. Our clients need us to work these points. In a full general massage we will be pressing each of the prohibited points in the supine, side and sitting positions, each point for a few times, 3-4 seconds each time and that is perfectly good, helpful, necessary, and safe!

It's important however, to understand that we are talking about women with healthy pregnancies. Results of studies testing the outcome of needling the prohibited points in risky pregnancies would perhaps show somewhat different results. Such a study would be unethical (and possibly illegal), if done on women that want to keep their pregnancies.

Focusing on the prohibited points and giving deep and long treatments to forbidden body parts **when treating a risky pregnancy**, might result in contractions and an initiation of a preterm labor process.

Women at risk include:

- Those who miscarried 3 or more times in the past
- Those who experience contractions other than Braxton
- Those reporting spotting or bleeding
- Those with uterine abnormalities or hormonal imbalances
- Those whose cervix is effacing to early and is shortened
- Those whose cervix dilated too early
- Those with placenta previa (placenta is not well situated in the uterus)
- Those with placental abruption (placenta is partially separated from the wall of the uterus)
- Those whose pregnancy is diagnosed as risky by their caregiver for any other reason (past injuries and different diseases)

If we feel ready to treat her, we should ask her to get a permission from her care provider first. If we do get such permission and treat her, we should make sure not to focus, work too long or too deep on the labor inducing points and areas. There is, however, no need to avoid the prohibited points but only make sure not to focus on them.

Usually we have signs and symptoms that indicate a risky pregnancy. When we see a woman for a treatment we look at her and ask ourselves:

- Is she looking healthy and strong?
- Is she looking unhealthy?
- Does she look weak or pale?
- Has she lost weight?
- We should ask about contractions, spotting or bleeding, the condition of the cervix, of any uterine abnormality, any hormonal issue and of previous miscarriages.
- We should look for any sign of her being in a risk group.

We have to take in account however, that a risky pregnancy may at times, have no special signs that we can spot and that we may not get a full report from our client. In such cases, we will be treating a risky pregnancy without being aware of it. That is why:

it's a good idea to see every woman that we treat as having a risky pregnancy.

It is wise to never focus for too long or work too deep on the prohibited points and areas (red points only) and also not to use strong twists, backbends and forward bends to the lower back and pelvis that are labor-inducing areas. We should use only moderate stretches. We should also always make sure not to stretch or compress the uterus too much by strong twists, backbends and forward bends and make sure that our abdominal massage is gentle. It should include gentle pulling of the belly from the sides towards the navel but no direct pressure and compression.

A report of a real case that we can learn from:

A former student of mine treated his wife's sacrum pain. She kept on asking him to work deeper, but he refused, following my recommendation not to work too deeply on the sacrum. He could not help her with her constant pain. A friend of theirs, an Osteopath offered to treat her. He gave her a very deep sacrum and pelvis massage. Her lower back and sacrum pain were gone. The treatment was a success but the next day contractions begun. She spent the last 1.5 months of her pregnancy in a Hospital bed with a magnesium infusion to inhibit contractions and gave birth to a healthy baby.

She did not inform her Osteopath friend that she is spotting / bleeding. She has a somewhat uncommon uterine abnormality. Her uterus is separated with an inner wall which resulted in bleeding and a tendency towards preterm labor. The strong sacrum treatment had triggered contractions. Her next two pregnancies were full term. This is an example of Practitioner who is not aware that he is treating a risky pregnancy which had resulted with the initiation of preterm birth. It is showing us why it is wise to never focus for too long or work too deep on the labor-inducing points and areas!

One more case:

My sister-in-law slammed her little toe at an unlevelled tile at their house and broke it. The little toe is the location of BL-67, a labor-inducing point. Three days later, she gave birth to an 8 month old baby. Her preterm baby is now a lovely, strong and healthy teenager. Breaking a bone at the site of a labor-inducing point led to constant manipulation of the point, and hence to miscarriage. Her Doctor, however, had a different explanation for the preterm birth. He explained that the broken toe made her walk unsymmetrically which stimulated the pelvis which led to contractions.

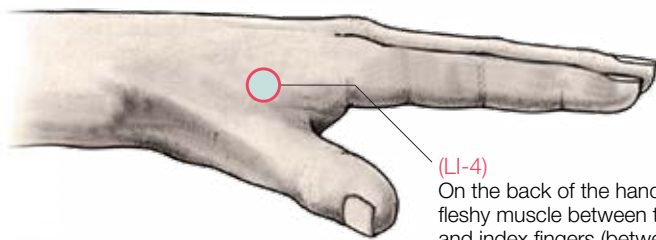
Conclusion: Despite the results and conclusions from the studies that are mentioned above, it's still possible that acupuncture experts can initiate contractions in healthy pregnancies but for us it is practically impossible. Falling down a full flight of stairs or a car accident might result in injuries that will lead to contractions in an otherwise healthy pregnancy but it's not within the power of a bodywork session. It may, however, be easier to induce contractions in compromised pregnancies, in Women who tend to develop preterm contractions. Since we cannot always know for sure if our client is "hiding" a compromised pregnancy, we must be cautious and not focus on the labor-inducing points.

LABOR-INDUCING

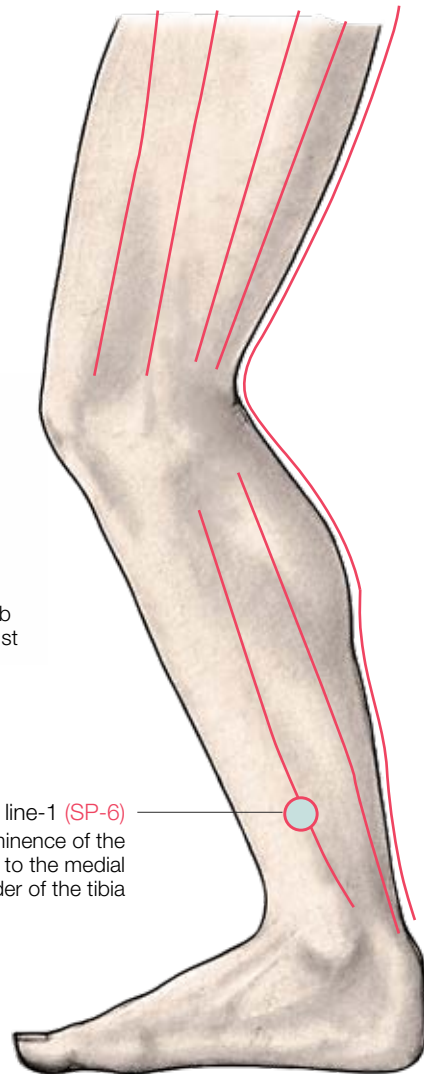


2nd outer line side position-1 (UB-60)
In a depression on the posterior border of the malleolus • press toward the malleolus

(BL-67)
At the corner of the nail of the 5th toe, at the lateral end of the base of the nail.

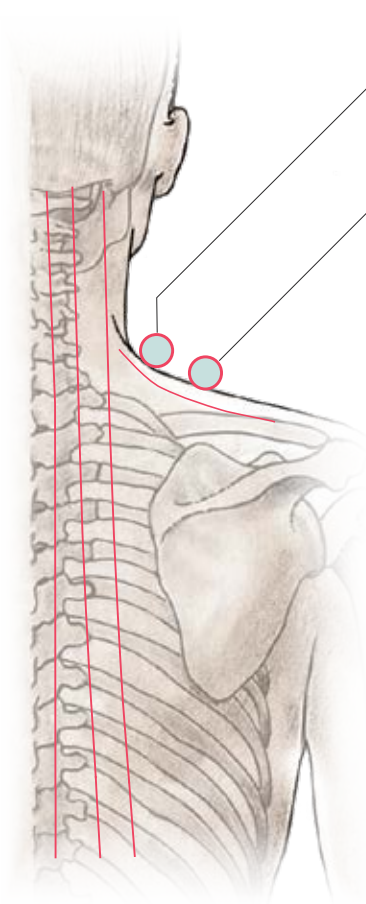


(LI-4)
On the back of the hand, on the fleshy muscle between the thumb and index fingers (between the 1st and 2nd metacarpal bones)



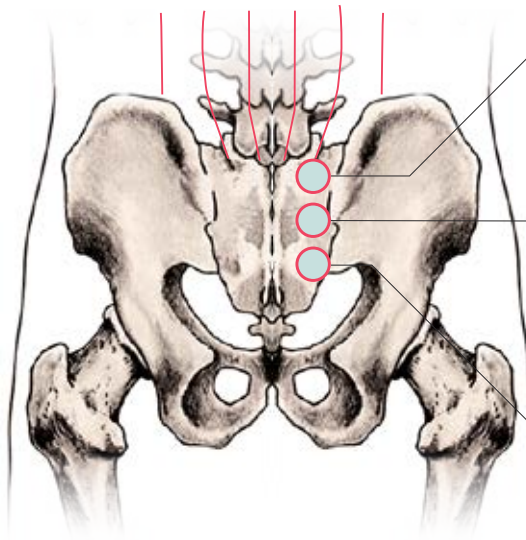
Leg 1st inner line-1 (SP-6)
3 fingers above the prominence of the medial malleolus • adjacent to the medial border of the tibia

LABOR-INDUCING



3rd back-5
on the top edge of the trapezius • level with the medial border of the scapula • a stiff and tender point, press downwards cautiously

3rd back-6 (GB-21)
on the top edge of the trapezius, 1/2-way from the median line to the acromion • directly above Scapula-1 • a stiff and tender point, press downward cautiously



BL-31
Over the first posterior sacral foramen. Find a depression below the 5th lumbar spinous process, Medial to the posterior superior iliac spine (PSIS / dimples) prominence

BL-32
Over the second posterior sacral foramen. Find a depression medial and below the posterior superior iliac spine (PSIS / dimples) prominence, 1/3 of the way from the PSIS to the buttocks crease (sacro-coccygeal hiatus)

BL-33
Over the third posterior sacral foramen. Find a depression 1 finger width below the posterior superior iliac spine (PSIS / dimples) prominence

POINTS TO AVOID IN PREGNANCY! USE IN POSTPARTUM ONLY!

