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**Literature search results**

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**Search details**

Moxibustion to help turn a breech presentation, as opposed to ECV (External cephalic version).

**Resources searched**

NHS Evidence; TRIP Database; Cochrane Library; AMED; BNI; CINAHL; EMBASE; HMIC; Health Business Elite; MEDLINE; PsychINFO; Google Scholar; Google Advanced Search

**Database search terms:** Moxibustion; Breech presentation

**Evidence search string(s):**

**Google search string(s):**

**Summary**

There are a number of items which specifically relate to moxibustion and ECV, along with others which have been included for reference/interest. In the majority of instances, it would appear that moxibustion is effective to turn babies when they present in the breech position, but there is a school of thought which suggests more research is needed.

**Guidelines and Policy**

1. **External Cephalic Version (ECV) and reducing the incidence of breech presentation.**

Royal College of Obstetricians and Gynaecologists, 2006, (44 refs)

It states in here (2006) that moxibustion should not be recommended as a method of promoting spontaneous version over ECV.

Evidence-based reviews

2. Effectiveness of acupuncture-type interventions versus expectant management to correct breech presentation: A systematic review

Citation: Complementary Therapies in Medicine, April 2008, vol./is. 16/2(92-100), 0965-2299 (2008 Apr)

Author(s): van den Berg I; Bosch JL; Jacobs B; Bouman I; Duvekot JJ; Hunink MG

Abstract: Objective A systematic review of studies assessing the effectiveness of acupuncture-type interventions (moxibustion, acupuncture, or electro-acupuncture) on acupuncture point BL 67 to correct breech presentation compared to expectant management, based on controlled trials. Data sources Articles published from 1980 to May 2007 in databases of Medline, EMBASE, the Cochrane Central Register of Controlled Trials, AMED, NCCAM, Midirs and reference lists. Study selection Studies included were original articles; randomised controlled trials (RCT) or controlled cohort studies; acupuncture-type intervention on BL 67 compared with expectant management; ultrasound confirmed breech presentation and position of the fetus after treatment confirmed with ultrasound, position at delivery, and/or the proportion of caesarean sections reported. Data extraction Three reviewers independently extracted data. Disagreements were resolved by consensus. Data synthesis Of 65 retrieved citations, six RCTs and three cohort studies fulfilled the inclusion criteria. Data were pooled using random-effects models. In the RCTs the pooled proportion of breech presentations was 34% (95% CI: 20-49%) following treatment versus 66% (95% CI: 55-77%) in the control group (OR 0.25 95% CI: 0.11-0.58). The pooled proportion in the cohort studies was 15% (95% CI: 1-28%) versus 36% (95% CI: 14-58%), (OR 0.29, 95% CI: 0.19-0.43). Including all studies the pooled proportion was 28% (95% CI: 16-40%) versus 56% (95% CI: 43-70%) (OR 0.27, 95% CI: 0.15-0.46). Conclusions Our results suggest that acupuncture-type interventions on BL 67 are effective in correcting breech presentation compared to expectant management. Some studies were of inferior quality to others and further RCTs of improved quality are necessary to adequately answer the research question.

Source: AMED

3. Cephalic version by moxibustion for breech presentation.

Citation: Cochrane Database of Systematic Reviews, 01 May 2012, vol./is. /5(0-), 1469493X

Author(s): Coyle ME; Smith CA; Peat B

Abstract: Background: Moxibustion (a type of Chinese medicine which involves burning a herb close to the skin) to the acupuncture point Bladder 67 (BL67) (Chinese name Zhiyin), located at the tip of the fifth toe, has been proposed as a way of correcting breech presentation.; Objectives: To examine the effectiveness and safety of moxibustion on changing the presentation of an unborn baby in the breech position, the need for external cephalic version (ECV), mode of birth, and perinatal morbidity and mortality for breech presentation.; Search methods: We searched the Cochrane Pregnancy and Childbirth Group's Trials Register (26 March 2012), MEDLINE (1966 to 1 August 2011), EMBASE (1980 to August 2011), CINAHL (1982 to 1 August 2011), MIDIRS (1982 to 1 August 2011) and AMED (1985 to 1 August 2011) and searched bibliographies of relevant papers.; Selection criteria: The inclusion criteria were published and unpublished randomised controlled trials comparing moxibustion (either alone or in combination with acupuncture or postural techniques) with a control group (no moxibustion), or other methods (e.g. external cephalic version, acupuncture, postural techniques) in women with a singleton breech presentation.; Data collection and analysis: Two review authors independently assessed eligibility and trial quality and extracted data. The outcome measures were baby's presentation at birth, need for external cephalic version, mode of birth, perinatal morbidity and mortality, maternal complications and maternal satisfaction, and adverse events.; Main results: Six new trials have been added to this updated review. One trial has been moved to studies awaiting classification while further data are being requested. This updated review now includes a total of eight trials (involving 1346 women). Meta-analyses were undertaken (where possible) for the main and secondary
outcomes. Moxibustion was not found to reduce the number of non-cephalic presentations at birth compared with no treatment (P = 0.45). Moxibustion resulted in decreased use of oxytocin before or during labour for women who had vaginal deliveries compared with no treatment (risk ratio (RR) 0.28, 95% confidence interval (CI) 0.13 to 0.60). Moxibustion was found to result in fewer non-cephalic presentations at birth compared with acupuncture (RR 0.25, 95% CI 0.09 to 0.72). When combined with acupuncture, moxibustion resulted in fewer non-cephalic presentations at birth (RR 0.73, 95% CI 0.57 to 0.94), and fewer births by caesarean section (RR 0.79, 95% CI 0.64 to 0.98) compared with no treatment. When combined with a postural technique, moxibustion was found to result in fewer non-cephalic presentations at birth compared with the postural technique alone (RR 0.26, 95% CI 0.12 to 0.56).; Authors' conclusions:; This review found limited evidence to support the use of moxibustion for correcting breech presentation. There is some evidence to suggest that the use of moxibustion may reduce the need for oxytocin. When combined with acupuncture, moxibustion may result in fewer births by caesarean section; and when combined with postural management techniques may reduce the number of non-cephalic presentations at birth, however, there is a need for well-designed randomised controlled trials to evaluate moxibustion for breech presentation which report on clinically relevant outcomes as well as the safety of the intervention.; [CINAHL Note: The Cochrane Collaboration systematic reviews contain interactive software that allows various calculations in the MetaView.]

Source: CINAHL
Full Text: Available from Wiley in Cochrane Library, The


Citation: Evidence Based Midwifery, 01 December 2008, vol./is. 6/4(126-129), 14794489
Author(s): Steen M; Kingdon C
Abstract: Background. Breech presentation, where a baby is buttocks or feet first rather than head occurs in about 3% to 4% of singleton pregnancies at term. Worldwide, the majority of babies identified as breech are now delivered by planned caesarean section.; Aim. This paper is the second of two that reviews evidence concerning breech presentation and birth mode. This review focuses specifically on women's preferences for birth mode, of breech presentation and the use of external cephalic version (ECV) and moxibustion, which may be used in the third trimester of pregnancy to turn a breech baby to a cephalic presentation.; Methods. A structured literature review was undertaken using the Cochrane Library, CINAHL, EMBASE, MEDLINE and AMED. Different permutations of 'breech' ('frank' or 'complete' or 'extended' or 'flexed') and 'alternative' or 'complementary therapies' or 'external cephalic version' or 'ECV' or 'moxibustion' and 'before term' and 'term' and 'singleton' in the title, key words or abstract were used.; Results. There is evidence that the majority of women would prefer a vaginal birth. There is substantial evidence that ECV can reduce the caesarean section rate by turning breech presentation to cephalic. Further research is needed to confirm or refute the clinical effectiveness and women's views of moxibustion therapy.; Conclusions. As rates of caesarean section for breech presentation continue to rise, it is important that midwives and women have up-to-date evidence-based information about the alternative to proceeding straight to planned caesarean section when a breech presentation is identified.
Publication Type: journal article
Source: CINAHL

6. Turning breech babies after 34 weeks: a review.
Citation: MIDIRS Midwifery Digest, 01 September 2007, vol./is. 17/3(373-375), 09615555
Author(s): Cohain JS
Abstract: Accurate identification of the presentation of the fetus as term approaches is very important for the management and outcome of the birth. Using the term 'unstable lie' might be seen as a baseless excuse for inducing labour after the baby turns from breech to head down, reflecting a lack of understanding of gravity and the physiological limits of fetal mobility. There are a range of techniques for turning a term breech baby. These include: external cephalic version (ECV) using hands and ultrasound only, acupuncture point stimulation by needle or moxibustion, chiropractic 'Webster' technique, hypnotherapy, and 'special exercises'. Fifty to sixty percent of fetuses in the breech position at 34 weeks will turn to a cephalic presentation by themselves by 38 weeks. Therefore, to be considered effective, a technique for turning the breech at 34 or 35 weeks must turn the baby and keep it in the required position more than 60% of the time. Only
ECV with an experienced practitioner has been documented to have a greater than 50% average success rate at 37 weeks. During ECV, women can experience the fetus turning by hand as quick but very painful. Other techniques have not been reported with the same effectiveness and require more time investment.

Publication Type: journal article
Source: CINAHL
Full Text: Available from MIDIRS: Midwifery Digest in Lincoln County Hospital

7. Does moxibustion work? An overview of systematic reviews.
Citation: BMC Research Notes, 2010, vol./is. 3/(284), 1756-0500;1756-0500 (2010)
Author(s): Lee MS; Kang JW; Ernst E
Abstract: BACKGROUND: Several systematic reviews (SRs) have assessed the effectiveness of moxibustion for a range of conditions, often with contradictory conclusions. Our aim was to provide a critical evaluation and summary of these data.METHODS: Electronic searches were conducted to locate all SRs of moxibustion for any condition. Data were extracted by two authors according to predefined criteria.RESULTS: Ten SRs met our inclusion criteria, which related to the following conditions: cancer, ulcerative colitis, stroke rehabilitation, constipation, hypertension, pain conditions and breech presentation. Their conclusions were contradictory in several instances. Relatively clear evidence emerged to suggest that moxibustion is effective for breech presentation.CONCLUSIONS: Based on evidence from the currently available SRs, the effectiveness of moxibustion has been demonstrated for several conditions; however, due to the poor quality of the primary studies, there remains considerable uncertainty.
Source: MEDLINE
Full Text: Available from National Library of Medicine in BMC Research Notes

8. Moxibustion and other acupuncture point stimulation methods to treat breech presentation: a systematic review of clinical trials.
Citation: Chinesische Medizin, 2009, vol./is. 4/(4), 1749-8546;1749-8546 (2009)
Author(s): Li X; Hu J; Wang X; Zhang H; Liu J
Abstract: BACKGROUND: Moxibustion, acupuncture and other acupoint stimulations are commonly used for the correction of breech presentation. This systematic review aims to evaluate the efficacy and safety of moxibustion and other acupoint stimulations to treat breech presentation.METHODS: We included randomized controlled trials (RCTs) and controlled clinical trials (CCTs) on moxibustion, acupuncture or any other acupoint stimulating methods for breech presentation in pregnant women. All searches in PubMed, the Cochrane Library (2008 Issue 2), China National Knowledge Information (CNKI), Chinese Scientific Journal Database (VIP) and WanFang Database ended in July 2008. Two authors extracted and analyzed the data independently.RESULTS: Ten RCTs involving 2090 participants and seven CCTs involving 1409 participants were included in the present study. Meta-analysis showed significant differences between moxibustion and no treatment (RR 1.35, 95% CI 1.20 to 1.51; 3 RCTs). Comparison between moxibustion and knee-chest position did not show significant differences (RR 1.30, 95% CI 0.95 to 1.79; 3 RCTs). Moxibustion plus other therapeutic methods showed significant beneficial effects (RR 1.36, 95% CI 1.21 to 1.54; 2 RCTs). Laser stimulation was more effective than assuming the knee-chest position plus pelvis rotating. Moxibustion was more effective than no treatment (RR 1.29, 95% CI 1.17 to 1.42; 2 CCTs) but was not more effective than the knee-chest position treatment (RR 1.22, 95% CI 1.11 to 1.34; 2 CCTs). Laser stimulation at Zhiyin (BL67) was more effective than the knee-chest position treatment (RR 1.30, 95% CI 1.10 to 1.54; 2 CCTs).CONCLUSION: Moxibustion, acupuncture and laser acupoint stimulation tend to be effective in the correction of breech presentation.
Source: MEDLINE
Full Text: Available from BioMedCentral in Chinese Medicine

Citation: American Journal of Chinese Medicine, 1991, vol./is. 19/2(105-14), 0192-415X;0192-415X (1991)
Author(s): Cardini F; Basevi V; Valentini A; Martellato A
Abstract: Moxibustion at the Zhiyin acupuncture point (67 B) is an ancient method of obtaining the version of abnormal presentation of the fetus during the last three months of pregnancy. The authors reviewed the Chinese references on this subject and stressed the importance of parity and gestational age in testing the efficacy of this therapy. Preliminary results are described and compared with those reported in Chinese articles. Success rates
in version by moxibustion versus spontaneous version are also compared.

**Publication Type:** Journal Article; Review

**Source:** MEDLINE

**10. Breech birth: reviewing the evidence for external cephalic version and moxibustion.**

**Citation:** Evidence-Based Midwifery, Dec 2008, vol. 6, no. 4, p. 126-129, 1479-4489 (December 2008)

**Author(s):** Steen, M; Kingdom, C

**Abstract:** 2nd in a 2-part article, literature review on women's preferences for birth mode, experiences of breech presentation and the use of external cephalic version (ECV) and moxibustion therapy. The review examines the role of ECV in reducing caesarean section rate by turning breech presentation to cephalic. The use of the traditional Chinese practice of moxibustion as an alternative therapy is also discussed. ([BNI unique abstract]) 28 references

**Source:** BNI

### Published research – Databases

**11. Moxibustion for breech presentation: Significant new evidence**

**Citation:** Acupuncture in Medicine, March 2013, vol./is. 31/1(5-6), 0758-2633 (2013 Mar)

**Author(s):** Smith CA

**Publication Type:** Editorial

**Source:** AMED

**12. Should acupuncture and moxibustion be routinely recommended for the, treatment of breech presentation?**

**Citation:** Journal of Chinese Medicine, February 2012, vol./is. 98/(45-50), 0142-8042 (2012 Feb)

**Author(s):** Steinlechner AA

**Abstract:** Breech presentation puts both mother and baby at a higher risk of morbidity and mortality. In Western countries, a large proportion of breech babies are delivered by elective caesarean section, which itself presents significant dangers. It is therefore preferable to turn the baby to a cephalic position prior to delivery. Chinese Medicine traditionally treats breech presentation by stimulating acupoint Zhiyin BL-67. This paper reviews the literature on the treatment of breech presentation with acupuncture and moxibustion at Zhiyin BL-67, focusing on the efficacy of these treatments and the viability of offering them in the private and public health sectors. It concludes that there is evidence to support treatment of breech presentation by stimulating Zhiyin BL-67 with both needling and moxibustion, and that moxibustion in particular is a safe and cost-effective method of treating breech presentation. However, more robust research using greater sample sizes is still needed in this area.

**Source:** AMED

**Full Text:** Available from EBSCOhost in Journal of Chinese Medicine (Printed out for you)

**13. Management of breech presentation with the use of moxibustion in women in the UK**

**Citation:** European Journal of Oriental Medicine, 2008, vol./is. 6/1(38-43), 1351-6647 (2008)

**Author(s):** Grabowska C; Manyande A

**Source:** AMED

**14. Side-effects of moxibustion for cephalic version of breech presentation**

**Citation:** J Altern Complement Med, December 2008, vol./is. 14/10(1231-3), 1075-5535 (2008 Dec)

**Author(s):** Guittier MJ; Klein TJ; Dong H; Andreoli N; Irion O; Boulvain M

**Abstract:** Objectives: Moxibustion, a Traditional Chinese Medicine technique related to acupuncture, was proposed to facilitate cephalic version of breech presentation. Several trials were conducted to evaluate the efficacy, but there are few reports on the safety of moxibustion. Our objective was to assess the side-effects and acceptability of this intervention. Design: We are conducting a randomized controlled trial to evaluate the
efficacy of moxibustion for breech version. The first 12 participants randomized in the moxibustion group had additional fetal surveillance by electronic monitoring. Subjects: Pregnant women with a fetus in breech presentation are included in the trial between 34 and 36 weeks of gestation. Interventions: We performed a cardiotocogram during 10 minutes before, 20 minutes during, and 10 minutes after each session. A maximum of 9 sessions were scheduled every other day, and stopped when cephalic version was diagnosed. The recordings were assessed by 3 independent readers using the Fischer scoring system. Outcome measures: Fetal well-being was evaluated by the cardiotocogram; effect on the mother was evaluated by blood pressure recorded before and after each session; maternal views, contractions, and perceived changes in fetal movements were assessed using a questionnaire. Results: A total of 65 cardiotocograms were analyzed. All scores were considered as normal, being at 8 or more on a 0-10 scale. Acceptability for the women and compliance to the intervention were good. No significant maternal or fetal side-effect was observed. Conclusions: We have not detected alterations of fetal and maternal well-being or other side-effects associated with moxibustion applied to the BL 67 for cephalic version of breech presentations. Moxibustion appears to be safe for both the mother and the fetus.

Source: AMED
Full Text: Available from EBSCOhost in Journal of Alternative and Complementary Medicine
(Printed out for you)

15. An exploratory study of women's experiences and key stakeholders views of moxibustion for cephalic version in breech presentation
Citation: Complement Ther Clin Pract, November 2008, vol./is. 14/4(264-72), 1744-3881 (2008 Nov)
Author(s): Mitchell M; Allen K
Source: AMED

16. Midwifery managers views about the use of complementary therapies in the maternity services
Citation: Complement Ther Clin Pract, May 2007, vol./is. 13/2(129-36), 1744-3881 (2007 May)
Author(s): Williams J; Mitchell M
Abstract: The burgeoning interest in complementary therapies (CTs) in the general population over the last decade has created a demand for CTs to be made available within the NHS. There are some excellent examples of midwives who have introduced CTs into clinical practice and who are providing an enhanced service to women as a result [Budd S. Moxibustion for breech presentation. Complement Therap Nurs Midwifery 2000; 6(4): 1769; Tiran D. Complementary strategies in antenatal care. Complement Therap Nurs Midwifery 2001; 7: 1924; Ager C. A complementary therapy clinic, making it work. RCM Midwives J 2002; 5(6): 198-200; Burns E, Blamey C, Ersser S, Lloyd AJ, Barnetson L. The use of aromatherapy in intrapartum midwifery practice: an observational study. Oxford: OCHRAD; 1999]. Overall, however, service provision remains patchy and ad hoc with little evidence of a robust integration into the maternity services. This article presents the qualitative findings from a national survey of the heads of maternity services in England. They were asked to indicate their views and perceptions about the benefits, promoters and constrainers in relation to CT integration within the maternity services. Our findings show that overall, views are positive, with increasing consumer satisfaction, promotion of normal childbirth and a reduction in medical intervention being seen as the main benefits.
Publication Type: Journal Article
Source: AMED

17. Moxibustion in breech version - a descriptive review
Citation: Acupuncture in Medicine, March 2002, vol./is. 20/1(26-9), 0964-5284 (2002 Mar)
Author(s): Ewies A; Olah K
Language: English
Abstract: The management of breech presentation at term remains controversial. It appears logical that maternal and perinatal outcomes would be improved if breech presentation could be avoided. External cephalic version is considered a safe procedure if cases are selected appropriately and anaesthesia avoided. Moxibustion is a traditional Chinese method of treatment, which utilizes the heat generated by burning herbal preparations containing the plant Artemisia vulgaris to stimulate the acupuncture points. It is used for breech version with a reported success rate of 84.6% after 34 weeks gestation.
Moxibustion technique is cheap, safe, simple, self-administered, non-invasive, painless and generally well tolerated. Although many studies give encouraging results regarding the use of moxibustion in inducing cephalic version of breech presentation, a definitive conclusion cannot be made as most involve small sample sizes and are not randomised. Moxibustion could be an extra option offered to women with breech presentation along with vaginal delivery, caesarean section and external cephalic version. This article discusses the possible role of moxibustion in correction of breech presentation in the hope that, some interest will be stimulated in what is a very interesting area for future research.

**Publication Type:** Journal Article  
**Source:** AMED  
**Full Text:** Available from *Acupuncture in Medicine* in *Pilgrim Hospital Staff Library*

18. **Moxibustion for breech presentation**  
**Citation:** Complementary Therapies in Nursing and Midwifery, November 2000, vol./is. 6/4(176-9), 1353-6117 (2000 Nov)  
**Author(s):** Budd S  
**Abstract:** Breech presentation at term is considered a possible obstetric complication, and the management before and during labour remains controversial. A technique called 'moxibustion' is used in traditional Chinese medicine to encourage version of the fetus in breech presentation. It has been used in the maternity unit in Plymouth for 11 years. The results would seem to suggest it may have a positive effect and play a part in reducing the number of breech presentations at term and therefore also a reduction in the number of caesarean sections which are so often advocated in breech presentation. This article describes the technique in greater detail and discusses the potential for the future.  
**Publication Type:** Journal Article  
**Source:** AMED

19. **Breech presentation may be corrected by moxibustion**  
**Citation:** Focus on Alternative and Complementary Therapies, March 1999, vol./is. 4/1(11-2) (1999 Mar)  
**Author(s):** White AR  
**Abstract:** Aim: To evaluate the efficacy and safety of moxibustion on acupoint BL67 to increase fetal activity and correct breech presentation. Design: Randomised, controlled, open clinical trial with two parallel arms. Intervention The 130 subjects randomised to the intervention group received stimulation of acupoint BL67 by moxa (Japanese term for Artemisia vulgaris) rolls daily for 7 days, with treatment for an additional 7 days if the fetus persisted in the breech presentation. The 130 subjects randomised to the control group received routine care but no interventions for breech presentation. Participants with persistent breech presentation after 2 weeks of treatment could undergo external cephalic version any time between 35 weeks' gestation and delivery. Main outcome measures: Fetal movements counted by the mother for 1 hour each day for 1 weeks; number of cephalic presentations during the 35th week and at delivery. Main results: The intervention group experienced a mean of 48 fetal movements compared with 35 in the control group (P less than 0.001). During the 35th week of gestation, 98 (75%) of the 130 fetuses in the intervention group were cephalic compared with 62 (48%) of the 130 fetuses in the control group (P less than 0.001). Despite the fact that 24 subjects in the control group and one subject in the intervention group underwent externl cephalic version, 98 (75%) of the 130 fetuses in the intervention group were cephalic compared with 81 (62%) of the 130 fetuses in the control group (P = 0.02) at birth. Conclusion: Among primigravidas with breech presentation during the 33rd week of gestation, moxibustion for 1-2 weeks increased fetal activity during the treatment period and cephalic presentation after the treatment period and at delivery.  
**Publication Type:** Commentary  
**Source:** AMED

20. **Moxibustion for correction of breech presentation: a randomized controlled trial**  
**Citation:** Journal - American Medical Association, November 1998, vol./is. 280/18(1580-4) (1998 Nov 11)  
**Author(s):** Cardini F; Weixin H  
**Abstract:** Objective: To evaluate the efficacy and safety of moxibustion on acupoint BL 67 to increase fetal activity and correct breech presentation. Design: Randomized, controlled, open clinical trial. Setting: Outpatient departments of the Women's Hospital of Jiangxi Province, Nanchang, and Jiujiang Women's and Children's Hospital in the People's
Republic of China. Interventions: The 130 subjects randomized to the intervention group received stimulation of acupoint BL 67 by moxa (Japanese term for Artemisia vulgaris) rolls for 7 days, with treatment for an additional 7 days if the fetus persisted in the breech presentation. The 130 subjects randomized to the control group received routine care but no interventions for breech presentation. Subjects with persistent breech presentation after 2 weeks of treatment could undergo external cephalic version anytime between 35 weeks' gestation and delivery. Conclusion: Among primigravidas with breech presentation during the 33rd week of gestation, moxibustion for 1 to 2 weeks increased fetal activity during the treatment period and cephalic presentation after the treatment period.

**Publication Type:** Journal Article

**Source:** AMED

21. Moxibustion for correction of breech presentation: a clinical study with retrospective control

**Citation:** American Journal of Chinese Medicine, 1993, vol./is. 21/2(133-8) (1993)

**Author(s):** Cardini F; Marcolongo A

22. Moxibustion and breech presentation preliminary results

**Citation:** American Journal of Chinese Medicine, 1991, vol./is. 19/2(105-14) (1991)

**Author(s):** Cardini F; Basevi V; Valentini A; Martellato A

23. An exploratory study of women's experiences and key stakeholders views of moxibustion for cephalic version in breech presentation.

**Citation:** Complementary Therapies in Clinical Practice, Nov 2008, vol. 14, no. 4, p. 264-272, 1744-3881 (November 2008)

**Author(s):** Mitchell, M; Allen, K

**Abstract:** Qualitative research on women's views and experiences of using traditional Chinese moxibustion for uncomplicated breech presentation. Participants were taught how to perform moxibustion then interviewed before and after the 7-day course of treatment. Fears about breech presentation, acceptability of moxibustion, reasons for trying it and practical issues were examined and perceptions of midwives, their managers and other stakeholders also explored. [(BNI unique abstract)] 54 references

**Source:** BNI

24. Factors affecting the success of moxibustion in the management of a breech presentation as a preliminary treatment to external cephalic version.

**Citation:** Midwifery, Dec 2009, vol. 25, no. 6, p. 774-780, 0266-6138 (December 2009)

**Author(s):** Manyande, A; Grabowska, C

**Abstract:** Research in the UK into the effectiveness of moxibustion in the treatment of breech presentation. Questionnaires assessed the experiences of pregnant women receiving acupuncture treatment for breech presentation, and factors influencing the success of moxibustion in turning a non-cephalic to a cephalic presentation. Recommendations are made for further research to inform the use of the treatment. [(BNI unique abstract)] 46 references

**Source:** BNI

**Full Text:** Available from Midwifery in Pilgrim Hospital Staff Library

25. Breech presentation and the use of moxibustion.

**Citation:** Practising Midwife, May 2008, vol. 11, no. 5, p. 22-24, 1461-3123 (May 2008)

**Author(s):** Mitchell, M; Allen, K

**Abstract:** The use of the Chinese technique moxibustion, which involves heating an acupuncture point with a stick of moxa, on women with a breech presentation. The acceptability of the technique to western women is discussed, and the varying success rates in turning the breech baby. The problems of funding research into the area are also examined. [(BNI unique abstract)] 25 references

**Source:** BNI

**Full Text:** Available from Practising Midwife (incorporates Modern Midwife) in Pilgrim Hospital Staff Library

26. Using moxibustion in primary healthcare to correct non-vertex presentation: a multicentre randomised controlled trial

**Citation:** Acupuncture in Medicine, Mar 2013, vol. 31, no. 1, p. 31-38, 0964-5284 (March
Abstract: To compare the effectiveness of additional moxibustion at point BL67 with moxibustion at a non-specific acupuncture point and with usual care alone to correct non-vertex presentation. This was a multicentre randomised controlled trial in which 406 low-risk pregnant women with a fetus in ultrasound breech presentation, with a gestational age of 33-35 weeks, were assigned to (1) true moxibustion at point BL67 plus usual care; (2) moxibustion at SP1, a non-specific acupuncture point (sham moxibustion) plus usual care; or (3) usual care alone. The primary outcome was cephalic presentation at birth. Women were recruited at health centres in primary healthcare. In the true moxibustion group, 58.1% of the full-term presentations were cephalic compared with 43.4% in the sham moxibustion group (RR 1.34, 95% CI 1.05 to 1.70) and 44.8% of those in the usual care group (RR 1.29, 95% CI 1.02 to 1.64). The reduction in RR of the primary outcome in women allocated to the true moxibustion group compared with the usual care group was 29.7% (95% CI 3.1% to 55.2%) and the number needed to treat was 8 (95% CI 4 to 72). There were no severe adverse effects during the treatment. Moxibustion at acupuncture point BL67 is effective and safe to correct non-vertex presentation when used between 33 and 35 weeks of gestation. We believe that moxibustion represents a treatment option that should be considered to achieve version of the non-vertex fetus.

Source: BNI
Full Text: Available from EBSCOhost in Acupuncture in Medicine (Printed out for you)
order to convert babies from a breech to a cephalic presentation. An ongoing study to assess this treatment is described. [(BNI unique abstract)] 15 references
Source: BNI
Full Text: Available from EBSCOhost in RCM midwives

Citation: Complementary Therapies in Nursing & Midwifery, Nov 2004, vol. 10, no. 4, p. 233-238, 1353-6117 (November 2004)
Author(s): Tiran, D
Abstract: Review of alternative therapies used in women facing breech presentation, including moxibustion, ginger paste, homeopathy, fetal acoustic stimulation, hypnosis and yoga. Issues of informed consent and modes of delivery are discussed. [(BNI unique abstract)] 40 references
Source: BNI
Full Text: Available from EBSCOhost in RCM midwives

32. Editorial: alternative approaches to breech presentation.
Citation: Journal of Clinical Nursing, Apr 2011, vol. 20, no. 7-8, p. 923-924, 0962-1067 (April 2011)
Author(s): Kwan, W
Abstract: Editorial highlighting research on the effectiveness of acupuncture, moxibustion and other complementary or alternative therapies as client-led alternatives to the use of external cephalic version to move breech-presenting infants. Contraindications and adverse effect of alternative therapies are considered, and the need for midwives to respect client preferences is emphasised. [(BNI unique abstract)] 17 references
Source: BNI
Full Text: Available from EBSCOhost in Journal of Clinical Nursing

33. The breech: from experience to knowledge.
Citation: MIDIRS Midwifery Digest, Mar 2011, vol. 21, no. 1, p. 37-40, 0961-5555 (March 2011)
Author(s): Zgonc, I
Abstract: Helping babies in a breech presentation to turn. A student midwife from Spain with experience as a shiatsu therapist and doula describes 3 basic steps, including exercises, she has found useful in turning a breech baby. Information on how the Chinese Medicine treatment moxibustion can be applied after the exercises is also provided. [(BNI unique abstract)] 9 references
Source: BNI
Full Text: Available from MIDIRS: Midwifery Digest in Lincoln County Hospital

34. Moxibustion for breech presentation: significant new evidence.
Citation: Acupuncture in Medicine, 01 March 2013, vol./is. 31/1(5-6), 09645284
Language: English
Publication Type: journal article
Source: CINAHL
Full Text: Available from EBSCOhost in Acupuncture in Medicine

35. Recourse to Alternative Medicine During Pregnancy: Motivations of Women and Impact of Research Findings.
Citation: Journal of Alternative & Complementary Medicine, 01 December 2012, vol./is. 18/12(1147-1153), 10755535
Author(s): Guittier, Marie-Julia; Pichon, Michelle; Irion, Olivier; Guillemin, Francis; Boulvain, Michel
Abstract: Objectives: The aims of this study were to gain a better understanding of the motivations of pregnant women utilizing moxibustion for breech presentation and to measure the impact of research results on these patients' treatment decisions regarding this alternative medicine technique. Design: The study involved a statistical analysis of two self-administered questionnaires to 212 women who had previously participated in a randomized clinical trial on the efficacy of moxibustion; in addition, a qualitative thematic content analysis for open-ended questions was also performed. Results: Most women (69%) reported treating themselves at least once with complementary and alternative medicine (CAM). Higher use of CAM was associated with higher education and Caucasian origin. Pregnancy was associated with a significant reduction in utilization of CAMs. After reading the results of a previous randomized clinical trial, which did not
demonstrate efficacy of moxibustion, 60% of the women questioned expressed the intention of resorting to this technique in case of a subsequent pregnancy with a fetus in the breech position. The principal motivation was their desire to try anything that may possibly turn such fetuses to increase the chances of delivering them vaginally.

Conclusions: It is important to consider the regard that pregnant women attribute to CAMs for self-care strategies. Despite a lack of scientific evidence supporting the use of moxibustion to address breech presentation, pregnant women consider CAMs, in general, to be safe and effective. Studies investigating the physical and psychologic effects of CAMs will enable clinicians to advise patients better about treatment options.

Publication Type: journal article
Source: CINAHL

36. Moxibustion for breech presentation
Citation: Acupuncture in Medicine, 01 June 2010, vol./is. 28/2(98-98), 09645284
Author(s): White A
Source: CINAHL
Full Text: Available from EBSCOhost in Acupuncture in Medicine

37. Cost-effectiveness of breech version by acupuncture-type interventions on BL 67, including moxibustion, for women with a breech foetus at 33 weeks gestation: a modelling approach.
Citation: Complementary Therapies in Medicine, 01 April 2010, vol./is. 18/2(67-77), 09652299
Author(s): van den Berg I; Kaandorp GC; Bosch JL; Duvekot JJ; Arends LR; Hunink MG
Abstract: OBJECTIVES: To assess, using a modelling approach, the effectiveness and costs of breech version with acupuncture-type interventions on BL67 (BVA-T), including moxibustion, compared to expectant management for women with a foetal breech presentation at 33 weeks gestation. DESIGN: A decision tree was developed to predict the number of caesarean sections prevented by BVA-T compared to expectant management to rectify breech presentation. The model accounted for external cephalic versions (ECV), treatment compliance, and costs for 10,000 simulated breech presentations at 33 weeks gestational age. Event rates were taken from Dutch population data and the international literature, and the relative effectiveness of BVA-T was based on a specific meta-analysis. Sensitivity analyses were conducted to evaluate the robustness of the results. MAIN OUTCOME MEASURES: We calculated percentages of breech presentations at term, caesarean sections, and costs from the third-party payer perspective. Odds ratios (OR) and cost differences of BVA-T versus expectant management were calculated. (Probabilistic) sensitivity analysis and expected value of perfect information analysis were performed. RESULTS: The simulated outcomes demonstrated 32% breech presentations after BVA-T versus 53% with expectant management (OR 0.61, 95% CI 0.43, 0.83). The percentage caesarean section was 37% after BVA-T versus 50% with expectant management (OR 0.73, 95% CI 0.59, 0.88). The mean cost-savings per woman was euro 451 (95% CI euro 109, euro 775; p=0.005) using moxibustion. Sensitivity analysis showed that if 16% or more of women offered moxibustion complied, it was more effective and less costly than expectant management. To prevent one caesarean section, 7 women had to use BVA-T. The expected value of perfect information from further research was euro0.32 per woman. CONCLUSIONS: The results suggest that offering BVA-T to women with a breech foetus at 33 weeks gestation reduces the number of breech presentations at term, thus reducing the number of caesarean sections, and is cost-effective compared to expectant management, including external cephalic version.;
Source: CINAHL

38. Factors affecting the success of moxibustion in the management of a breech presentation as a preliminary treatment to external cephalic version.
Citation: Midwifery, 01 December 2009, vol./is. 25/6(774-780), 02666138
Author(s): Manyande A; Grabowska C
Abstract: OBJECTIVES: to explore the effects of moxibustion treatment, to examine the predictors of its use in causing a breech presentation to spontaneously turn to a cephalic presentation which will result in a vaginal birth (the paper will refer to this as 'successful') and offer external cephalic version (ECV) subsequently after moxibustion treatment when the fetus remains in a breech presentation. DESIGN: a prospective study over a two-year time period from February 2004 until January 2006. PARTICIPANTS: 76 pregnant women from various acupuncture practices in the UK, with a third trimester breech presentation.
INTERVENTIONS: the acupuncturist taught the women how to apply moxibustion (sticks of compressed dried herbs - Artemisia vulgaris) treatment at home by stimulating the acupoint on the outer edge at the base of the little toe nail for seven days twice a day (morning and afternoon). If the breech presentation persisted after treatment, ECV was carried out towards the end of the pregnancy. The obstetricians offered this during the routine antenatal hospital visits.

FINDINGS: the results show that following treatment with moxibustion, 31 (40.8%) of the breech presentations spontaneously turned to cephalic presentations, and a further 33 (43.4%) breech presentations were turned by ECV. Women who involved other people in the administration of moxibustion were twice as likely to be successful. Multiparous women were also 16% more likely than primiparous women to succeed in achieving a spontaneous version with the use of moxibustion. Fewer side effects reported when using moxibustion were the strongest predictor of successful spontaneous cephalic version with an odds ratio of 12% (p = 0.02).

KEY CONCLUSIONS: moxibustion creates a better chance of vaginal birth for expectant mothers. Of the women who were successful in turning their babies using moxibustion, 88% went on to have a normal birth and 12% had a caesarean section. Moxibustion treatment also significantly increases version from a breech presentation to a cephalic presentation where there are fewer side effects reported, if the woman is multiparous and has support during the administration of moxibustion treatment.

IMPLICATIONS FOR PRACTICE: moxibustion treatment should be offered to all women with a breech presentation because it is non-invasive and can be self-administered by the woman. It is therefore a simple, cost-effective technique that requires no medical intervention.

Source: CINAHL

Full Text: Available from Midwifery in Pilgrim Hospital Staff Library

39. Side-effects of moxibustion for cephalic version of breech presentation.
Citation: Journal of Alternative & Complementary Medicine, 01 December 2008, vol./is. 14/10(1231-1233), 10755535
Author(s): Guillter M; Klein TJ; Dong H; Andreoli N; Irion O; Boulvain M
Abstract: Objectives: Moxibustion, a Traditional Chinese Medicine technique related to acupuncture, was proposed to facilitate cephalic version of breech presentation. Several trials were conducted to evaluate the efficacy, but there are few reports on the safety of moxibustion. Our objective was to assess the side-effects and acceptability of this intervention. Design: We are conducting a randomized controlled trial to evaluate the efficacy of moxibustion for breech version. The first 12 participants randomized in the moxibustion group had additional fetal surveillance by electronic monitoring. Subjects: Pregnant women with a fetus in breech presentation are included in the trial between 34 and 36 weeks of gestation. Interventions: We performed a cardiotocogram during 10 minutes before, 20 minutes during, and 10 minutes after each session. A maximum of 9 sessions were scheduled every other day, and stopped when cephalic version was diagnosed. The recordings were assessed by 3 independent readers using the Fischer scoring system. Outcome measures: Fetal well-being was evaluated by the cardiotocogram; effect on the mother was evaluated by blood pressure recorded before and after each session; maternal views, contractions, and perceived changes in fetal movements were assessed using a questionnaire. Results: A total of 65 cardiotocograms were analyzed. All scores were considered as normal, being at 8 or more on a 0-10 scale. Acceptability for the women and compliance to the intervention were good. No significant maternal or fetal side-effect was observed. Conclusions: We have not detected alterations of fetal and maternal well-being or other side-effects associated with moxibustion applied to the BL 67 for cephalic version of breech presentations. Moxibustion appears to be safe for both the mother and the fetus.
Publication Type: journal article
Source: CINAHL
Full Text: Available from EBSCOhost in Journal of Alternative and Complementary Medicine

40. Breech presentation and the use of moxibustion.
Citation: Practising Midwife, 01 May 2008, vol./is. 11/5(22-24), 14613123
Author(s): Mitchell M; Allen K
Abstract: A complementary Chinese technique may increase the chances of a normal birth for women with breech presentation.
Publication Type: journal article
Source: CINAHL
41. Midwifery managers' views about the use of complementary therapies in the maternity services.

Citation: Complementary Therapies in Clinical Practice, 01 May 2007, vol./is. 13/2(129-135), 17443881

Author(s): Williams J; Mitchell M

Abstract: The burgeoning interest in complementary therapies (CTs) in the general population over the last decade has created a demand for CTs to be made available within the NHS. There are some excellent examples of midwives who have introduced CTs into clinical practice and who are providing an enhanced service to women as a result [Budd S. Moxibustion for breech presentation. Complement Therap Nurs Midwifery 2000; 6(4): 176-9; Tiran D. Complementary strategies in antenatal care. Complement Therap Nurs Midwifery 2001; 7: 19-24; Ager C. A complementary therapy clinic, making it work. RCM Midwives J 2002; 5(6): 198-200; Burns E, Blamey C, Ersser S, Lloyd AJ, Barnetsson L. The use of aromatherapy in intrapartum midwifery practice: an observational study. Oxford: OCHRAD; 1999]. Overall, however, service provision remains patchy and ad hoc with little evidence of a robust integration into the maternity services. This article presents the qualitative findings from a national survey of the heads of maternity services in England. They were asked to indicate their views and perceptions about the benefits, promoters and constrainers in relation to CT integration within the maternity services. Our findings show that overall, views are positive, with increasing consumer satisfaction, promotion of normal childbirth and a reduction in medical intervention being seen as the main benefits.

Source: CINAHL

42. Effects of three different stimulations (acupuncture, moxibustion, acupuncture plus moxibustion) of BL.67 acupoint at small toe on fetal behavior of breech presentation.

Citation: American Journal of Chinese Medicine, 01 January 2007, vol./is. 35/1(27-33), 0192415X

Author(s): Neri I; De Pace V; Venturini P; Facchinetti F

Abstract: The aim of the study was to evaluate cardiovascular effects and fetal behavior during moxibustion, acupuncture or acupuncture plus moxibustion applied on the BL.67 acupoint of women (beside the outer corner of the 5th toenail) in fetal breech presentation. During the acupoint stimulation (20 min, two times a week), the women were submitted to computerized non-stress test. Fourteen cases were treated by both acupuncture and moxibustion, 15 cases by moxibustion and 10 cases by acupuncture. In 56% of cases, fetal position was converted from breech position to cephalic one; the success share was 80% for moxibustion, 28% for acupuncture, 57% for acupuncture plus moxibustion; the conversion, on average, was achieved after 3 sessions. Statistical analysis indicated that acupuncture plus moxibustion was able to reduce fetal heart rate during the application of stimuli while acupuncture and moxibustion separately did not affect such parameter. Moreover, moxibustion and acupuncture with moxibustion reduced fetal movements while acupuncture only appears ineffective. The present study suggests that fetal movements were reduced by both acupuncture plus moxibustion and moxibustion and that fetal heart rate was reduced just by acupuncture plus moxibustion. The mechanisms leading the effect on fetal heart rate and fetal movements remain to be clarified. Even though further studies are needed, such preliminar report mainly investigated the impact of different stimula on the BL.67 acupoint. Unfortunately these small series of data do not allow us to draw any conclusion about the effectiveness of the different treatments.

Source: CINAHL

Full Text: Available from EBSCOhost in American Journal of Chinese Medicine

43. Moxibustion for breech presentation: disappointing results from a confirmatory study.

Citation: Focus on Alternative & Complementary Therapies, 01 December 2005, vol./is. 10/4(302-303), 14653753

Author(s): Ernst E; Cardini F

Source: CINAHL

44. Acupuncture and moxibustion for breech presentation.

Citation: Alternative Therapies in Women's Health, 01 November 2005, vol./is. 7/11(86-88), 15223396
**Author(s):** Balk J

**Abstract:** In many Western countries, breech presentation is an indication for elective caesarean section. To correct fetal presentation, the stimulation of the acupoint BL67 by moxibustion, acupuncture, or both has been proposed. Since no studies previously had been carried out on Western populations, pregnant Italian women at 33-35 weeks gestational age carrying a fetus in breech presentation were enrolled in a randomized, controlled trial involving an active BL67 point stimulation and an observation group. A total of 240 women at 33-35 weeks of gestation carrying a fetus in breech presentation were randomized to receive active treatment (acupuncture plus moxibustion) or be assigned to the observation group. Bilateral acupuncture plus moxibustion was applied at the BL56 acupuncture point (Zhiyin). The primary outcome of the study was fetal presentation at delivery. Fourteen cases dropped out. The final analysis was thus made on 226 cases, 114 randomized to observation and 112 to acupuncture plus moxibustion. At delivery, the proportion of cephalic version was lower in the observation group (36.7%) than in the active-treatment group (53.6%) (P = 0.01). Hence, the proportion of cesarean sections indicated for breech presentation was significantly lower in the treatment group than in the observation group (52.3% vs. 66.7%, P = 0.03). The researchers conclude that acupuncture plus moxibustion is more effective than observation in revolving fetuses in breech position. Such a method appears to be a valid option for women willing to experience a natural birth.

**Source:** CINAHL

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45. Moxibustion in breech version -- a descriptive review.

**Citation:** Acupuncture in Medicine, 01 March 2002, vol./is. 20/1(26-29), 09645284

**Author(s):** Ewies A; Olah K

**Abstract:** The management of breech presentation at term remains controversial. It appears logical that maternal and perinatal outcomes would be improved if breech presentation could be avoided. External cephalic version is considered a safe procedure if cases are selected appropriately and anaesthesia avoided. Moxibustion is a traditional Chinese method of treatment, which utilizes the heat generated by burning herbal preparations containing the plant Artemisia vulgaris to stimulate the acupuncture points. It is used for breech version with a reported success rate of 84.6% after 34 weeks gestation. Moxibustion technique is cheap, safe, simple, self-administered, non-invasive, painless and generally well tolerated. Although many studies give encouraging results regarding the use of moxibustion in inducing cephalic version of breech presentation, a definitive conclusion cannot be made as most involve small sample sizes and are not randomised. Moxibustion could be an extra option offered to women with breech presentation along with vaginal delivery, caesarean section and external cephalic version. This article discusses the possible role of moxibustion in correction of breech presentation in the hope that, some interest will be stimulated in what is a very interesting area for future research.

**Source:** CINAHL

**Full Text:** Available from *Acupuncture in Medicine* in Pilgrim Hospital Staff Library

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46. Moxibustion treatment of breech presentation.

**Citation:** American Journal of Chinese Medicine, 01 January 2001, vol./is. 29/1(37-45), 0192415X

**Author(s):** Kanakura Y; Kometani K; Nagata T; Niwa K; Kamatsuki H; Shinzato Y; Tokunaga Y

**Abstract:** Breech presentation was successfully corrected by stimulating acupuncture points with moxibustion or low-frequency electrical current. Only patients with breech pregnancies at the 28th week or later were entered into the study. With moxibustion treatment, the control group had a spontaneous correction rate of 165/224 (73.66%), and the treatment group had a correction rate of 123/133 (92.48%) (P<0.0001 chi-square test). With low-frequency percutaneous electrical stimulation, the correction rate was 20/941 (83.87%) in the control group and 171/191 (89.52%) in the treatment group (P=0.094, x2 test). The controls in the moxibustion study did no exercises and received no external manipulation to correct breech presentation whereas those in the electrical stimulation study experienced both. Acupuncture stimulation, especially with moxibustion, is expected to serve as a safe and effective modality in the management of breech presentation in a clinical setting.

**Source:** CINAHL

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47. Can moxibustion (the burning of herbs to stimulate acupuncture points) of the outer...
corner of the fifth toenail promote version of fetuses in breech presentation?

Citation: Evidence-Based Practice, 01 February 1999, vol./is. 2/2(0-), 10954120

Author(s): Slawson D

Source: CINAHL


Citation: Acupuncture in Medicine, March 2013, vol./is. 31/1(5-6), 0964-5284;1759-9873 (2013 Mar)

Author(s): Smith CA

Publication Type: Comment; Editorial

Source: MEDLINE

Full Text: Available from EBSCOhost in Acupuncture in Medicine

49. Recourse to alternative medicine during pregnancy: motivations of women and impact of research findings.

Citation: Journal of Alternative & Complementary Medicine, December 2012, vol./is. 18/12(1147-53), 1075-5535;1557-7708 (2012 Dec)

Author(s): Guittier MJ; Pichon M; Irion O; Guillemin F; Boulvain M

Abstract: OBJECTIVES: The aims of this study were to gain a better understanding of the motivations of pregnant women utilizing moxibustion for breech presentation and to measure the impact of research results on these patients' treatment decisions regarding this alternative medicine technique. DESIGN: The study involved a statistical analysis of two self-administered questionnaires to 212 women who had previously participated in a randomized clinical trial on the efficacy of moxibustion; in addition, a qualitative thematic content analysis for open-ended questions was also performed. RESULTS: Most women (69%) reported treating themselves at least once with complementary and alternative medicine (CAM). Higher use of CAM was associated with higher education and Caucasian origin. Pregnancy was associated with a significant reduction in utilization of CAMs. After reading the results of a previous randomized clinical trial, which did not demonstrate efficacy of moxibustion, 60% of the women questioned expressed the intention of resorting to this technique in case of a subsequent pregnancy with a fetus in the breech position. The principal motivation was their desire to try anything that may possibly turn such fetuses to increase the chances of delivering them vaginally. CONCLUSIONS: It is important to consider the regard that pregnant women attribute to CAMs for self-care strategies. Despite a lack of scientific evidence supporting the use of moxibustion to address breech presentation, pregnant women consider CAMs, in general, to be safe and effective. Studies investigating the physical and psychologic effects of CAMs will enable clinicians to advise patients better about treatment options.

Publication Type: Journal Article; Randomized Controlled Trial; Research Support, Non-U.S. Gov't

Source: MEDLINE

50. Moxibustion to turn the breech.

Citation: Practising Midwife, September 2012, vol./is. 15/8(S3-4), 1461-3123;1461-3123 (2012 Sep)

Author(s): Weston M; Grabowska C

Abstract: Midwives at West Middlesex NHS Trust (WMUH) have been trained in the use of moxibustion to turn a breech presentation. This paper informs the reader of this service, how it was implemented, the audit and importance of maintaining accurate data as well as the resulting changes to the service. Moxibustion appears to be a safe, easy and cost effective way to promote cephalic presentation and is offered prior to external cephalic version (ECV).

Source: MEDLINE

Full Text: Available from Practising Midwife (incorporates Modern Midwife) in Pilgrim Hospital Staff Library

51. Moxibustion for breech version: a randomized controlled trial.

Citation: Obstetrics & Gynecology, November 2009, vol./is. 114/5(1034-40), 0029-7844;1873-233X (2009 Nov)

Author(s): Guittier MJ; Pichon M; Dong H; Irion O; Boulvain M

Abstract: OBJECTIVE: To estimate the efficacy of moxibustion between 34 and 38 weeks of gestation to facilitate the cephalic version of fetuses in breech presentation and the acceptability of this method by women. METHODS: We conducted a randomized controlled trial in a Swiss university hospital maternity unit. We proposed to stimulate the
acupoint BL 67 by moxibustion daily for 2 weeks for 212 consenting women between 34 and 36 weeks of gestation with a single fetus in breech presentation. We did the intervention three times weekly in the hospital and a teaching session and information leaflet on the technique for additional daily therapy at home. The control group received expectant management care. The availability of external cephalic version was maintained for both groups. The main outcome measure was the comparison of the proportion of women with cephalic presentation at delivery.

RESULTS: Baseline characteristics were similar between groups, except more nulliparous women were randomized to moxibustion. The percentage of versions was similar between groups: 18% in the moxibustion group compared with 16% in the control group (relative risk 1.12, 95% confidence interval 0.62 to 2.03). Adjustment for the imbalance in parity did not change these results. The frequency of cesarean delivery was similar (64% compared with 58% in the moxibustion group and the control group, respectively). Acceptability of the intervention and women's perceptions of moxibustion were favorable.

CONCLUSION: We observed no beneficial effect of moxibustion to facilitate the cephalic version of fetuses in breech presentation. Despite this lack of proven effectiveness, women had positive opinions on the intervention.


Publication Type: Journal Article; Randomized Controlled Trial; Research Support, Non-U.S. Gov't
Source: MEDLINE
Full Text: Available from the ULHT Library and Knowledge Services’ eJournal collection in Obstetrics and Gynecology

52. Moxibustion for cephalic version: a feasibility randomised controlled trial.
Citation: BMC Complementary & Alternative Medicine, 2011, vol./is. 11/(81), 1472-6882;1472-6882 (2011)
Author(s): Do CK; Smith CA; Dahlen H; Bisits A; Schmied V
Abstract: BACKGROUND: Moxibustion (a type of Chinese medicine which involves burning a herb close to the skin) has been used to correct a breech presentation. Evidence of effectiveness and safety from systematic reviews is encouraging although significant heterogeneity has been found among trials. We assessed the feasibility of conducting a randomised controlled trial of moxibustion plus usual care compared with usual care to promote cephalic version in women with a breech presentation, and examined the views of women and health care providers towards implementing a trial within an Australian context.
METHODS: The study was undertaken at a public hospital in Newcastle, New South Wales, Australia. Women at 34-36.5 weeks of gestation with a singleton breech presentation (confirmed by ultrasound), were randomised to moxibustion plus usual care or usual care alone. The intervention was administered over 10 days. Clinical outcomes included cephalic presentation at birth, the need for ECV, mode of birth; perinatal morbidity and mortality, and maternal complications. Feasibility outcomes included: recruitment rate, acceptability, compliance and a sample size for a future study. Interviews were conducted with 19 midwives and obstetricians to examine the acceptability of moxibustion, and views on the trial.
RESULTS: Twenty women were randomised to the trial. Fifty one percent of women approached accepted randomisation to the trial. A trend towards an increase in cephalic version at delivery (RR 5.0; 95% CI 0.7-35.5) was found for women receiving moxibustion compared with usual care. There was also a trend towards greater success with version following ECV. Two babies were admitted to the neonatal unit from the moxibustion group. Compliance with the moxibustion protocol was acceptable with no reported side effects. Clinicians expressed the need for research to establish the safety and efficacy of moxibustion, and support for the intervention was given to increase women's choices, and explore opportunities to normalise birth. The sample size for a future trial is estimated to be 381 women.
CONCLUSION: Our findings should be interpreted with caution as the study was underpowered to detect statistical differences between groups. Acceptance by women and health professionals towards moxibustion suggest further research is warranted.
TRIAL REGISTRATION: Australia and New Zealand Clinical Trials Register (ANZCTR): ACTRN12609000985280.
Publication Type: Journal Article; Randomized Controlled Trial; Research Support, Non-U.S. Gov't
Source: MEDLINE
Full Text: Available from EBSCOhost in BMC Complementary and Alternative Medicine

53. A randomised controlled trial of moxibustion for breech presentation.
Citation: BJOG: An International Journal of Obstetrics & Gynaecology, June 2005, vol./is.
OBJECTIVES: To evaluate the efficacy of moxibustion for the correction of fetal breech presentation in a non-Chinese population.

DESIGN: Single-blind randomised controlled trial (RCT).

SETTING: Six obstetric departments in Italy.

SAMPLE: Healthy non-Chinese nulliparous pregnant women at 32-33 weeks + 3 days of gestational age with the fetus in breech presentation.

METHODS: Random assignment to treatment or observation. Treatment consisted of moxibustion (stimulation with heat from a stick of Artemisia vulgaris) at the BL 67 acupuncture point (Zhiyin) for one or two weeks. Two weeks after recruitment, each participant was subjected to an ultrasonic examination of the fetal presentation.

MAIN OUTCOME MEASURE: Number of participants with cephalic presentation in the 35th week.

RESULTS: The study was interrupted when 123 participants had been recruited (46% of the planned sample). Intermediate data monitoring revealed a high number of treatment interruptions. At this point no difference was found in cephalic presentation in the 35th week (treatment group: 22/65, 34%; control group: 21/58, 36%; RR 0.95; 99% CI 0.59-1.5).

CONCLUSIONS: The results underline the methodological problems evaluating of a traditional treatment transferred from a different cultural context. They do not support either the effectiveness or the ineffectiveness of moxibustion in correcting fetal breech presentation.

Publication Type: Clinical Trial; Journal Article; Multicenter Study; Randomized Controlled Trial; Research Support, Non-U.S. Gov't

Source: MEDLINE


54. Acupuncture plus moxibustion to resolve breech presentation: a randomized controlled study.

Citation: Journal of Maternal-Fetal & Neonatal Medicine, April 2004, vol./is. 15/4(247-52), 1476-7058;1476-4954 (2004 Apr)

Author(s): Neri I; Airola G; Contu G; Allais G; Facchinetti F; Benedetto C

Abstract: OBJECTIVE: In many Western countries breech presentation is an indication for elective Cesarean section. In order to correct fetal presentation, the stimulation of the acupoint BL67 by moxibustion, acupuncture or both has been proposed. Since no studies had previously been carried out on Western populations, pregnant Italian women at 33-35 weeks gestational age carrying a fetus in breech presentation were enrolled in a randomized, controlled trial involving an active BL67 point stimulation and an observation group.

METHODS: A total of 240 women at 33-35 weeks of gestation carrying a fetus in breech presentation were randomized to receive active treatment (acupuncture plus moxibustion) or to be assigned to the observation group. Bilateral acupuncture plus moxibustion was applied at the BL67 acupoint (Zhiyin). The primary outcome of the study was fetal presentation at delivery.

RESULTS: Fourteen cases dropped out. The final analysis was thus made on 226 cases, 114 randomized to observation and 112 to acupuncture plus moxibustion. At delivery, the proportion of cephalic version was lower in the observation group (36.7%) than in the active-treatment group (53.6%) (p = 0.01). Hence, the proportion of Cesarean sections indicated for breech presentation was significantly lower in the treatment group than in the observation group (52.3% vs. 66.7%, p = 0.03).

CONCLUSIONS: Acupuncture plus moxibustion is more effective than observation in resolving fetuses in breech presentation. Such a method appears to be a valid option for women willing to experience a natural birth.

Publication Type: Clinical Trial; Journal Article; Randomized Controlled Trial

Source: MEDLINE

Full Text: Available from EBSCOhost in Journal of Maternal-Fetal and Neonatal Medicine

55. Moxibustion in breech version--a descriptive review.

Citation: Acupuncture in Medicine, March 2002, vol./is. 20/1(26-9), 0964-5284;0964-5284 (2002 Mar)

Author(s): Ewies A; Olah K

Abstract: The management of breech presentation at term remains controversial. It appears logical that maternal and perinatal outcomes would be improved if breech presentation could be avoided. External cephalic version is considered a safe procedure if cases are selected appropriately and anaesthesia avoided. Moxibustion is a traditional Chinese method of treatment, which utilizes the heat generated by burning herbal
preparations containing the plant Artemisia vulgaris to stimulate the acupuncture points. It is used for breech version with a reported success rate of 84.6% after 34 weeks gestation. Moxibustion technique is cheap, safe, simple, self-administered, non-invasive, painless and generally well tolerated. Although many studies give encouraging results regarding the use of moxibustion in inducing cephalic version of breech presentation, a definitive conclusion cannot be made as most involve small sample sizes and are not randomised. Moxibustion could be an extra option offered to women with breech presentation along with vaginal delivery, caesarean section and external cephalic version. This article discusses the possible role of moxibustion in correction of breech presentation in the hope that, some interest will be stimulated in what is a very interesting area for future research.

**Publication Type:** Journal Article; Research Support, Non-U.S. Gov't; Review  
**Source:** MEDLINE  
**Full Text:** Available from Acupuncture in Medicine in Pilgrim Hospital Staff Library

56. **Moxibustion for breech presentation.**  
**Citation:** JAMA, October 1999, vol./is. 282/14(1329; author reply 1329-30), 0098-7484:0098-7484 (1999 Oct 13)  
**Author(s):** Ernst E  
**Publication Type:** Comment; Letter  
**Source:** MEDLINE

57. **Moxibustion for breech presentation.**  
**Citation:** JAMA, October 1999, vol./is. 282/14(1329; author reply 1329-30), 0098-7484:0098-7484 (1999 Oct 13)  
**Author(s):** Wong HC; Wong NY; Wong JK  
**Publication Type:** Comment; Letter  
**Source:** MEDLINE

58. **Correction of nonvertex presentation with moxibustion**  
**Citation:** American Journal of Obs and Gynae, 2009, 201 (3) 241 – 59  
**Authors:** Vas J, Aranda J M, Nishishinya B  
**Abstract:** We searched systematically for randomized controlled trials, comparing moxibustion with a nonmoxibustion control group or other methods such as external cephalic version, postural methods, and acupuncture in databases, both Western and Chinese, up to June 2007. Six studies, with 1087 subjects and a high degree of heterogeneity, compared moxibustion vs observation or postural methods and reported a rate of cephalic version among the moxibustion group of 72.5% vs 53.2% in the control group (relative risk, 1.36; 95% confidence interval, 1.17-1.58); the number needed to treat was 5 (95% confidence interval, 4-7). In terms of safety, no significant differences were found in the comparison of moxibustion with other techniques. Moxibustion at acupuncture point BL67 has been shown to produce a positive effect, whether used alone or in combination with acupuncture or postural measures, in comparison with observation or postural methods alone, for the correction of nonvertex presentation, although these results should be viewed with caution, given the considerable heterogeneity found among studies.  
**Publication Type:** Controlled trial  
**Source:** TRIP

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