



Practice Standard: Acupuncture for Induction of Labour

Applies to Traditional Chinese Medicine Professionals & Acupuncturists

The College of Complementary Health Professionals of BC was created on June 28, 2024 through the amalgamation of four health regulatory colleges:

- College of Chiropractors of BC
- College of Massage Therapists of BC
- College of Naturopathic Physicians of BC
- College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC

All current requirements for standards of clinical and ethical practice issued by the four colleges remain in place upon amalgamation.

This document was created by the College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC and will be updated to reflect the amalgamation.

ACUPUNCTURE FOR INDUCTION OF LABOUR

Effective February 2, 2015

Female patients may seek acupuncture treatment as a means to induce labour. Under the Traditional Chinese Medicine Practitioners and Acupuncturists Regulation, Acupuncturists, TCM Practitioners and Doctors of TCM (“hereinafter referred to as “practitioners”) are not authorized to manage labour. Practitioners may assist pregnant patients seeking acupuncture to induce labour only if the following conditions are met.

A. Before performing the treatment, the practitioner must do all of the following:

1. verify and document that the patient is under the care of a primary birth attendant who is registered with an approved regulator under the *Health Professions Act*;
2. record the name of the primary birth attendant in charge of the patient’s pregnancy (e.g. obstetrician, midwife, general practitioner);
3. obtain a prior written signed consent form from the patient after following the requirements and considerations listed in sections A and B of this Practice Standard. The consent form must include the patient’s name, the date, a brief description of the treatment, the rationale for performing the treatment, and the name of the practitioner who will provide the treatment;
4. record the estimated date of delivery and date of scheduled induction (if applicable) in the patient’s clinical record;
5. record the patient’s medical history and all pertinent information in the patient’s clinical record, including but not limited to the patient’s age, week of pregnancy/gestation, if primiparous (first pregnancy) or multiparous (history of one or more pregnancies), current complications, and history of complications in previous pregnancies/deliveries;
6. conduct an oral interview to verify the patient’s current physical status including history of stress tests, blood pressure, status of cervix, engagement, cephalic or frank breech, mucus plug, contractions, membranes intact, cervical sweep and /or plan for other natural induction tools such as castor oil or lemon verbena and record all of this information in the patient’s clinical record;
7. take steps to ensure that there are no contraindications to administering acupuncture to the patient for the purposes of inducing labour. Contraindications may include but are not limited to: (a) absence of any medical reason necessitating an induction; and (b) any conditions that would make induction unsafe for the patient and/or the baby.

Potential contraindications to induction of labour through acupuncture

- if the patient is carrying twins, induction may only be administered if all general induction qualifications and baby “A” is in a cephalic presentation; the practitioner should have written confirmation that the patient will be delivering vaginally with twins (note: this is not commonly done by primary birth attendants in BC) and their primary birth attendant is aware and confirms the position of the babies.
- if there is a breech - frank breech induction may only be administered if the patient meets all general induction qualifications; all non-frank breeches are contraindicated for induction unless there is a written request by the primary birth attendant;



- if the patient is planning for a vaginal birth after caesarean section (VBAC) - patients with a previous history of caesarean section must have the prior consent (verbal or written) of their primary birth attendant, confirming that the patient is eligible for a vaginal birth;
- the timing may be a contradiction as acupuncture induction should not be provided more than 72 hours before a known medical induction unless the practitioner has received confirmation that the primary birth attendant has recommended acupuncture induction for the patient.

B. Consideration of the Practitioner's competency to perform acupuncture to induce labour

Practitioners who wish to perform acupuncture for the induction of labour are responsible for ensuring that they are competent to do so. Practitioners may be required to provide evidence of such competency to the College documenting their education and training for labour induction and outlining their experience and competency to apply the necessary knowledge to perform labour induction in a safe and competent manner.

The following links are for further information regarding reference material and training programs:

Betts, Debra. *The essential guide to Acupuncture in Pregnancy & Childbirth*: Eastland Press, 2006

The Cochrane Collaboration. *Acupuncture for induction of labour (Review)*: Wiley & Sons, 2009

National Institute for Health and Clinical Excellence (NICE). *Clinical guidelines 70: Induction of Labour*, London, UK 2008



针灸辅助生产

2015年2月2日起生效

孕妇临产可能会寻求以针灸治疗作为诱导分娩的一种方法。根据中医针灸管理法规，注册针灸师、中医师和高级中医师（以下简称“执业医师”）无权主导分娩。执业医师只有在满足以下条件时才可以协助产妇，使用针灸辅助生产。

A. 在进行治疗前，执业医师必须做到以下所有事项：

1. 审核并证明产妇是由一位在医疗专业法许可下之监管机构注册的主导接生人员护理；
2. 记录负责产妇的主导接生人员（如产科医师，助产士，全科医师）的姓名；
3. 获得一份按照本执业准则A和B中所列的要求和注意事项预备书面的并由产妇签署的知情同意书。同意书必须包括产妇的姓名、就诊日期、针灸治疗方法的简要描述、进行该治疗的基本原理，以及即将提供治疗之执业医师的姓名；
4. 在产妇的病历中记录预产期和预定的引产期（如果适用）；
5. 在产妇的病历中记录产妇的过去史及所有相关信息。包括但不限于：患者的年龄、妊娠/受孕周数、初产（首次妊娠）还是经产（有过一次或多次妊娠史）、目前的并发症以及既往妊娠/分娩并发症的病史；
6. 安排一次门诊咨询以核实产妇目前的身体状况，包括心脏负荷试验、血压、宫颈状态、胎儿入盆情况、是头位还是臀位等、宫颈粘液栓、宫缩、胎膜是否完好、人工破水辅助生产和/或计划用其它的自然辅助生产手段如蓖麻油或柠檬马鞭草等历史，并将所有这些数据记录于产妇的病历中；
7. 采取措施以确保不存在任何以引产之目的为产妇实施针灸辅助生产的禁忌症。禁忌可以包括但不限于：（a）缺乏需要引产的临床依据；及（b）任何因引产会对产妇及/或胎儿造成不安全的情况。

使用针灸辅助生产的潜在禁忌症

- 如果孕妇怀的是双胞胎，针灸辅助生产只有在符合所有一般引产条件以及第一个婴儿是头先露时才可以进行。执业医师应拿到孕妇愿意经阴道分娩双胞胎的书面确认书（注：BC省的主导接生人员并不常这样做）且其主导接生人员要知情并确认胎位。
- 如果胎位出现臀位 - 完全臀先露，只有在符合所有一般辅助生产条件时才可以实施针灸辅助生产；所有不完全臀先露都是针灸辅助生产禁忌症，除非有主导接生人员的书面请求；
- 如果曾经过剖腹产（VBAC）手术的产妇现又计划经阴道分娩 - 既往有剖腹产史的产妇必须经其主导接生人员的事先准许（口头或书面的），以确认产妇符合经阴道分娩的条件；
- 治疗时间也有一定禁忌，一般针灸辅助生产不应早于已知药物辅助生产72小时以上，除非执业医师已经得到主导接生人员向产妇推荐针灸辅助生产的确认。



B. 执业医师执行针灸辅助生产的能力考察

希望进行针灸辅助生产的执业医师有责任确保自身有实施针灸辅助生产的能力。执业医师可能会被要求向管理局提供与该能力相关的证据，证明其为针灸辅助生产所接受的教育和培训，并证明有运用所需理论知识以一种安全并能胜任进行针灸辅助生产的经验和能力。

以下的链接是有关参考资料和培训计划的详细信息：

Betts, Debra. *The essential guide to Acupuncture in Pregnancy & Childbirth*: Eastland Press, 2006
The Cochrane Collaboration. *Acupuncture for induction of labour (Review)*: Wiley & Sons, 2009
National Institute for Health and Clinical Excellence (NICE). *Clinical guidelines 70: Induction of Labour*, London, UK 2008

**中文翻译，仅供参考。英文版本是唯一的正式版本。

**本中文执业准则的内容如与英文准则的内容有任何差异，概以英文版本为准。



針灸輔助生產

2015年2月2日起生效

孕婦臨產可能會尋求以針灸治療作為誘導分娩的一種方法。根據中醫針灸管理法規，註冊針灸師、中醫師和高級中醫師（以下簡稱“執業醫師”）無權主導分娩。執業醫師只有在滿足以下條件時才可以協助產婦，使用針灸輔助生產。

A. 在進行治療前，執業醫師必須做到以下所有事項：

1. 審核並證明產婦是由一位在醫療專業法許可下之監管機構註冊的主導接生人員護理;
2. 記錄負責產婦的主導接生人員（如產科醫師，助產士，全科醫師）的姓名;
3. 獲得一份按照本執業準則A和B中所列的要求和注意事項預備書面的並由產婦簽署的知情同意書。同意書必須包括產婦的姓名、就診日期、針灸治療方法的簡要描述、進行該治療的基本原理，以及即將提供治療之執業醫師的姓名;
4. 在產婦的病歷中記錄預產期和預定的引產期（如果適用）;
5. 在產婦的病歷中記錄產婦的過去史及所有相關信息。包括但不限於：患者的年齡、妊娠/受孕週數、初產（首次妊娠）還是經產（有過一次或多次妊娠史）、目前的並發症以及既往妊娠/分娩並發症的病史;
6. 安排一次門診諮詢以核實產婦目前的身體狀況，包括心臟負荷試驗、血壓、宮頸狀態、胎兒入盆情況、是頭位還是臀位等、宮頸粘液栓、宮縮、胎膜是否完好、人工破水輔助生產和/或計劃用其它的自然輔助生產手段如蓖麻油或檸檬馬鞭草等歷史，並將所有這些資料記錄於產婦的病歷中;
7. 採取措施以確保不存在任何以引產之目的為產婦實施針灸輔助生產的禁忌症。禁忌可以包括但不限於：（a）缺乏需要引產的臨床依據;及（b）任何因引產會對產婦及/或胎兒造成不安全的情況。

使用針灸輔助生產的潛在禁忌症

- 如果孕婦懷的是雙胞胎，針灸輔助生產只有在符合所有一般引產條件以及第一個嬰兒是頭先露時才可以進行。執業醫師應拿到孕婦願意經陰道分娩雙胞胎的書面確認書（注：BC省的主導接生人員並不常這樣做）且其主導接生人員要知情並確認胎位。
- 如果胎位出現臀位 - 完全臀先露，只有在符合所有一般輔助生產條件時才可以實施針灸輔助生產;所有不完全臀先露都是針灸輔助生產禁忌症，除非有主導接生人員的書面請求;
- 如果曾經過剖腹產（VBAC）手術的產婦現又計劃經陰道分娩 - 既往有剖腹產史的產婦必須經其主導接生人員的事先准許（口頭或書面的），以確認產婦符合經陰道分娩的條件;



- 治療時間也有一定禁忌，一般針灸輔助生產不應早於已知藥物輔助生產72小時以上，除非執業醫師已經得到主導接生人員向產婦推薦針灸輔助生產的確認。

B. 執業醫師執行針灸輔助生產的能力考察

希望進行針灸輔助生產的執業醫師有責任確保自身有實施針灸輔助生產的能力。執業醫師可能會被要求向管理局提供與該能力相關的證據，證明其為針灸輔助生產所接受的教育和培訓，並證明有運用所需理論知識以一種安全並能勝任進行針灸輔助生產的經驗和能力。

以下的鏈接是有關參考資料和培訓計劃的詳細信息：

Betts, Debra. *The essential guide to Acupuncture in Pregnancy & Childbirth*: Eastland Press, 2006
The Cochrane Collaboration. *Acupuncture for induction of labour (Review)*: Wiley & Sons, 2009
National Institute for Health and Clinical Excellence (NICE). *Clinical guidelines 70: Induction of Labour*, London, UK 2008

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