



Framework for safe perinatal practice:

Cupping in Pregnancy

Introduction: Lumbopelvic Pain (LPP) is the most common condition experienced in pregnancy, which significantly affects quality of life throughout the duration of pregnancy, often increasing in frequency and intensity during the third trimester. Acupuncturists, midwives, and physiotherapists have reported using acupuncture to relieve LPP in pregnancy. [1,2,3,4,5]

In addition to acupuncture, pregnancy trained acupuncturists are also incorporating cupping into their treatment plans to relieve LPP, as reported by both Maternity Acupuncturists Mentoring and Peer Support (MAMPS) students and graduates, as well as the Obstetrical Acupuncture Association (OBAA) practitioners. Observational findings indicate that when appropriate Pregnancy Style Cupping (PSC) is used on the lower back and buttock areas for LPP, clinically meaningful pain reduction is reported [1,2,5] with no adverse pregnancy outcomes [2].

Pregnancy Style Cupping (PSC) is reported as safe and beneficial in treating LPP in clinical settings when used by professionally trained pregnancy clinicians [2]. Cupping provides beneficial effects to assist in muscle function and recovery through vasodilation and enhanced micro-circulation in the area cupped [6]. This Framework for Safe Practice is to provide guidance for clinicians who practice acupuncture during pregnancy, including midwives, physiotherapists, and physicians interested in including cupping into their treatment protocol to relieve LPP and discomfort during pregnancy.

Medical History:

Skin: During the health history intake and assessment, care should be taken to examine the back and hip areas to make sure there is no broken skin, open wounds, abscess, acne, rashes (including shingles), etc. It is also important to ensure there are no prior unhealed injuries to the tissue below, such as torn ligaments, muscles, or tendons.

Evaluation of DVT in lower leg: Caution should be applied when using PSC on the thighs and calf muscles with due diligence to ensure there is no blood clot concern in the lower legs, prior history of DVT, or genetic/familial history.

Understanding the Role of Relaxin Hormone: Relaxin is a reproductive hormone produced by the ovaries and the placenta. It loosens and relaxes muscles, joints and ligaments during pregnancy to help the pregnant body stretch. Relaxin also helps prepare for birth by loosening the pelvic muscles and ligaments. Therefore, it is important to keep in mind the depth, strength, and duration of cupping during pregnancy so as not to over-treat and cause injury by over-stretching the ligaments and connective tissue during pregnancy and postpartum.

Clinical Considerations for Cupping:

Pregnancy Style Cupping (PSC):

- PSC relief for LLP in pregnancy is dependent on the style, depth, duration, and pressure used during treatment. Understanding the nuance of providing individualized treatment is essential.
- **Cup Type:** There are a variety of cupping options that include fire cupping, plastic suction cups, and soft silicon cups. Any of these may be used provided that the suction pressure can be well controlled.

Applying Suction:

- PSC is not a strong or aggressive orthopedic cupping method that leaves bruising. Rather, the intention is for a safe, gentle, and relaxing cupping method to soften and soothe sore tight muscles of the low back and hips, providing effective relief from LLP.
- Begin with the lowest suction possible and increase the strength slowly. Check in with the pregnant person about their comfort level.
- Cupping should be experienced as a gentle sensation of warmth, pulling, or stretching of the skin. It should not be painful or uncomfortable. Each person will have a different pain/comfort threshold (i.e., yin xu patients may be very sensitive to pressure and have a lower tolerance for pain). Individual levels of comfort should be monitored, with reduced suction if pain or discomfort is experienced.
- Suction needs to be reduced if deep red/purple marks (sha) or dark red/purple spots appear. Mild changes in skin tone are normal as the skin and tissue beneath warm up. Bruising, which involves blood from the damaged capillaries leaking into tissue, is not the intended outcome and can be prevented through ensuring correct suction pressure.

Follow up Care:

- Ensure chart notes clearly indicate PSC has been used. It is advised to let patients know to be in touch if they have any concerns about the treatment, or if they experience any adverse reactions, including worsening pain.

References:

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3. Liddle, D., & Pennick, V. (2015). Interventions for preventing and treating low-back and pelvic pain during pregnancy. *The Cochrane Library*, 2015(9). <https://doi.org/10.1002/14651858.cd001139.pub4>
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5. Soliday, E., & Betts, D. (2018). Treating Pain in Pregnancy with Acupuncture: Observational Study Results from a Free Clinic in New Zealand. *Journal of Acupuncture and Meridian Studies*, 11(1), 25–30. <https://doi.org/10.1016/j.jams.2017.11.005>
6. Bridgett, R., Klose, P., Duffield, R., Mydock, S., & Lauche, R. (2018). Effects of Cupping Therapy in Amateur and Professional Athletes: Systematic Review of Randomized Controlled Trials. *Journal of Alternative and Complementary Medicine*, 24(3), 208–219. <https://doi.org/10.1089/acm.2017.0191>

Decision Flow Chart

CUPPING IN PREGNANCY



1) ASK THE QUESTION

Are there medical concerns/risk factors/skin conditions that contraindicate cupping?

Yes - Move to Step 2.

No - Move to Step 4.

2) RISK FACTORS

Assess if cupping for LPP is appropriate.

No - Document and change treatment plan.

Make a referral if necessary.

Yes - Document rationale and move to step 3.

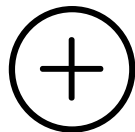


3) TREATMENT PLAN

Cupping as appropriate for lower back and pelvic pain with awareness of risk factors.

4) TREATMENT PLAN

Cupping as appropriate for lower back and pelvic pain.



5.) BE INFORMED AND PROFESSIONALLY SAFE

Ensure you provide appropriate information, treatment and follow up.

Appropriate documentation for professional safety and when presenting as a case history.

- Gestational age in weeks and pregnancy history - (number of pregnancies and live births).

- Any risk factors, injuries, conditions of skin, muscle or tendon which contraindicates cupping for lower back and pelvic pain.

- Document the color and condition of the skin post-treatment as well as any remarks by the patient.