

Acupuncture Management of Post-Term Pregnancy With Spleen Qi Deficiency To Promote Uterine Contractions: A Case Study

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Abstract.

Prolonged labor caused by weak uterine contraction is conventionally managed with synthetic oxytocin, which carries potential adverse effects. In Traditional Chinese Medicine, weak uterine contraction is frequently associated with Spleen Qi Deficiency, presenting as physical exhaustion, edema, and inadequate energy for childbirth. This study aims to evaluate the efficacy of acupuncture as a non-pharmacological intervention to stimulate uterine contraction in a postterm pregnant woman experiencing Spleen Qi Deficiency. A clinical case study was conducted at Klinik Bumi Sehat Ubud, Bali, involving a 40-week pregnant participant who exhibited an initial absence of uterine contraction, lower limb edema, severe fatigue, and a weak pulse. The therapeutic intervention consisted of six consecutive acupuncture sessions utilizing specific acupoints, including Sanyinjiao (SP6), Zusanli (ST36), Hegu (LI4), and Yinlingquan (SP9), combined with moxibustion, to eliminate damp-cold pathogens, regulate Qi, and tonify the spleen. The results demonstrated a progressive and significant clinical improvement; the participant's lower limb edema resolved entirely, and maternal physical stamina was fully restored. Furthermore, active and strong uterine contraction was successfully induced, culminating in a normal and spontaneous vaginal delivery. In conclusion, targeted acupuncture therapy serves as a highly effective and safe holistic approach for addressing delayed labor and maternal fatigue attributed to Spleen Qi Deficiency, thereby offering a viable complementary intervention in obstetric care.

Keywords: *Acupuncture Postterm pregnancy, Uterine contraction, Traditional Chinese Medicine and Obstetric care.*

I. INTRODUCTION

Childbirth is a complex physiological process involving dynamic interactions among the hormonal, neurological, muscular, psychological, and emotional systems of the mother [1]. Although labour is generally a normal physiological event, ineffective uterine contractions or uterine inertia remain a common challenge that may prolong labour, increase maternal fatigue, and elevate the likelihood of medical interventions, including labour induction and caesarean delivery. Conventional management of weak uterine contractions primarily relies on the administration of synthetic oxytocin [2]. However, this approach has limited effectiveness in some cases and may be associated with serious adverse effects. Consequently, non-pharmacological interventions have gained increasing attention as complementary strategies to support physiological labour while minimising unnecessary medical intervention.

Among these approaches, acupuncture has emerged as a promising therapeutic option because it is believed to stimulate uterine contractions, alleviate labour pain, and improve maternal endurance. Within the framework of Traditional Chinese Medicine (TCM), weak uterine contractions are commonly associated with Spleen Qi Deficiency, a syndrome characterised by inadequate Qi production to support physical strength during labour. Women with this syndrome commonly present with physical weakness, fatigue, poor appetite, pale complexion, oedema, and loose stools [3]. From the TCM perspective, restoring the balance of Qi is considered essential for promoting effective uterine contractions and facilitating a smoother labour process. In contrast to the Western medical perspective, which primarily emphasises the mechanical and hormonal mechanisms of labour [4], TCM interprets childbirth as the result of harmonious circulation of Qi and Xue, in which Spleen Qi plays a central role in maintaining maternal stamina and supporting uterine function [5, 6].

Previous studies have demonstrated that acupuncture may provide multiple benefits during childbirth. Stimulation of specific acupuncture points has been reported to improve the circulation of Qi and Xue, reduce labour pain, shorten labour duration, and enhance maternal comfort [7, 8]. In addition, acupuncture has been shown to strengthen maternal energy and endurance through stimulation of points such as Sanyinjiao (SP6), Zusanli (ST36), Hegu (LI4), and Yinlingquan (SP9), which are commonly indicated for Spleen Qi Deficiency [6, 7, 9–12]. Evidence also suggests that acupuncture is a safe complementary intervention in obstetric practice when performed by qualified practitioners and may reduce the need for pharmacological management without disrupting the normal course of labour [13, 14]. Furthermore, acupuncture may relieve anxiety and promote maternal relaxation, thereby facilitating the physiological progress of labour [15].

Despite these reported benefits, the implementation of acupuncture for labour support remains limited in many clinical settings. Preliminary observations conducted at Klinik Bumi Sehat Ubud, Gianyar, Bali, between January and March 2025 identified approximately 32 pregnant women who received acupuncture treatment. Nevertheless, the application of acupuncture in labour care is still constrained by the limited availability of trained healthcare professionals and the scarcity of local evidence regarding its clinical application, particularly for women with Spleen Qi Deficiency. This indicates a need for further investigation to strengthen the evidence base supporting the integration of acupuncture into obstetric care within the local healthcare context.

Accordingly, this study addresses the question of how acupuncture care may benefit women in labour with Spleen Qi Deficiency by stimulating uterine contractions at Klinik Bumi Sehat Ubud, Bali. The novelty of this study lies in its focus on the clinical application of acupuncture care for labouring women diagnosed with Spleen Qi Deficiency using the principles of Traditional Chinese Medicine within a local clinical setting. By examining this specific patient population, the study seeks to contribute

evidence regarding the role of acupuncture as a holistic, non-pharmacological intervention for supporting labour. Therefore, the objective of this study is to determine and analyse the benefits of acupuncture care in stimulating uterine contractions among women in labour with Spleen Qi Deficiency in accordance with Traditional Chinese Medicine principles.

II. METHODS

This study employed a qualitative case study design to comprehensively describe the implementation of acupuncture care for stimulating uterine contractions in a woman in labour with Spleen Qi Deficiency at Klinik Bumi Sehat Ubud, Gianyar, Bali. Rather than investigating a social phenomenon, the case study was intended to document the complete process of acupuncture care, from patient assessment to evaluation of treatment outcomes, following the standard principles of acupuncture clinical practice. The study focused on describing the clinical management, diagnostic reasoning, therapeutic planning, intervention, and evaluation of acupuncture care in a real clinical setting.

The study included a single participant selected according to predefined eligibility criteria. The participant was a 26-year-old female registered as a client at Klinik Bumi Sehat Ubud, Gianyar, Bali, diagnosed with post-term pregnancy without uterine contractions and presenting with Spleen Qi Deficiency syndrome according to Traditional Chinese Medicine (TCM). Participation was voluntary, and written informed consent was obtained before data collection. The case study was conducted at Klinik Bumi Sehat Ubud, Gianyar, Bali, with six acupuncture treatment sessions administered during May 2025.

Data were collected using a structured Client Data Form designed to document the Four Diagnostic Methods of Traditional Chinese Medicine. Observation (Wang) included assessment of Shen, facial appearance, body condition, and tongue characteristics. Listening and smelling examinations (Wen) evaluated voice quality, respiration, body odour, and other clinically relevant findings. Inquiry (Wen) consisted of comprehensive interviews covering demographic characteristics, chief complaint, accompanying symptoms, medical history, lifestyle, family history, and current clinical manifestations. Palpation (Qie) included examination of the affected region, specific acupuncture points, and pulse diagnosis. Relevant supporting medical records and diagnostic examinations were also reviewed when available. After data collection, all findings were systematically reduced by selecting clinically significant and abnormal findings to establish the acupuncture diagnosis.

The acupuncture diagnosis consisted of determining both the disease classification and the associated TCM syndrome based on sufficient evidence obtained from the Four Diagnostic Methods. This diagnostic formulation served as the basis for developing an individualized treatment plan, including therapeutic principles, selection of acupuncture instruments and materials, identification of acupuncture points, needle

manipulation techniques, treatment schedule, and recommendations provided to the participant. The acupuncture intervention followed standardized clinical procedures encompassing preparation of equipment and treatment facilities, patient positioning, hand hygiene, use of personal protective equipment, preparation of the needling site and acupuncture needles, needle retention, post-treatment equipment decontamination, safety precautions, management of treatment responses, and compliance with health and safety regulations.

Treatment outcomes were evaluated after each therapy session through both process and outcome evaluations. Process evaluation assessed immediate changes observed following needle removal using the Four Diagnostic Methods, including alterations in Shen, facial appearance, speech, respiration, pulse characteristics, tenderness, and subjective symptom responses. Outcome evaluation determined the participant's clinical progress and whether treatment should continue according to the planned schedule or require alternative management. Prognosis was subsequently classified into one of four categories: *Sanam* (recovered), *Bonam* (good), *Malam* (poor), or *Dubia* (uncertain). Referral to other healthcare services was considered when additional medical management beyond the scope of acupuncture practice was required.

To ensure data credibility, the researcher served as the primary research instrument while maintaining methodological rigor through prolonged engagement and source triangulation involving the participant, the acupuncture therapist, and a close family member. Data analysis was performed using cross-session comparative analysis, in which clinical findings, diagnostic formulation, therapeutic planning, treatment implementation, and patient outcomes from each acupuncture session were systematically compared with subsequent sessions to identify changes throughout the course of treatment. Clinical improvement, prognosis, and referral decisions were interpreted based on these sequential comparisons. Ethical considerations included obtaining institutional permission, securing written informed consent, ensuring participant anonymity and confidentiality, respecting cultural values and local regulations, and maintaining participant privacy throughout the study.

III. RESULT AND DISCUSSION

The findings demonstrated substantial clinical improvement following six sessions of acupuncture therapy in a participant with post-term pregnancy associated with Spleen Qi Deficiency. Comparison of the clinical findings between the first and sixth treatment sessions showed marked changes in both subjective complaints and objective examination results. At baseline, the participant had reached 40 weeks of gestation without uterine contractions and reported generalized weakness, frequent fatigue, lower-limb oedema, and reduced appetite. Observation using the Traditional Chinese Medicine (TCM) diagnostic approach revealed a pale yellowish complexion, sluggish body movements, a pale and enlarged tongue with teeth marks, and a thick,

moist white tongue coating. Pulse examination showed a slow, floating, and weak pulse, particularly at the right Guan position, while listening and smelling examinations revealed no pathological findings. By the sixth treatment session, active uterine contractions had developed, followed by spontaneous rupture of the membranes and successful vaginal delivery at 05:15 a.m. The participant no longer experienced contraction pain after delivery, her facial appearance appeared healthier, the tongue had returned to a normal pink colour with a thin moist coating, and the pulse became stronger and more balanced. These changes indicate progressive restoration of maternal condition throughout the treatment period.

The observed clinical improvement suggests that acupuncture effectively addressed both the primary complaint of absent uterine contractions and the accompanying manifestations of Spleen Qi Deficiency. The gradual development of effective labour contractions, resolution of fatigue and lower-limb oedema, and recovery of normal tongue and pulse characteristics are consistent with the therapeutic objective of strengthening Spleen Qi while facilitating the physiological labour process. These findings correspond with the explanation of Wang & Li [11] and Chen [5], who described Spleen Qi Deficiency as a condition characterised by reduced stamina that weakens maternal ability to generate effective uterine contractions and expulsive force during labour. The acupuncture protocol employed in this study utilised Sanyinjiao (SP6), Zusanli (ST36), Hegu (LI4), and Yinlingquan (SP9), which have been reported to improve body energy and physical endurance during labour [7, 9–12]. Specifically, stimulation of ST36 and SP6 supports the restoration of overall Qi, strengthens digestive function, and alleviates fatigue associated with Spleen Qi Deficiency [9, 11], whereas LI4 and SP6 facilitate uterine contractions and may shorten labour duration [10, 12]. In addition, SP9 promotes the resolution of excessive dampness, thereby improving the circulation of Qi within the Spleen meridian [7]. Collectively, these therapeutic effects provide a plausible explanation for the clinical improvements observed in the participant.

The diagnostic findings throughout the intervention further support the appropriateness of the TCM diagnosis. At the initial assessment, the participant was diagnosed with post-term pregnancy accompanied by Spleen Qi Deficiency based on the absence of uterine contractions despite full-term gestation, accompanied by physical weakness, fatigue, poor appetite, lower-limb oedema, a pale enlarged tongue with teeth marks, and a slow, floating, weak pulse, particularly at the right Guan position. These clinical manifestations are consistent with the characteristics of Spleen Qi Deficiency described by Chen [5], who explained that inadequate Spleen Qi reduces physical endurance and maternal energy during childbirth. Similarly, Wang & Li [11] reported that insufficient Spleen Qi compromises the mother's ability to generate effective contractions and pushing efforts during labour. Although the underlying diagnosis remained unchanged at the final treatment session, the participant demonstrated substantial clinical recovery, reflected by spontaneous labour,

disappearance of associated symptoms, restoration of physical strength, and successful delivery, indicating that the pathological manifestations of the syndrome had markedly improved.

The therapeutic strategy remained unchanged throughout all six treatment sessions because progressive clinical improvement was observed without the need to modify the acupuncture prescription. Treatment focused on removing obstruction within the meridians and collaterals, regulating Ying Qi and Wei Qi, resolving dampness, and tonifying Spleen Qi. The selected acupuncture points included Sanyinjiao (SP6) with tonification manipulation, Zusanli (ST36) with tonification manipulation, Hegu (LI4) with regulation/sedation manipulation, and Yinlingquan (SP9) with sedation manipulation. According to Zhou & Han [9] and Lin et al. [10], SP6 strengthens Spleen and Kidney Qi while supporting uterine contractions. ST36 enhances Qi production, improves digestive function, and alleviates fatigue associated with Spleen Qi Deficiency [11]. LI4 promotes systemic Qi circulation, reduces pain, and facilitates uterine contractions [12], whereas SP9 eliminates excessive dampness and restores smooth Qi movement within the Spleen meridian [7]. The favourable clinical outcome observed in this case is consistent with previous studies reporting that the combined stimulation of these acupoints enhances maternal energy and physical endurance during labour [9–12]. In the present case, the combination of tonifying Spleen Qi, resolving dampness, and promoting the circulation of Qi appeared to restore maternal physiological readiness for labour, resulting in the onset of effective uterine contractions and successful spontaneous childbirth. These findings indicate that acupuncture care based on syndrome differentiation may provide a beneficial complementary approach for managing post-term pregnancy associated with Spleen Qi Deficiency.

IV. CONCLUSION

This case study demonstrates that acupuncture care based on the Traditional Chinese Medicine diagnosis of Spleen Qi Deficiency effectively supported the stimulation of uterine contractions in a woman with post-term pregnancy. Throughout the course of treatment, the participant experienced progressive improvement in the primary complaint of absent uterine contractions, accompanied by the resolution of fatigue, physical weakness, and lower-limb oedema. Objective clinical findings also indicated recovery of the participant's overall condition, as reflected by improvements in facial appearance, body movement, tongue characteristics, and pulse quality following successful spontaneous childbirth. These findings suggest that acupuncture may serve as a beneficial complementary intervention for enhancing maternal stamina and facilitating physiological labour in women with Spleen Qi Deficiency, while providing additional evidence to support the integration of acupuncture into holistic maternity care.

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