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**Date:** 25 January 2018

**Sources:** Medline, Embase

## Moxibustion and Acupuncture for Breech Presentation

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### Evidence Summary:

Moxibustion is a traditional Chinese medicine therapy using moxa made from dried mugwort . It is advocated for use in breech presentation at 33-35 weeks gestation by [RCOG Green-top guideline \(2017\)](#).

A Cochrane Systematic review ([Coyle, M.E. et al, 2012](#)) reported that there is little evidence to support the use of Moxibustion in correcting breech presentation, however there is some evidence that it reduces the need for oxytocin. The addition of Moxibustion to postural technique or to acupuncture might reduce breech presentation and the number of caesarean sections in women with singleton breech presentation.

## 1. Cephalic version by moxibustion for breech presentation.

**Author(s):** Coyle, Meaghan E; Smith, Caroline A; Peat, Brian

**Source:** The Cochrane database of systematic reviews; May 2012 (no. 5); p. CD003928

**Publication Date:** May 2012

**Publication Type(s):** Research Support, Non-u.s. Gov't Meta-analysis Journal Article Review

**PubMedID:** 22592693

Available at [The Cochrane database of systematic reviews](#) - from Cochrane Collaboration (Wiley)

**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 SELECTION CRITERIA The inclusion criteria were published and unpublished randomised controlled trials comparing moxibustion (either alone or in combination with acupuncture or postural techniques) with a control group (no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.

**Database:** Medline

## **2. Correction of nonvertex presentation with moxibustion: a systematic review and metaanalysis.**

**Author(s):** Vas, Jorge; Aranda, Jose Manuel; Nishishinya, Betina; Mendez, Camila; Martin, M Angeles; Pons, Joana; Liu, Jian Ping; Wang, Chun Yong; Perea-Milla, Emilio

**Source:** American journal of obstetrics and gynecology; Sep 2009; vol. 201 (no. 3); p. 241-259

**Publication Date:** Sep 2009

**Publication Type(s):** Research Support, Non-u.s. Gov't Meta-analysis Journal Article Review

**PubMedID:** 19733275

**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.

**Database:** Medline

## **3. External Cephalic Version and Reducing the Incidence of Term Breech Presentation: Green-top Guideline No. 20a**

**Author(s):** anonymous

**Source:** BJOG: An International Journal of Obstetrics and Gynaecology; Jun 2017; vol. 124 (no. 7)

**Publication Date:** Jun 2017

**Publication Type(s):** Article

Available at [BJOG: An International Journal of Obstetrics and Gynaecology](#) - from Wiley Online Library Science , Technology and Medicine Collection 2017

**Database:** EMBASE

#### **4. Acupuncture version of breech presentation: a randomized sham-controlled single-blinded trial.**

**Author(s):** Sananes, Nicolas; Roth, Georges E; Aissi, Germain A; Meyer, Nicolas; Bigler, Annick; Bouschbacher, Jean-Michel; Helmlinger, Christine; Viville, Brigitte; Guilpain, Mélanie; Gaudineau, Adrien; Akladios, Chérif Y; Nisand, Israël; Langer, Bruno; Vayssiere, Christophe; Favre, Romain

**Source:** European journal of obstetrics, gynecology, and reproductive biology; Sep 2016; vol. 204 ; p. 24-30

**Publication Date:** Sep 2016

**Publication Type(s):** Randomized Controlled Trial Journal Article

**PubMedID:** 27521594

**Abstract:**BACKGROUNDSeveral studies have investigated the efficacy of moxibustion with or without acupuncture for fetal version, but the results are discordant. Meta-analyses pointed out the need for robust, methodologically sound, randomized controlled trials.OBJECTIVEThe objective of this study was to assess the effectiveness of acupuncture with fire needling on acupoint BL67 for version of breech presentation.STUDY DESIGNThis was a randomized, sham-controlled, single-blinded trial, which took place in Strasbourg teaching maternity hospital, France. A total of 259 patients between 32 and 34 weeks of gestation have been randomized and analyzed. Patients were randomized to either acupuncture with fire needling or sham group, and were analyzed in their initial allocation group. Statistical analysis was conducted using Bayesian methods, in univariate analysis and in multivariate analysis after adjustment on parity.RESULTSThe primary outcome was the rate of cephalic presentations at ultrasound examination performed between 35 and 36 weeks of gestation. A total of 49 (37.7%) fetuses were in cephalic presentation in the acupuncture group, versus 37 (28.7%) in the sham group: RR 1.34 [0.93-1.89], Pr  $RR > 1 = 94.3\%$ . After adjustment on parity, the acupuncture did not increase the rate of fetal cephalic version: OR 1.47 [0.84-2.42], Pr  $OR > 1 = 90.3\%$ .CONCLUSIONSOur study suggests that acupuncture with fire needling on acupoint BL67 does not promote fetal cephalic version. Further studies might investigate effectiveness of other protocols of acupuncture. Randomization should be stratified for nulliparous and parous patients.

**Database:** Medline

## **5. Moxibustion did not have an effect in a randomised clinical trial for version of breech position.**

**Author(s):** Bue, Linda; Lauszus, Finn Friis

**Source:** Danish medical journal; Feb 2016; vol. 63 (no. 2)

**Publication Date:** Feb 2016

**Publication Type(s):** Randomized Controlled Trial Journal Article

**PubMedID:** 26836801

**Abstract:**INTRODUCTIONIn Chinese traditional medicine, the stimulation of acupuncture point no. 67 - the bladder meridian - is recommended to favour cephalic version in case of foetal breech presentation. The point can be stimulated by an acupuncture needle, ginger application, fingertip pressure, laser or moxibustion; moxibustion is heat generated by a burning stick containing the herb *Artemisia vulgaris*. A Cochrane review concluded that more research on the effectiveness of moxibustion is needed. This study aimed to estimate the effectiveness of moxibustion for version of breech presentation.METHODSWe included 200 women in gestational week 33 who had a singleton foetus in breech position. They were randomised to moxibustion treatment daily for two weeks or control without moxibustion. The randomisation was performed for nulliparous and parous women separately.RESULTSAfter the trial, which lasted on average 16 days, the breech position was confirmed in 68 of the 92 nulliparous and in 50 of the 108 parous women (74% versus 46%, p 1 favours moxibustion).CONCLUSIONSNo significant effects of moxibustion were found in correcting the breech position in primiparous and parous women after their 33rd gestational week.FUNDINGnone.TRIAL REGISTRATIONThis trial was registered with ClinicalTrials.gov as NCT02251886.

**Database:** Medline

## **6. Version of breech fetuses by moxibustion with acupuncture: a randomized controlled trial.**

**Author(s):** Coulon, Capucine; Poleszczuk, Marion; Paty-Montaigne, Marie-Hélène; Gascard, Cécile; Gay, Charlotte; Houfflin-Debarge, Véronique; Subtil, Damien

**Source:** Obstetrics and gynecology; Jul 2014; vol. 124 (no. 1); p. 32-39

**Publication Date:** Jul 2014

**Publication Type(s):** Randomized Controlled Trial Journal Article

**PubMedID:** 24901279

Available at [Obstetrics and gynecology](#) - from Ovid (LWW Total Access Collection 2015 - Q1 with Neurology)

**Abstract:**OBJECTIVETo assess the efficacy of moxibustion (heating of the acupuncture needle with an igniting charcoal moxa stick) with acupuncture for version of breech presentations after 33 4/7 weeks of gestation to reduce their rate at 37 weeks of gestation and at delivery.METHODSThis was a randomized placebo-controlled single-blind trial including 328 pregnant women recruited in a university hospital center between 33 4/7 and 35 4/7 weeks of gestation. Moxibustion with acupuncture or inactivated laser (placebo) treatment was applied to point BL 67 for six sessions. The principal endpoint was the percentage of fetuses in breech presentation at 37 2/7 weeks of gestation.RESULTSThe study included 328 women randomized into two groups: moxibustion with acupuncture (n=164) or placebo (n=164). The percentage of fetuses in breech presentation at 37 2/7 weeks of gestation was not significantly different in both groups (72.0 in the moxibustion with acupuncture group compared with 63.4% in the placebo group, relative risk 1.13, 95% confidence interval 0.98-1.32, P=.10).CONCLUSIONTreatment by moxibustion with acupuncture was not effective in correcting breech presentation in the third trimester of pregnancy.CLINICAL TRIAL REGISTRATIONClinicalTrials.gov, [www.clinicaltrials.gov](http://www.clinicaltrials.gov), NCT01487590.

**Database:** Medline

**7. The practice of acupuncture and moxibustion to promote cephalic version for women with a breech presentation: implications for clinical practice and research.**

**Author(s):** Smith, C A; Betts, D

**Source:** Complementary therapies in medicine; Feb 2014; vol. 22 (no. 1); p. 75-80

**Publication Date:** Feb 2014

**Publication Type(s):** Journal Article

**PubMedID:** 24559820

Available at [Complementary therapies in medicine](#) - from ProQuest (Hospital Premium Collection) - NHS Version

**Abstract:**OBJECTIVETo examine what experienced acupuncture practitioners and researchers considered key aspects of treatment to promote cephalic version for women with a breech presentation, and to establish a treatment protocol through consensus to guide the self administration of moxa by pregnant women.METHODS AND DESIGNThe Delphi method was used to seek the opinions of key informants. Sixteen English speaking international, Australian and New Zealand acupuncturists working in the area of pregnancy were invited to participate in the study. Participants were given a link to an online survey, and their views sought on treatment parameters guiding the treatment of breech presentation within a research setting.RESULTSTwo rounds of the Delphi process were undertaken, 12 participants completed round one, and 10 completed round two. Eighty percent of participants agreed that moxa should commence between 34 and 35 weeks gestation. Ninety percent agreed to self administration of moxa by the woman, and use of smokeless and odourless sticks. Seventy percent agreed moxa should be applied for a minimum of 10 days, and be applied once a day for 30min. Monitoring safety was identified as an important outcome. Ninety percent agreed study clinical outcomes should assess side effects including burns, and maternal and foetal outcomes.CONCLUSIONFindings from our study promote the clinical validity for a future research protocol, and highlight other areas for research to evaluate the role of acupuncture and moxibustion with normalising birth.

**Database:** Medline

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

**Author(s):** Vas, Jorge; Aranda-Regules, José Manuel; Modesto, Manuela; Ramos-Monserrat, María; Barón, Mercedes; Aguilar, Inmaculada; Benítez-Parejo, Nicolás; Ramírez-Carmona, Carmen; Rivas-Ruiz, Francisco

**Source:** Acupuncture in medicine : journal of the British Medical Acupuncture Society; Mar 2013; vol. 31 (no. 1); p. 31-38

**Publication Date:** Mar 2013

**Publication Type(s):** Research Support, Non-u.s. Gov't Comparative Study Randomized Controlled Trial Multicenter Study Journal Article

**PubMedID:** 23249535

Available at [Acupuncture in medicine : journal of the British Medical Acupuncture Society](#) - from HighWire - Free Full Text

Available at [Acupuncture in medicine : journal of the British Medical Acupuncture Society](#) - from ProQuest (Hospital Premium Collection) - NHS Version

**Abstract:**OBJECTIVETo 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.METHODSThis 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.RESULTSIn 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.CONCLUSIONS 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.TRIAL REGISTRATIONCurrent Controlled Trials ISRCTN10634508.

**Database:** Medline

### **9. Moxibustion for cephalic version: a feasibility randomised controlled trial.**

**Author(s):** Do, Carole K; Smith, Caroline A; Dahlen, Hannah; Bisits, Andrew; Schmied, Virginia

**Source:** BMC complementary and alternative medicine; Sep 2011; vol. 11 ; p. 81

**Publication Date:** Sep 2011

**Publication Type(s):** Research Support, Non-u.s. Gov't Randomized Controlled Trial Journal Article

**PubMedID:** 21943180

Available at [BMC complementary and alternative medicine](#) - from BioMed Central

Available at [BMC complementary and alternative medicine](#) - from ProQuest (Hospital Premium Collection) - NHS Version

**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. METHOD 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. RESULT 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.

**Database:** Medline



## **10. Does moxibustion work? An overview of systematic reviews.**

**Author(s):** Lee, Myeong Soo; Kang, Jung Won; Ernst, Edzard

**Source:** BMC research notes; Nov 2010; vol. 3 ; p. 284

**Publication Date:** Nov 2010

**Publication Type(s):** Journal Article

**PubMedID:** 21054851

Available at [BMC research notes](#) - from BioMed Central

Available at [BMC research notes](#) - from Europe PubMed Central - Open Access

Available at [BMC research notes](#) - from ProQuest (Hospital Premium Collection) - NHS Version

**Abstract:**BACKGROUNDSeveral 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.METHODSElectronic searches were conducted to locate all SRs of moxibustion for any condition. Data were extracted by two authors according to predefined criteria.RESULTSTen 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.CONCLUSIONSBased 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.

**Database:** Medline

## **11. Acupuncture for breech version: principles, technique, mode of action and utility--a literature review.**

**Author(s):** Sananès, Nicolas; Vayssière, Christophe; Helmlinger, Christine; Viville, Brigitte; Kohler, Monique; Aïssi, Germain; Trieu, Ngoc-Tu; Langer, Bruno; Favre, Romain

**Source:** The journal of maternal-fetal & neonatal medicine : the official journal of the European Association of Perinatal Medicine, the Federation of Asia and Oceania Perinatal Societies, the International Society of Perinatal Obstetricians; May 2010; vol. 23 (no. 5); p. 455-458

**Publication Date:** May 2010

**Publication Type(s):** Journal Article Review Evaluation Studies

**PubMedID:** 19718585

**Abstract:**OBJECTIVEVersion to correct breech presentation at term remains important, because feet-first vaginal delivery of a baby is associated with a higher risk of fetal morbidity and mortality.METHODThe technique consists of puncture at point B67. This technique is thought to work by increasing the probability of the fetus turning by increasing active fetal movements.RESULTSFive randomised studies evaluating the value of acupuncture in cases of siege presentation indicate that this method tended to be effective. However, no placebo-controlled study has been carried out.CONCLUSIONAcupuncture should be attempted in cases of breech presentation.

**Database:** Medline

## 12. Acupuncture and moxibustion for breech presentation: A systematic review

**Author(s):** Liu M.-L.; Lan L.; Tang Y.; Liang F.-R.

**Source:** Chinese Journal of Evidence-Based Medicine; 2009; vol. 9 (no. 8); p. 840-843

**Publication Date:** 2009

**Publication Type(s):** Review

**Abstract:**Objective: To evaluate the efficacy of acupuncture and moxibustion (acup-moxi) therapy for breech presentation. Methods: We electronically searched The Cochrane Library (Issue 1, 2008), PubMed (1980 to Mar. 2008), MEDLINE (1966 to 2008), Ovid EBM Database (1991 to 2008), CBMdisc (1978 to Mar. 2008), VIP (1989 to Mar. 2008), CNKI (1979 to Mar. 2008), and WangFang Database (1983 to Mar. 2008), as well as handsearched seven traditional Chinese medicine journals to obtain randomized control trials (RCTs) about acup-moxi for breech presentation. Quality assessment was conducted according to the Cochrane Handbook for Systematic Reviews of Interventions 5.0.1. Meta-analyses were performed for the results of homogeneous studies using RevMan 5.0 software. Results: Eight RCTs involving 1 341 patients met the inclusion criteria. Five trials were of relatively high quality and 3 were of low quality. The pooled analysis of six trials showed that acup-moxi was superior in cephalic presentation with RR=1.38, and 95%CI 1.20 to 1.58. Conclusion: Acup-moxi can increase the successful rate of cephalic presentation in the treatment of breech presentation compared with no (routine care) or knee-chest position treatment. © 2009 Editorial Board of Chin J Evid-based Med.

**Database:** EMBASE

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

**Author(s):** Manyande, Anne; Grabowska, Christine

**Source:** Midwifery; Dec 2009; vol. 25 (no. 6); p. 774-780

**Publication Date:** Dec 2009

**Publication Type(s):** Journal Article

**PubMedID:** 19853333

Available at [Midwifery](#) - from Patricia Bowen Library & Knowledge Service West Middlesex University Hospital NHS Trust (lib302631) Local Print Collection [location] : Patricia Bowen Library and Knowledge Service West Middlesex university Hospital.

**Abstract:**OBJECTIVETo 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.DESIGNa prospective study over a two-year time period from February 2004 until January 2006.PARTICIPANTS76 pregnant women from various acupuncture practices in the UK, with a third trimester breech presentation.INTERVENTIONthe 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.FINDINGSthe 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.

**Database:** Medline

#### **14. Moxibustion for breech version: a randomized controlled trial.**

**Author(s):** Guittier, Marie-Julia; Pichon, Michelle; Dong, Hongguang; Irion, Olivier; Boulvain, Michel

**Source:** Obstetrics and gynecology; Nov 2009; vol. 114 (no. 5); p. 1034-1040

**Publication Date:** Nov 2009

**Publication Type(s):** Research Support, Non-u.s. Gov't Randomized Controlled Trial Journal Article

**PubMedID:** 20168104

Available at [Obstetrics and gynecology](#) - from Ovid (Journals @ Ovid)

Available at [Obstetrics and gynecology](#) - from Ovid (LWW Total Access Collection 2015 - Q1 with Neurology)

**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.**CLINICAL TRIAL REGISTRATION**ClinicalTrials.gov, www.clinicaltrials.gov, NCT00890474.**LEVEL OF EVIDENCE**I.

**Database:** Medline

**15. Moxibustion and other acupuncture point stimulation methods to treat breech presentation: a systematic review of clinical trials.**

**Author(s):** Li, Xun; Hu, Jun; Wang, Xiaoyi; Zhang, Huirui; Liu, Jianping

**Source:** Chinese medicine; Feb 2009; vol. 4 ; p. 4

**Publication Date:** Feb 2009

**Publication Type(s):** Journal Article

**PubMedID:** 19245719

Available at [Chinese medicine](#) - from BioMed Central

Available at [Chinese medicine](#) - from Europe PubMed Central - Open Access

Available at [Chinese medicine](#) - from ProQuest (Hospital Premium Collection) - NHS Version

Available at [Chinese medicine](#) - from Free Medical Journals . com

**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. RESULT 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.

**Database:** Medline

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

**Author(s):** Guittier, Marie-Julia; Klein, Tamara Jauch; Dong, Hongguang; Andreoli, Nicole; Irion, Olivier; Boulvain, Michel

**Source:** Journal of alternative and complementary medicine (New York, N.Y.); Dec 2008; vol. 14 (no. 10); p. 1231-1233

**Publication Date:** Dec 2008

**Publication Type(s):** Research Support, Non-u.s. Gov't Randomized Controlled Trial Journal Article

**PubMedID:** 19040374

Available at [Journal of alternative and complementary medicine \(New York, N.Y.\)](#) - from EBSCO (CINAHL with Full Text)

**Abstract:**OBJECTIVESMoxibustion, 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.DESIGNWe 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.SUBJECTSPregnant women with a fetus in breech presentation are included in the trial between 34 and 36 weeks of gestation.INTERVENTIONSWe 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 MEASURESFetal 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.RESULTSA 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.CONCLUSIONSWe 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.

**Database:** Medline

**17. Effectiveness of acupuncture-type interventions versus expectant management to correct breech presentation: a systematic review.**

**Author(s):** van den Berg, Ineke; Bosch, Johanna L; Jacobs, Ben; Bouman, Irene; Duvekot, Johannes J; Hunink, M G Myriam

**Source:** Complementary therapies in medicine; Apr 2008; vol. 16 (no. 2); p. 92-100

**Publication Date:** Apr 2008

**Publication Type(s):** Research Support, Non-u.s. Gov't Journal Article Review

**PubMedID:** 18514911

Available at [Complementary therapies in medicine](#) - from ProQuest (Hospital Premium Collection) - NHS Version

**Abstract:**OBJECTIVEA 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 SOURCESArticles 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 SELECTIONStudies 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 EXTRACTIONThree reviewers independently extracted data. Disagreements were resolved by consensus.DATA SYNTHESISOf 65 retrieved citations, six RCT's and three cohort studies fulfilled the inclusion criteria. Data were pooled using random-effects models. In the RCT's 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).CONCLUSIONSOur 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 RCT's of improved quality are necessary to adequately answer the research question.

**Database:** Medline

### **18. A randomised controlled trial of moxibustion for breech presentation.**

**Author(s):** Cardini, Francesco; Lombardo, Pietro; Regalia, Anna Laura; Regaldo, Giuseppe; Zanini, Alberto; Negri, Maria Grazia; Panepuccia, Lea; Todros, Tullia

**Source:** BJOG : an international journal of obstetrics and gynaecology; Jun 2005; vol. 112 (no. 6); p. 743-747

**Publication Date:** Jun 2005

**Publication Type(s):** Research Support, Non-u.s. Gov't Randomized Controlled Trial Clinical Trial Multicenter Study Journal Article

**PubMedID:** 15924530

Available at [BJOG : an international journal of obstetrics and gynaecology](#) - from Wiley Online Library Science , Technology and Medicine Collection 2017

**Abstract:**OBJECTIVETo evaluate the efficacy of moxibustion for the correction of fetal breech presentation in a non-Chinese population.DESIGNSingle-blind randomised controlled trial (RCT).SETTINGSix obstetric departments in Italy.SAMPLEHealthy non-Chinese nulliparous pregnant women at 32-33 weeks + 3 days of gestational age with the fetus in breech presentation.METHODSRandom 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 MEASURENumber of participants with cephalic presentation in the 35th week.RESULTSThe 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).CONCLUSIONSThe 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.

**Database:** Medline

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

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

**Source:** The journal of maternal-fetal & neonatal medicine : the official journal of the European Association of Perinatal Medicine, the Federation of Asia and Oceania Perinatal Societies, the International Society of Perinatal Obstetricians; Apr 2004; vol. 15 (no. 4); p. 247-252

**Publication Date:** Apr 2004

**Publication Type(s):** Randomized Controlled Trial Clinical Trial Journal Article

**PubMedID:** 15280133

Available at [The journal of maternal-fetal & neonatal medicine : the official journal of the European Association of Perinatal Medicine, the Federation of Asia and Oceania Perinatal Societies, the International Society of Perinatal Obstetricians](#) - from ProQuest (Hospital Premium Collection) - NHS Version

**Abstract:**OBJECTIVEIn 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.METHODSA 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.RESULTSFourteen 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%,  $p = 0.03$ ).CONCLUSIONSAcupuncture plus moxibustion is more effective than observation in revolving fetuses in breech presentation. Such a method appears to be a valid option for women willing to experience a natural birth.

**Database:** Medline



## 20. External cephalic version: An approach with few complications

**Author(s):** Skupski D.W.; Harrison-Restelli C.; Dupont R.B.

**Source:** Gynecologic and Obstetric Investigation; 2003; vol. 56 (no. 2); p. 83-88

**Publication Date:** 2003

**Publication Type(s):** Article

**PubMedID:** 12920344

Available at [Gynecologic and Obstetric Investigation](#) - from ProQuest (Hospital Premium Collection) - NHS Version

**Abstract:**We performed a retrospective study of all patients referred for external cephalic version (ECV) at  $\geq 36$  weeks gestation from 1993 to 2000. Exclusion criteria included ominous fetal heart rate changes, complete or multiple loops of nuchal umbilical cord, extension of the fetal head, oligohydramnios and poorly controlled hypertension. Three groups were compared: spontaneous cephalic version (SCV), ECV attempted (ECV) and ECV not attempted (NoECV). A total of 289 patients were referred. ECV was attempted in 191, 118 by one operator (D.W.S.). ECV was successful in 98/191 (51%) attempts. Spontaneous reversion to breech after successful ECV occurred in 6/98 (6%). There were 4 complications: 1 occult cord prolapse, 2 nonreassuring fetal heart patterns, and 1 placental abruption; all led to nonemergent cesarean delivery (CD). The CD rate (SCV 2/18, 11%; ECV 114/179, 64%; NoECV 49/51, 96%) was highest in the no-attempt group ( $p = 0.001$ ). The CD rate after successful ECV was 29/91 (32%). Maternal postdelivery complications (SCV 1/16, 6%; ECV 24/161, 15%; NoECV 13/48, 27%) and neonatal complications were not significantly different. With careful attention to contraindications, ECV can be performed with few complications. ECV lowers the CD rate. Copyright © 2003 S. Karger AG, Basel.

**Database:** EMBASE

## 21. Acupuncture conversion of fetal breech presentation.

**Author(s):** Habek, Dubravko; Cerkez Habek, Jasna; Jagust, Mirjana

**Source:** Fetal diagnosis and therapy; 2003; vol. 18 (no. 6); p. 418-421

**Publication Date:** 2003

**Publication Type(s):** Comparative Study Randomized Controlled Trial Clinical Trial Journal Article

**PubMedID:** 14564112

Available at [Fetal diagnosis and therapy](#) - from ProQuest (Hospital Premium Collection) - NHS Version

**Abstract:****AIM**The aim of this study was to assess the value of acupuncture (AP) in the conversion of fetal breech presentation into vertex presentation.**PATIENTS AND METHODS**A randomized prospective controlled clinical study included 67 pregnant women with fetal breech presentation: 34 women with singleton pregnancies treated with manual AP (urinary bladder 67, Zhiyin) and a control group which included 33 women with singleton pregnancies without AP treatment. The AP treatment lasted 30 min a day, and was conducted during and after 34 weeks of pregnancy with simultaneous cardiotocography.**RESULTS**The success rate of the AP correction of fetal breech presentation is 76.4% (26 women), and spontaneous conversion without AP in vertex presentation is observed in 15 women (45.4%;  $p < 0.001$ ).**CONCLUSIONS**We believe that AP correction of fetal malpresentation is a relatively simple, efficacious and inexpensive method associated with a lower percentage of operatively completed deliveries, which definitely reflects in improved parameters of vital and perinatal statistics.

**Database:** Medline

## **22. Moxibustion in breech version--a descriptive review.**

**Author(s):** Ewies, Ayman; Olah, Karl

**Source:** Acupuncture in medicine : journal of the British Medical Acupuncture Society; Mar 2002; vol. 20 (no. 1); p. 26-29

**Publication Date:** Mar 2002

**Publication Type(s):** Research Support, Non-u.s. Gov't Journal Article Review

**PubMedID:** 11926602

Available at [Acupuncture in medicine : journal of the British Medical Acupuncture Society](#) - from HighWire - Free Full Text

Available at [Acupuncture in medicine : journal of the British Medical Acupuncture Society](#) - from ProQuest (Hospital Premium Collection) - NHS Version

**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.

**Database:** Medline

### **23. Moxibustion treatment of breech presentation.**

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

**Source:** The American journal of Chinese medicine; 2001; vol. 29 (no. 1); p. 37-45

**Publication Date:** 2001

**Publication Type(s):** Journal Article

**PubMedID:** 11321479

**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%) ( $P < 0.0001$ ,  $\chi^2$  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 ( $P = 0.094$ ,  $\chi^2$  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.

**Database:** Medline

### **24. Moxibustion for breech presentation.**

**Author(s):** Budd, S

**Source:** Complementary therapies in nursing & midwifery; Nov 2000; vol. 6 (no. 4); p. 176-179

**Publication Date:** Nov 2000

**Publication Type(s):** Case Reports Journal Article Review

**PubMedID:** 11858300

**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.

**Database:** Medline

## 25. Moxibustion for correction of breech presentation: a randomized controlled trial.

**Author(s):** Cardini, F; Weixin, H

**Source:** JAMA; Nov 1998; vol. 280 (no. 18); p. 1580-1584

**Publication Date:** Nov 1998

**Publication Type(s):** Research Support, Non-u.s. Gov't Randomized Controlled Trial Clinical Trial Journal Article

**PubMedID:** 9820259

Available at [JAMA](#) - from Patricia Bowen Library & Knowledge Service West Middlesex University Hospital NHS Trust (lib302631) Local Print Collection [location] : Patricia Bowen Library and Knowledge Service West Middlesex university Hospital.

**Abstract:**CONTEXTTraditional Chinese medicine uses moxibustion (burning herbs to stimulate acupuncture points) of acupoint BL 67 (Zhiyin, located beside the outer corner of the fifth toenail), to promote version of fetuses in breech presentation. Its effect may be through increasing fetal activity. However, no randomized controlled trial has evaluated the efficacy of this therapy.OBJECTIVETo evaluate the efficacy and safety of moxibustion on acupoint BL 67 to increase fetal activity and correct breech presentation.DESIGNRandomized, controlled, open clinical trial.SETTINGOutpatient 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.PATIENTSPrimigravidas in the 33rd week of gestation with normal pregnancy and an ultrasound diagnosis of breech presentation.INTERVENTIONThe 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.MAIN OUTCOME MEASURESFetal movements counted by the mother during 1 hour each day for 1 week; number of cephalic presentations during the 35th week and at delivery.RESULTSThe intervention group experienced a mean of 48.45 fetal movements vs 35.35 in the control group ( $P < .001$ ; 95% confidence interval [CI] for difference, 10.56-15.60). During the 35th week of gestation, 98 (75.4%) of 130 fetuses in the intervention group were cephalic vs 62 (47.7%) of 130 fetuses in the control group ( $P < .001$ ; relative risk [RR], 1.58; 95% CI, 1.29-1.94). Despite the fact that 24 subjects in the control group and 1 subject in the intervention group underwent external cephalic version, 98 (75.4%) of the 130 fetuses in the intervention group were cephalic at birth vs 81 (62.3%) of the 130 fetuses in the control group ( $P = .02$ ; RR, 1.21; 95% CI, 1.02-1.43).CONCLUSIONAmong 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 and at delivery.

**Database:** Medline

## Strategy 357671

#	Database	Search term	Results
1	Medline	("external cephalic version").ti,ab	588
2	Medline	exp "VERSION, FETAL"/	749
3	Medline	("Fetal Version").ti,ab	15
4	Medline	(ECV).ti,ab	1483
5	Medline	(1 OR 2 OR 3 OR 4)	2147
6	Medline	(CTG).ti,ab	3456
7	Medline	exp CARDIOTOCOGRAPHY/	1811
8	Medline	(Cardiotocogra*).ti,ab	2101
9	Medline	(6 OR 7 OR 8)	5869
10	Medline	(5 AND 9)	23
11	Medline	("manual rotation").ti,ab	102
12	Medline	(9 AND 11)	2
13	EMBASE	("external cephalic version").ti,ab	771
14	EMBASE	exp "VERSION, FETAL"/	380
15	EMBASE	("Fetal Version").ti,ab	14
16	EMBASE	(ECV).ti,ab	3488
17	EMBASE	(13 OR 14 OR 15 OR 16)	3984
18	EMBASE	(CTG).ti,ab	4852
19	EMBASE	exp CARDIOTOCOGRAPHY/	4204

20	EMBASE	(Cardiotocogra*).ti,ab	2870
21	EMBASE	(18 OR 19 OR 20)	9006
22	EMBASE	(17 AND 21)	44
23	EMBASE	exp "FETUS HEART RATE"/	9564
24	EMBASE	exp "FETUS HEART RATE MONITORING"/	1574
25	EMBASE	(23 OR 24)	10590
26	EMBASE	(17 AND 25)	66
27	Medline	exp "HEART RATE, FETAL"/	4681
28	Medline	("fetal heart rate" OR "fetus heart rate" OR FHR).ti,ab	6282
29	Medline	(27 OR 28)	8271
30	Medline	(5 AND 29)	39
31	CINAHL	("external cephalic version").ti,ab	176
32	CINAHL	exp "VERSION, FETAL"/	240
33	CINAHL	("Fetal Version").ti,ab	1
34	CINAHL	(ECV).ti,ab	134
35	CINAHL	(31 OR 32 OR 33 OR 34)	358
36	CINAHL	(CTG).ti,ab	332
37	CINAHL	exp CARDIOTOCOGRAPHY/	312
38	CINAHL	(Cardiotocogra*).ti,ab	244
40	CINAHL	exp "HEART RATE, FETAL"/	1022
41	CINAHL	("fetal heart rate" OR "fetus heart rate" OR FHR).ti,ab	851

42	CINAHL	(36 OR 37 OR 38 OR 40 OR 41)	1868
43	CINAHL	(35 AND 42)	10
44	EMBASE	exp "FETUS HEART"/	6136
45	EMBASE	(17 AND 44)	5
46	EMBASE	("success rate").ti,ab	60700
47	EMBASE	(17 AND 46)	239
48	EMBASE	(return*).ti,ab	277694
49	EMBASE	(return*).ti,ab	277694
50	EMBASE	(17 AND 49)	40
51	EMBASE	exp "TREATMENT FAILURE"/	122698
52	EMBASE	(17 AND 51)	26
53	EMBASE	(spontaneous ADJ2 reversion).ti,ab	264
54	EMBASE	(17 AND 53)	11
55	Medline	(spontaneous ADJ2 reversion).ti,ab	294
56	Medline	(5 AND 55)	8
57	Medline	(Moxibustion).ti,ab	2048
58	Medline	exp MOXIBUSTION/	1537
59	Medline	exp "ACUPUNCTURE THERAPY"/ OR exp ACUPUNCTURE/	21620
60	Medline	(acupuncture).ti,ab	18691
61	Medline	(57 OR 58 OR 59 OR 60)	26176

62	Medline	(breech).ti,ab	4286
63	Medline	exp "BREECH PRESENTATION"/	2931
64	Medline	(62 OR 63)	4934
65	Medline	(61 AND 64)	67
66	EMBASE	(Moxibustion).ti,ab	2626
67	EMBASE	exp MOXIBUSTION/	2380
68	EMBASE	exp ACUPUNCTURE/	41135
69	EMBASE	(acupuncture).ti,ab	27098
70	EMBASE	(66 OR 67 OR 68 OR 69)	43485
71	EMBASE	(breech).ti,ab	5362
72	EMBASE	exp "BREECH PRESENTATION"/	4373
73	EMBASE	(71 OR 72)	6846
74	EMBASE	(70 AND 73)	109
75	EMBASE	exp "FETUS DISTRESS"/	7095
76	EMBASE	(17 AND 75)	0
77	EMBASE	exp "FETUS MONITORING"/	13433
78	EMBASE	(17 AND 77)	61
79	Medline	("30 minutes").ti,ab	34041
80	Medline	(5 AND 79)	12
81	EMBASE	("30 minutes").ti,ab	52997
82	EMBASE	(17 AND 81)	25



83	CINAHL	("30 minutes").ti,ab	4450
84	CINAHL	(42 AND 83)	24
85	CINAHL	(spontaneous ADJ2 reversion).ti,ab	5
86	Medline	(55 AND 64)	7
87	EMBASE	(53 AND 73)	10
88	EMBASE	exp "HEART ARRHYTHMIA"/	398413
90	EMBASE	(14 AND 88)	36
91	Medline	exp "ARRHYTHMIAS, CARDIAC"/	189540
92	Medline	(5 AND 91)	101
93	Medline	(2 AND 91)	9
94	Medline	exp "ULTRASONOGRAPHY, PRENATAL"/	29677
95	Medline	(5 AND 94)	42
96	EMBASE	exp "ULTRASONOGRAPHY, PRENATAL"/	21813
97	EMBASE	(17 AND 96)	26