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## **Nursing Experience of Acupoint Application Combined with Auricular Seed Embedding for Postpartum Uterine Contraction Pain in a Primipara: A Case Report**

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### **Abstract**

This study aims to analyze the nursing experience of intervening in postpartum uterine contraction pain in one primipara using acupoint plaster therapy combined with auricular point seed embedding technique. Through nursing assessment, nursing measures including Traditional Chinese Medicine characteristic nursing care, pain nursing care, emotional nursing care, and syndrome differentiation-based nursing care were implemented for the patient. The conclusion indicates that for primiparas after delivery, based on comprehensive rehabilitation nursing care, the intervention of Chinese medicine acupoint plaster combined with auricular point seed embedding not only promotes uterine involution but also effectively alleviates postpartum uterine contraction pain, without increasing the risk of complications, demonstrating high safety and certain clinical value.

### **Full Text**

#### **Preamble**

#### **Nursing Experience of Acupoint Application Combined with Ear Acupoint Seed Embedding in Treating Postpartum Uterine Contraction Pain in One Primipara**

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## Abstract

This study aims to analyze the nursing experience of using acupoint application therapy combined with ear acupoint seed embedding technology to intervene in one case of postpartum uterine contraction pain in a primipara. Through nursing assessment, the patient received traditional Chinese medicine characteristic nursing, pain nursing, emotional nursing, dialectical nursing, and other nursing measures. The conclusion is that for primiparous women after delivery, traditional Chinese medicine acupoint application combined with ear acupoint embedding intervention on the basis of comprehensive rehabilitation nursing can not only promote postoperative uterine involution but also effectively alleviate postpartum uterine contraction pain without increasing the risk of complications. This approach demonstrates high safety and certain clinical value.

**Keywords:** Acupoint application; Embedding seeds in ear acupoints; Pain from uterine contractions; Clinical efficacy

Postpartum uterine contraction pain is a common complication after childbirth, primarily associated with tonic uterine contractions, causing abdominal pain or “erzhen pain” in parturients [1]. This pain typically occurs 1-2 days postpartum and normally lasts 2-3 days. However, if contractions persist beyond 2-3 days, treatment is required to alleviate pain and address the forced uterine contractions, as prolonged tonic contractions can reduce uterine tissue content, compress related nerves, and further damage uterine tissue and function [2]. With the implementation of China’s two-child policy, many families desire a second child after the first delivery. If uterine function and physiological anatomical structure are compromised during the first delivery, it may affect subsequent conception and childbirth [3]. Previously, clinical management of postpartum uterine contraction pain primarily relied on psychological counseling and persuasion. However, with the transformation of modern nursing concepts and medical models, scientific and reasonable nursing interventions are required to reduce patients’ pain levels. Currently, for women with severe pain, Western medicine primarily uses analgesics, which, although effective in reducing pain, produce certain side effects that affect breastfeeding and have low maternal acceptance. In recent years, with the continuous development of traditional Chinese medicine (TCM), the application of TCM techniques in postpartum recovery has increased. The results of this study demonstrate that the treatment method combining acupoint application with ear acupoint seed embedding, based on comprehensive rehabilitation nursing, shows good clinical application effects and can provide certain clinical experience for the treatment and nursing of such conditions. The case report is as follows:

## 01 Clinical Data

The patient was a 28-year-old female office worker admitted on September 27, 2023, due to “amenorrhea for 40+1 weeks and increased vaginal discharge for over 1 hour.” At admission, she reported vaginal fluid leakage after sneezing,

with coin-sized dampness on the pad, accompanied by vaginal bleeding, no abdominal pain, good fetal movement counts, normal diet and sleep, and normal bowel and bladder function.

**Traditional Chinese medicine diagnosis:** Premature rupture of fetal membranes

**Western medicine diagnosis:** 1. Primigravida at 40+1 weeks gestation in left occiput anterior position awaiting delivery; 2. Premature rupture of membranes

After admission, routine obstetric nursing care, secondary-level nursing, soft diet, and comprehensive admission-related examinations were provided. Fetal heart rate, fetal movement, and uterine contractions were closely monitored.

#### **Treatment course:**

At 08:00 on September 27, 2023, after physician consultation, low-dose oxytocin intravenous infusion was administered for labor induction, and an OCT test was performed to assess fetal tolerance to uterine contractions, with related risks explained.

At 20:23 on September 27, 2023, a female infant weighing 2830g was delivered via assisted vaginal delivery with episiotomy. The amniotic fluid was grade III (meconium-stained) and thin in consistency. Apgar scores were 10 at 1 minute and 10 at 5 minutes. The placenta and fetal membranes were delivered completely, with approximately 300ml of blood loss. Postpartum uterine contraction was satisfactory. After delivery, the woman complained of paroxysmal postpartum uterine contraction pain. Traditional Chinese medicine intervention was implemented based on the principles of activating blood circulation to remove stasis, dredging meridians, and relieving pain.

## **02 Nursing Process**

### **2.1 Nursing Assessment**

Nursing assessment included: **Pain assessment:** The Numeric Rating Scale (NRS) was used to evaluate the patient's pain level, with pain divided into 10 grades. Patients could quantify pain intensity using a 0-10 scale: 0 indicated no pain, 1-3 indicated mild pain, 4-6 indicated moderate pain, 7-9 indicated severe pain, and 10 indicated unbearable excruciating pain. Higher scores represented more severe pain. **Anxiety assessment:** The Hospital Anxiety and Depression Scale (HADS) was used for evaluation: 0-7 points indicated no symptoms, 8-10 points indicated suspicious symptom presence, and 11-21 points indicated definite symptom presence.

### **2.2 Nursing Diagnosis**

Nursing diagnoses included: Patient's uterine contraction pain caused by qi and blood deficiency obstructing qi and blood circulation; Anxiety factors:

The patient's pain and discomfort, poor diet and sleep were related to lack of understanding of the disease condition.

### 2.3.1 Traditional Chinese Medicine Characteristic Nursing

#### Specific methods:

**Acupoint application:** The acupoints of Shenque (CV8), Qihai (CV6), Guanyuan (CV4), Zigong (EX-CA1), and Zhongji (CV3) were selected for medication application. The application time was 6 hours daily (3 hours in the morning and 3 hours in the afternoon) for 3 consecutive days as one treatment course. The application medication used in this study was primarily composed of *Angelica sinensis* (Danggui), *Ligusticum wallichii* (Chuanxiong), *Persicaria semen* (Taoren), *Glycyrrhizae radix praeparata* (Zhigancao), and *Zingiberis rhizoma* (Ganjiang). All herbs were ground into fine powder, mixed with Vaseline and water, and formed into cake-shaped preparations for application on the maternal acupoints.

**Precautions:** Acupoint application is prohibited for patients with local skin trauma, ulcers, infection, or severe skin disease. Slight skin redness is a normal phenomenon. If allergic reactions such as rashes, itching, or blisters occur after application, discontinue use immediately, report to the physician promptly, and cooperate with management. During the application period, smoking and alcohol should be avoided; consumption of cold, cool, overly salty foods, seafood, spicy foods, and beef or mutton should be avoided.

**Ear acupoint pressure:** The Shenmen, Subcortex, Sympathetic, and Kidney points in the maternal ear canal were treated. Before treatment, a specialized nurse marked the acupoints, then disinfected the maternal ear canal with alcohol. Using forceps, *Vaccaria seeds* (Wangbuliuxingzi) were placed on the marked acupoints and fixed. After fixation, the mother was taught how to press and stimulate the acupoints with moderate pressure, 3-6 times daily, with each session lasting no less than 10 minutes.

**Precautions:** This procedure is not suitable for patients with auricular inflammation, frostbite, or broken skin. Strict disinfection is required to prevent infection. If mild infection occurs, iodine disinfection and topical anti-inflammatory medication may be used to prevent chondritis. Observe the patient's ear skin condition. During retention, prevent adhesive tape detachment or contamination. If the patient experiences discomfort in the lateral decubitus position, appropriate adjustments can be made.

### 2.3.2 Routine Nursing

Specific measures included: **Psychological health care and health education:** Strengthen education for pregnant women to gradually accept the role transition psychologically. Postpartum nursing staff actively communicated with the puerpera, assessed her psychological status, and listened to her needs.

**Dialectical dietary therapy:** The patient's condition belonged to qi stagnation and blood stasis in accumulation disease. The diet should consist of foods that clear heat, eliminate dampness, resolve stasis, and relieve pain. The diet should be light, easily digestible, and rich in high-protein and nutritious foods such as lean meat, poultry, and eggs to strengthen the body. Avoid raw, cold, greasy, spicy foods, and seafood irritants such as bitter melon and winter melon. Therapeutic recipe: Winter melon and red bean soup. **Appropriate exercise and postpartum health exercises:** For natural delivery, light activity can begin 6-12 hours postpartum; indoor free movement is possible after 2 days postpartum, and postpartum fitness exercises can be performed. The intensity of postpartum fitness exercises should increase gradually from low to high, from weak to strong, adding one section daily with 8-16 repetitions per section.

## 2.4 Nursing Evaluation

Through integrated traditional Chinese and Western medicine treatment and nursing, the patient demonstrated good compliance and expressed satisfaction with all treatment and nursing measures implemented during hospitalization. After intervention, the patient's NRS pain assessment score decreased from 6 to 1, and the anxiety score decreased from 12 to 2, indicating no anxiety symptoms. Diet and sleep were improved, and the patient reported mastery of knowledge related to pelvic inflammatory disease prevention, diet, and rehabilitation.

## 2.5 Results and Follow-up

One week after discharge, telephone follow-up revealed a pain assessment score of 0 and an anxiety score of 1. Outpatient gynecological ultrasound re-examination showed no pelvic effusion. Post-discharge diet and sleep had returned to normal.

## 03 Discussion

In traditional Chinese medicine, postpartum uterine contraction pain is classified under the category of "postpartum abdominal pain," first documented in the *Jin Gui Yao Lue: Pulse, Syndrome, and Treatment of Postpartum Diseases in Women*. The pathogenesis of contraction pain is considered complex and related to the following factors: Poor maternal mood, qi stagnation and blood stasis, and liver qi depression causing pain; Improper postpartum behavior, exposure to cold causing cold congelation of qi and blood leading to pain; Maternal qi and blood deficiency obstructing qi and blood circulation and causing pain; Postpartum blood loss inducing malnourishment of the Chong and Ren vessels and uterine collaterals causing pain. Traditional Chinese medicine believes that "if there is pain, there is no free flow; if there is free flow, there is no pain." Therefore, for postpartum uterine contraction pain, treatment follows the basic principles of activating blood circulation to relieve pain and supplementing qi to nourish blood [4].

**Acupoint application:** In the prescription, *Angelica sinensis* (Danggui) can regulate menstruation and relieve pain while supplementing qi and harmonizing blood; *Dipsaci radix* (Xuduan) has the effects of stopping metrorrhagia, regulating blood vessels, strengthening bones and muscles, and tonifying liver and kidney; *Ligusticum wallichii* (Chuanxiong) can dispel wind and relieve pain, activate blood and remove stasis, and promote qi circulation to relieve depression; *Corydalis rhizoma* (Yanhusuo) has sedative, hypnotic, analgesic, and blood-activating effects; *Salvia miltiorrhiza* (Danshen) has the effects of cooling blood and reducing carbuncles, clearing heart and relieving restlessness, dredging meridians to relieve pain, and activating blood to remove stasis; *Periscae semen* (Taoren) can relieve cough and asthma, moisten intestines to promote bowel movements, and activate blood to remove stasis; *Glycyrrhizae radix praeparata* (Zhigancao) has the effect of relieving acute pain, while *Zingiberis rhizoma* (Ganjiang) can regulate spleen and stomach and dispel wind-dampness. The entire formula works synergistically to activate blood circulation, remove stasis, dredge meridians, and relieve pain [5]. The acupoints selected were Shenshu (BL23) and Shenque (CV8). Shenque is one of the Ren meridian points located in the middle of the umbilicus, which can activate blood to regulate menstruation and consolidate the foundation; Shenshu can treat women's metrorrhagia, abnormal leukorrhea, and menstrual irregularities. Using traditional Chinese medicine acupoint application can remove blood stasis, supplement qi and blood, and stabilize pain [6].

**Ear acupoint seed embedding:** Traditional Chinese medicine believes that postpartum uterine contraction pain results from two main causes: first, "pain due to obstruction" caused by blood stasis, and second, "pain due to malnourishment" caused by blood deficiency. The ear has a close relationship with the body's viscera and meridians, with each viscera and tissue having corresponding reaction points on the auricle. Stimulating ear acupoints can regulate the corresponding viscera. For example, the Shenmen point can regulate qi and blood and dredge meridians. By stimulating points such as adrenal gland, subcortex, and sympathetic nerve, the nervous system's reflex and conduction are stimulated, and the autonomic nerve function of the uterus is regulated, thereby reducing pain caused by tonic uterine contractions while simultaneously promoting qi circulation and hemostasis. In summary, ear acupoint seed embedding has good inhibitory effects on postpartum uterine contraction pain and can significantly reduce postpartum pain [7-8].

In conclusion, for primiparous women after delivery, traditional Chinese medicine acupoint application combined with ear acupoint seed embedding intervention on the basis of comprehensive rehabilitation nursing can not only alleviate postpartum uterine contraction pain but also promote postoperative uterine involution without increasing the risk of complications. This approach demonstrates high safety and certain clinical value, with advantages of being economical, affordable, simple to operate, and easily accepted by patients. Additionally, implementing TCM characteristic nursing measures such as TCM characteristic nursing, pain nursing, emotional regulation, and dialectical di-

etary therapy based on TCM syndrome differentiation leverages the advantages of TCM characteristic nursing techniques, reduces patient suffering, and can provide a reference and practical case foundation for the integrated traditional Chinese and Western medicine treatment and nursing of such patients.

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