



Insufficient evidence for biofeedback for pain management during labour

Clinical question

How effective is biofeedback in prenatal lessons for managing pain during labour?

Bottom line

There was no significant evidence of a difference between biofeedback and control groups in terms of assisted vaginal birth, caesarean section, augmentation of labour and the use of pharmacological pain relief. The use of biofeedback to reduce pain in women during labour was unproven. Electromyographic biofeedback may have had some positive effects early in labour, but, as labour progressed, there was a need for additional pharmacological analgesia.

Caveat

The 4 trials differed greatly in terms of the diversity of the intervention modalities and outcomes measured. Most trials assessed the effects of electromyographic biofeedback in women who were pregnant for the first time. The trials were judged to be at high risk of bias due to the lack of data describing the sources of bias assessed.

Context

Biofeedback is a therapy that aims to train women to recognise body signals, such as heart rate, breathing, muscular tension or temperature and, in consequence, change their body responses with the aid of electronic instruments that give a signal. It has been used as a behavioural therapy for multiple health problems, including pain. For pregnant women, prenatal training usually consists of 8 to 10 regular sessions from one-half to one hour duration and administered 2, 3, or more times per week. These sessions may be during conventional prenatal classes or may involve use by the pregnant woman in private at home.

Cochrane Systematic Review

Barragan Loayza IM, Sola I, Juando Prats C. Biofeedback for pain management during labour. Cochrane Reviews, 2011, Issue 6. Article No. CD006168. DOI: 10.1002/14651858.CD006168.pub2. *This review contains 4 studies involving 186 participants.*

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