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Postpartum Urinary Retention:

Rétention urinaire du post-partum : évaluation de l'acupuncture

Articles connexes: - conduites thérapeutiques -

1. Systematic Reviews and Meta-Analysis

1.1. Chu 2025 (combined with pelvic floor rehabilitation training)

Chu W, Deng X, Gao L, Gao X. Acupuncture combined with pelvic floor rehabilitation training for postpartum stress urinary incontinence: a systematic review and meta-analysis. Clin Rehabil. 2025 May;39(5):618-631. https://doi.org/10.1177/02692155251324585

Background	Postpartum stress urinary incontinence (SUI) is a frequent complication after childbirth, impairing quality of life. Acupuncture combined with pelvic floor rehabilitation training (PFRT) has been proposed to enhance treatment efficacy, but comprehensive evidence remains limited.
Objective	To evaluate the efficacy of acupuncture combined with PFRT compared with PFRT alone in postpartum women with stress urinary incontinence.
Methods	Randomized controlled trials were searched in PubMed, Web of Science, Embase, Cochrane Library, CNKI, Wanfang, VIP, SinoMed, and clinical trial registries up to February 6, 2025. Data were analyzed using RevMan 5.4, and risk of bias was assessed per Cochrane guidelines. Primary outcomes included clinical efficacy rate, pelvic floor muscle potential, ICIQ-UI Short Form score, and 1-hour pad test.
Results	**Twenty-one RCTs involving 1,867 participants** were included. Compared with PFRT alone, acupuncture plus PFRT improved clinical efficacy rate (RR = 1.24, 95 % CI 1.19–1.29), increased pelvic floor muscle potential (MD = 10.85, 95 % CI 9.28–12.43), and reduced ICIQ-UI SF score (MD = –2.32, 95 % CI –3.06 to –1.58) and 1-hour pad test (MD = –1.80, 95 % CI –2.32 to –1.28).
Conclusion	Acupuncture combined with pelvic floor rehabilitation training provides superior clinical improvement in postpartum stress urinary incontinence compared with PFRT alone. Further high-quality trials are warranted to confirm long-term efficacy. Registered in PROSPERO (CRD42023455801).

1.2. Chen 2023

Chen HT, Luo TZ, Jiang ZY, Dai SD, Xia HA, Yang S, Huang SY, Chen LP. Noninvasive external therapy of traditional Chinese medicine for preventing postpartum urinary retention in women with vaginal delivery: A network meta-analysis. Medicine (Baltimore). 2023 Oct 13;102(41):e35399. https://doi.org/10.1097/MD.0000000000035399

Background	To compare the effect of different noninvasive external therapies of traditional Chinese medicine (TCM) on the prevention of postpartum urinary retention (PUR) using a network meta-analysis (NMA).

Methods	A search of the China National Knowledge Infrastructure, WanFangDate, VIP, China Biomedical Literature Database, PubMed, The Cochrane Library, Embase, and Web of Science databases were reviewed for related randomized controlled trials dated between database inception and December 31, 2022, on the prevention of PUR by noninvasive TCM. Two researchers independently screened the literature, extracted the data, and assessed the risk of bias in the included studies; then, a NMA was performed using Revman5.3 software, State13.1 software, and frequency methodology.
Results	In total, **16 studies involving 3637 cases** of parturients and 9 types of noninvasive TCM external treatments were incorporated into the NMA. The NMA results show that based on routine nursing, in terms of reducing the incidence of urinary retention, acupoint compressing combined with auricular acupressure is ranked first, followed by acupoint hot compress, acupoint massage combined with auricular acupressure, Yin-Yang therapy, acupoint massage, auricular acupressure, acupoint compressing, and routine nursing. In terms of urination time, acupoint compressing combined with auricular acupressure ranked first, followed by acupoint massage combined with auricular acupressure, acupoint electrical stimulation, acupoint compressing, TCM heating therapy, acupoint massage, auricular acupressure, and routine nursing. In terms of reducing residual urine volume after the first urination, acupoint compressing combined with auricular acupressure was ranked first, followed by auricular acupressure, acupoint compressing, acupoint massage, TCM heating therapy, and routine nursing.
Conclusion	Current evidence shows that acupoint compressing combined with auricular acupressure may be the best noninvasive TCM treatment for preventing PUR based on routine nursing; however, further high-quality clinical randomized controlled trials are needed for validation and support.

1.3. Wang 2018 (versus injection of neostigmine)

Wang XM, Gong J, Li SC, Han M. Acupuncture Compared with Intramuscular Injection of Neostigmine for Postpartum Urinary Retention: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. Evid Based Complement Alternat Med. 2018. [165358].

Objective	To compare the effectiveness and safety of acupuncture versus intramuscular injection of neostigmine.
Methods	Databases including CNKI, VIP, WanFang, SinoMed, PubMed, Cochrane Library, and clinicaltrials.gov database were retrieved for relevant literature, with the retrieval deadline being November 2017. Two reviewers independently screened, selected, and extracted data and validated the results. The methodological quality was evaluated with the “Risk of Bias” tool, and the meta-analysis was performed by using the RevMan 5.3.5 software.
Results	Totally 953 patients with postpartum urinary retention from 15 randomized controlled trials entered the meta-analysis. 12 articles compared the clinical cure rate of acupuncture alone versus intramuscular injection of neostigmine and found the cure rate in the acupuncture group was 2 times that in the neostigmine group (RR, 1.91; 95% CI: 1.66-2.19). 15 articles compared the clinical effectiveness rate of acupuncture alone with that of intramuscular injection of neostigmine and found the clinical effectiveness rate was 28% higher in the acupuncture group than in the neostigmine group (RR: 1.28; 95% CI: 1.16-1.42). No adverse event was reported in the acupuncture group.
Conclusion	Acupuncture alone is more effective in treating postpartum urinary retention than intramuscular injection of neostigmine, with good safety profile. Therefore, it is a feasible and valuable technique in clinical settings.

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