

Research Progress of Appropriate Traditional Chinese Medicine Nursing Techniques for Postpartum Urinary Retention

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Abstract: This review summarizes the definition and classification, etiology and pathogenesis of postpartum urinary retention, as well as the application of Traditional Chinese Medicine (TCM) nursing techniques in its prevention and treatment. It also identifies the limitations and prospects of TCM nursing techniques in managing postpartum urinary retention, aiming to provide a reference for the clinical application and future research of TCM nursing techniques regarding this condition.

Keywords: Traditional Chinese Medicine (TCM) nursing; Postpartum urinary retention; Review

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1. Introduction

Postpartum urinary retention (PUR) refers to the condition where a parturient experiences bladder distension with incomplete voiding or residual urine volume > 100 mL within 6 to 8 hours after vaginal delivery ^[1]. As a common obstetric complication, it predominantly affects primiparas, particularly in cases of prolonged labor or surgical delivery ^[2]. The incidence of PUR varies by delivery method in China. The normal incidence is approximately 12%, while forceps-assisted delivery may result in 25–30% retention. Cesarean section, as a surgical delivery method, also shows relatively high postoperative retention rates, though specific values differ based on study design and sample size ^[3]. Internationally, the incidence ranges from 1.7% to 17.9% ^[4]. PUR not only causes lower abdominal distension and discomfort, impairs uterine contraction, and may lead to postpartum hemorrhage, but prolonged retention can also trigger urinary tract infections, pyelonephritis, and urinary incontinence, significantly compromising maternal recovery and quality of life ^[5]. The etiology of PUR is complex, with studies indicating strong associations between PUR and epidural analgesia, forceps delivery, perineal edema, episiotomy, and second-degree perineal tear ^[6]. Conventional nursing interventions for postpartum urinary retention, such as

catheterization and medication, are associated with high risks of infection and significant side effects. In recent years, Traditional Chinese Medicine (TCM) nursing techniques, including acupoint massage and acupoint application, have demonstrated advantages in terms of simplicity, safety, and efficacy in the prevention and treatment of this condition, offering new perspectives for clinical practice.

2. Etiology, pathogenesis, and pattern differentiation of postpartum urinary retention

In Traditional Chinese Medicine, urinary retention (Longbi) is attributed to bladder dysfunction of Qi transformation, involving the kidneys, triple burner, lungs, and spleen, and treated based on deficiency–excess differentiation^[7]. Urinary retention is related to multiple factors, with main causes including:

- (1) Postpartum Qi and blood deficiency, lung and spleen impairment, and water retention in the bladder;
- (2) Kidney Qi deficiency, leading to water retention in the bladder;
- (3) Postpartum retained lochia or cesarean section causing blood stasis;
- (4) Liver Qi stagnation, leading to water retention.

This condition is characterized by a deficiency of Qi and blood as the root, and Qi stagnation and blood stasis as the manifestations^[8]. The main diagnostic patterns of postpartum urinary retention include Qi deficiency syndrome, kidney deficiency syndrome, Qi stagnation syndrome, and blood stasis syndrome^[9].

3. Application of traditional Chinese medicine nursing techniques in postpartum urinary retention

3.1. Moxibustion

Moxibustion refers to the application of warm thermal stimulation generated by burning moxa to specific acupoints, aiming to activate meridian Qi and regulate physiological functions. Clinically, commonly selected acupoints include Shenque (CV8), Guanyuan (CV4), and Zusanli (ST36). Xu Min applied warm moxibustion to Qihai (CV6), Zhongji (CV3), and Guanyuan (CV4) via a moxibustion box for 20 minutes, demonstrating a higher clinical total effective rate for urinary retention compared to the conventional nursing group^[10]. Chen Huayun employed ginger-separated moxibustion, selecting Guanyuan (CV4) and bilateral Guilai (ST29) points, achieving a higher treatment efficacy for urinary retention compared to the control group (physical therapy combined with neostigmine injection)^[11]. These findings indicate that moxibustion can improve symptoms and prognosis of postpartum urinary retention to some extent, but its therapeutic effects on patients with different delivery methods require further exploration.

3.2. Acupressure points

Acupressure refers to the application of various techniques to stimulate specific acupoints or body regions in patients, which has therapeutic effects of unblocking obstructions, dredging meridians, regulating bodily functions, and balancing Yin and Yang^[12]. Multiple studies have confirmed the significant clinical efficacy of acupoint massage in treating postpartum urinary retention (PUR)^[13,14]. Commonly used acupoints include Shuidao (ST28), Guanyuan (CV4), Sanyinjiao (SP6), Zhongji (CV3), and Qihai (CV6). In a study by Zhang Jun, the control group received conventional Western medical care, while the observation group received a combination of traditional Chinese abdominal massage and acupoint massage^[13]. The observation group underwent horizontal rubbing of the

lower abdomen below the navel and gentle to firm pressure on Guanyuan (CV4), Zhongji (CV3), and Sanyinjiao (SP6). Results showed that the incidence of urinary retention in the observation group was significantly lower than that in the control group within 2–8 hours postpartum. Yin Xiaoqing found that Shuidao (ST28) acupoint massage could shorten the first urination time in primiparous and parous women, reduce postpartum urinary retention volume, lower the incidence of urinary retention, and enhance the comfort of the first urination in both groups ^[14].

3.3. Acupoint injection therapy

Acupoint Injection Therapy refers to the administration of small doses of medication into specific acupoints to achieve a synergistic effect of drug and acupoint compatibility. Commonly selected acupoints include Zusanli (ST36), Qihai (CV6), Zhongji (CV3), Guanyuan (CV4), and Sanyinjiao (SP6) ^[15–17]. Research by Hong Biqi demonstrated that Acupoint Injection Therapy is more effective than intramuscular injection, body needle acupuncture, and induced micturition in treating postpartum urinary retention ^[16]. Acupoint Injection Therapy can effectively reduce residual urine volume and shorten the time to first micturition. It exerts benign stimulation on acupoints, promotes the dispersion of meridian Qi and blood, and enhances the recovery of vital energy, thereby improving dysuria. Ji Hongyu used neostigmine for Acupoint Injection Therapy at Qihai (CV6), Zhongji (CV3), and Guanyuan (CV4), achieving a higher efficacy rate in treating postpartum urinary retention compared to acupuncture ^[17].

3.4. Auricular acupressure

Auricular therapy is grounded in meridian theory, which proposes that the twelve meridians connect with the ear and internal organs, thereby regulating Qi and promoting circulation. Clinical studies have reported that application of Vaccaria seeds to points such as Kidney (CO10), Bladder (CO14), Lung (CO12), Liver (CO12), Spleen (CO13), Triple Burner (CO17), Sympathetic (AH6a), Shenmen (TF4), and Subcortex (AT4) may benefit patients with dysuria and functional urinary retention. Xie Juhong implemented auricular acupoint compression therapy based on traditional low-frequency pulse electrical stimulation, selecting five auricular points on both ears: Kidney (CO10), Bladder (CO14), Urethra (HX1), External Genitalia (HX2), and Subcortical (AT4). The total effective rate of treatment was 100%, significantly higher than 78.26% in the traditional intervention group ^[18]. Liu Wen randomized 120 postpartum patients with urinary retention into two groups ^[19]. Auricular acupressure at Kidney (CO10), Shenmen (TF4), Bladder (CO14), and Triple Burner (CO17) achieved a 95.00% total effective rate, higher than 75.00% in controls, demonstrating superior efficacy over routine care.

3.5. Acupoint application

Acupoint application is a method of applying medicinal materials, in which traditional Chinese herbs are crushed and prepared, then applied to specific acupoints to enhance therapeutic effects via meridian-organ pathways. Research shows that the commonly used acupoints for treating postpartum urinary retention include Shenque (CV8) and Guanyuan (CV4), with commonly applied herbs such as ginger, *Allium fistulosum* L. (Congbai), *Astragalus membranaceus* (Huangqi), and talc powder (Huashi) ^[20]. Zeng Li enrolled 60 patients with postpartum urinary retention, dividing them into an intervention group (acupoint application combined with low-frequency pulse electrotherapy) and a control group (electrotherapy alone) ^[21]. The intervention group received herbal acupoint application at Zusanli (ST36), Zhongji (CV3), Guanyuan (CV4), Sanyinjiao (SP6), Qihai (CV6), and Qugu (CV2) in addition to electrotherapy. After treatment, the intervention group demonstrated shorter urination time, higher voiding success, and a total effective rate of 96.67%, compared with 66.67% in the control group, indicating that

acupoint application combined with electrotherapy may enhance clinical outcomes in postpartum urinary retention.

3.6. Combination therapy

Combination therapy integrates multiple traditional Chinese nursing techniques to enhance therapeutic efficacy. Guo Fengqin improved postpartum urinary retention by combining acupoint massage at bilateral Shuidao (ST28) points, acupoint application, and moxibustion, resulting in earlier first voiding, increased urine output, reduced residual urine, and improved initial voiding comfort^[22]. Zhang Yi enrolled 200 patients after vaginal delivery; the observation group received Acupoint Injection Therapy combined with moxibustion, achieving a treatment efficacy rate of 98.0%, higher than 82.0% in the control group, along with shorter spontaneous urination recovery and lower residual urine^[15]. Li Chenjie randomized 150 postpartum women after labor analgesia into combination therapy, auricular acupressure, and acupoint massage groups^[23]. The combination therapy group showed higher rates of spontaneous urination and lower postpartum urinary retention, residual urine, and catheterization rates ($p < 0.05$). These findings suggest that integrating multiple TCM nursing techniques may provide more effective and efficient management of postpartum urinary retention.

4. Summary

Traditional Chinese Medicine (TCM) nursing techniques provide novel approaches for preventing and treating postpartum urinary retention. By regulating Qi and blood and promoting meridian circulation, they can enhance bladder function, reduce urinary retention, and improve maternal quality of life. Limitations remain, including small sample sizes, variable methodological quality, and unclear mechanisms of action. Future research should focus on multicenter, large-sample randomized trials to provide more robust evidence, particularly regarding whether different TCM techniques produce varying outcomes for mothers with different delivery methods. Integration with modern nursing approaches is a key future direction. In summary, TCM nursing techniques hold broad clinical potential for postpartum urinary retention, but ongoing investigation and innovation are essential to facilitate their widespread and sustainable application, ultimately benefiting maternal health.

Disclosure statement

The authors declare no conflict of interest.

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