Literature Review: Effectiveness of P6 Acupressure in Reducing First-Trimester Pregnancy Nausea and Vomiting

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Abstract

Emesis gravidarum is a common condition experienced by women during the first trimester of pregnancy, characterized by nausea and vomiting due to hormonal changes, particularly increased levels of human chorionic gonadotropin and estrogen. If not properly managed, this condition may progress to hyperemesis gravidarum, which can lead to dehydration, electrolyte imbalance, weight loss, and negatively affect maternal quality of life. Therefore, appropriate and safe management strategies are essential to prevent further complications. One widely used non-pharmacological therapy is acupressure at the Pericardium 6 (P6) point, which is considered safe, simple, cost-effective, and associated with minimal side effects. This study aimed to analyze the effectiveness of P6 acupressure in reducing nausea and vomiting among first-trimester pregnant women based on published research findings. This study employed a literature review using a narrative approach. Data were obtained from national and international journals through electronic databases, including Google Scholar and PubMed, published between 2021 and 2026. Articles were selected based on predefined inclusion and exclusion criteria, such as relevance to the research topic, availability of full text, and measurable outcomes. The selected studies were analyzed using content analysis techniques, focusing on research design, sample characteristics, intervention procedures, outcome measures, and key findings. A total of eight relevant studies were included and systematically compared based on research design, sample size, statistical results, and clinical implications. The findings indicate that most studies demonstrate that P6 acupressure is effective in reducing the frequency and intensity of nausea and vomiting. Several studies reported statistically significant results ($p < 0.05$), while one randomized controlled trial showed non-significant results despite observable clinical improvement. In addition, acupressure was found to reduce the use of antiemetic medications and improve maternal comfort and quality of life. Overall, the evidence suggests that P6 acupressure has consistent therapeutic potential as a complementary intervention. Therefore, P6 acupressure can be recommended as a safe and effective non-pharmacological therapy in managing emesis gravidarum, although further high-quality studies are needed to strengthen the evidence.

Introduction

Pregnancy is a physiological process that is often accompanied by various physical and psychological changes, one of which is nausea and vomiting, also known as emesis gravidarum. This condition generally occurs at 5–8 weeks of gestation and may persist throughout the first trimester or even up to 20 weeks in some cases. Globally, approximately 50–80% of pregnant women experience nausea and 50% experience vomiting during

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pregnancy. In Indonesia, the prevalence of nausea and vomiting among pregnant women reaches 50–75% during the first trimester. Although this condition is often considered normal, it may adversely affect maternal and fetal health if not properly managed (Jannah et al., 2024).

Emesis gravidarum may develop into a more severe condition known as hyperemesis gravidarum, which is characterized by excessive vomiting, dehydration, and electrolyte imbalance. This condition can lead to weight loss, metabolic disturbances, and impaired maternal circulation, potentially endangering both the mother and fetal development (Dewi & Noviyanti, 2021). In addition, it increases the risk of complications such as miscarriage, low birth weight, preterm birth, and intrauterine growth restriction (Jannah et al., 2024). Therefore, early and appropriate management of nausea and vomiting during pregnancy is essential.

The exact cause of nausea and vomiting during pregnancy is not fully understood; however, it is closely associated with hormonal changes, particularly increased levels of estrogen and other pregnancy-related hormones. In addition to physiological factors, psychological factors such as stress, anxiety, and depression may also contribute to the severity of symptoms and reduce maternal quality of life (Jannah et al., 2024). Nausea and vomiting can also lead to decreased appetite and electrolyte imbalance, which are important for meeting maternal and fetal nutritional needs (Dewi & Noviyanti, 2021).

Management of emesis gravidarum can be carried out using pharmacological and non-pharmacological approaches. Pharmacological therapy generally involves the use of antiemetic drugs; however, its use often raises concerns regarding potential side effects for both the mother and the fetus. As a result, non-pharmacological or complementary therapies are increasingly preferred due to their safety, ease of application, and minimal side effects. One of the complementary therapies commonly used is acupressure (Mulyani et al., 2023).

Several studies have shown that acupressure at the P6 point has a significant effect in reducing the frequency and intensity of nausea and vomiting in first-trimester pregnant women. Research has demonstrated a significant reduction in symptoms after acupressure intervention with a p-value < 0.05. In addition, the average frequency of nausea and vomiting decreased from 9.0 to 5.2 times per day after intervention (Samsinar & Seman, 2024). Other studies have also reported statistically significant reductions in the severity of emesis gravidarum (Dewi & Noviyanti, 2021).

In addition to its effectiveness, acupressure has several advantages, including ease of application, low cost, and high acceptability among pregnant women (Jannah et al., 2024). It is also considered safe because it does not involve pharmacological agents and has minimal side effects (Indah et al., 2023). Therefore, acupressure is a potential alternative therapy in maternal healthcare services, particularly for managing nausea and vomiting during the first trimester.

Based on the above description, emesis gravidarum is a common condition during pregnancy that may have serious consequences if not properly managed. Given the growing evidence supporting non-pharmacological interventions, acupressure at the P6 point is considered a promising approach. Therefore, this study aims to analyze the effectiveness of P6 acupressure in reducing nausea and vomiting in first-trimester pregnant women as an effort to improve the quality of maternal healthcare services, particularly in the non-pharmacological management of emesis gravidarum.

Methods

This study employed a literature review method using a Narrative Review approach to analyze the effectiveness of acupressure at the Pericardium 6 (PC6) point on emesis gravidarum. The data sources were obtained from relevant national and international scientific journals through electronic databases such as Google Scholar and PubMed. The study selection process was conducted systematically by reviewing the titles, abstracts, and full-text articles in accordance with the research topic. The inclusion criteria consisted of studies that examined acupressure at the PC6 point as the independent variable and emesis gravidarum as the dependent variable, with outcomes measured quantitatively. Articles that were not relevant, did not use the PC6 acupressure point, or were not available in full text were excluded from the review.

The selected data were then analyzed using a content analysis technique by comparing the methodologies, results, and main findings of each study. The synthesized findings were subsequently presented in tabular form and descriptive narratives to obtain comprehensive conclusions. Inclusion Criteria: a. Articles examining the effectiveness of acupressure at the Pericardium 6 (PC6) point on emesis gravidarum b. Studies employing experimental or quasi-experimental research designs c. Articles indexed in SINTA or Scopus, or possessing an ISSN d. Full-text articles available e. Published between 2021 and 2026 f. Articles written in English or Indonesian. Exclusion Criteria: a. Articles in the form of undergraduate theses, master's theses, or dissertations b. Articles that are not freely accessible in full text c. Articles published in languages other than English or Indonesian. The flow diagram of article selection used in this literature review is presented as follows.

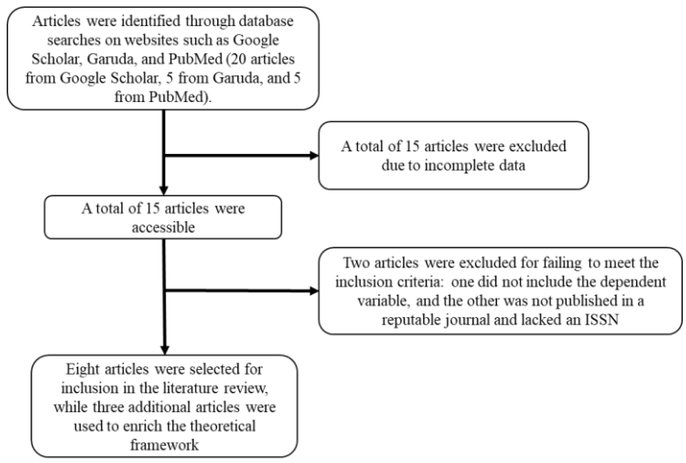

Figure 1. Study Selection Flow Diagram

Results and Discussion

A literature review was conducted on 10 selected articles. The publications ranged from 2021 to 2026. The results of the journal analysis are presented in Table 1 as follows:

Table 1. Results of Journal Comparison

No	Research	Method	Results	Comparison
1.	Effect of Acupressure at PC6 on Nausea and Vomiting During Pregnancy (Melike Pündük Yılmaz et al, 2023)	RCT (74 participants)	There was a reduction in nausea and vomiting, but it was not statistically significant	Different from other studies due to non-significant results, possibly influenced by the duration of the intervention
2.	Effect of Acupressure at P6 on Nausea and Vomiting in Women with Hyperemesis Gravidarum (Nor Azila Mohd Nafiah et al, 2022)	RCT (90 participants)	Statistically significant reduction in nausea and vomiting, decreased use of antiemetic drugs, and faster recovery	Strongest in terms of methodology and results, demonstrating high effectiveness even in severe conditions
3.	Effect of Acupressure on P6 on Reduction of Vomiting in Pregnant Women (Ambarwati et al, 2025)	Pre-experimental (16 participants)	Statistically significant reduction (p = 0.000), with a substantial decrease in symptom scores	Shows a large effect, but has lower validity due to the absence of a control group
4.	The Effect of Acupressure on Emesis Gravidarum (Indah Dewi Sari et al, 2023)	Pre-experimental (10 participants)	Statistically significant (p = 0.008)	Consistent with studies 3 and 5, but with a small sample size
5.	The Effect of P6 Acupressure Stimulation on Nausea and Vomiting (Sri Nurfadilla Oktaviani et al, 2026)	Pre-experimental (38 participants)	Statistically significant (p = 0.000), with most participants improving to a mild category	Strong and consistent results, supporting studies 3 and 4 with a larger sample size
6	Pericardium Point 6 Acupressure for Nausea, Vomiting in 1st Trimester Pregnant Women: Case Study (Annisa Devi Permata, 2021)	Case study (qualitative descriptive)	Reduction in nausea and vomiting from moderate to mild, with some cases showing no symptoms	Preliminary evidence (statistically weak), demonstrating effectiveness at an individual clinical level
7	The Effect of Complementary Acupressure	Quasi-experimental (pretest–	Statistically significant effect (p = 0.008); acupressure reduced the intensity of nausea and	Stronger evidence than study 1 due to the use of

	Therapy on Emesis Gravidarum in First-Trimester Pregnant Women (Ratna Dewi & Noviyanti, 2021)	posttest with control), n = 40	vomiting more effectively than the control	statistical analysis and a control group
8	Effectiveness of Acupressure on Emesis Gravidarum in the First Trimester Pregnant Women (Indah Elisabet S, Sri Dinengsih, Rini Kundaryanti, 2023)	Quasi-experimental with control, n = 28, using the PUQE instrument	Highly statistically significant ($p = 0.001$); acupressure was more effective than vitamin B6 in reducing emesis.	Strongest evidence, demonstrating high effectiveness and superiority compared to pharmacological therapy

Based on the comparison of eight studies, most research indicates that acupressure at the Pericardium 6 (PC6) point is effective in reducing symptoms of emesis gravidarum, as demonstrated by decreased nausea and vomiting scores across various clinical instruments. Four studies reported statistically significant results, both in mild to moderate conditions and in cases of hyperemesis gravidarum. Meanwhile, one study using a Randomized Controlled Trial (RCT) design showed not statistically significant results, although a clinical reduction in symptoms was still observed. This suggests that, overall, acupressure has consistent therapeutic potential as a non-pharmacological intervention.

The findings further demonstrate that acupressure at the Pericardium 6 (P6) point is effective in reducing emesis gravidarum in first-trimester pregnant women, with varying levels of evidence strength. Case studies show clinical improvement, while quasi-experimental studies provide statistically significant evidence ($p < 0.05$ to $p = 0.001$) and indicate that acupressure is more effective than vitamin B6. Physiologically, stimulation of the P6 point plays a role in modulating the autonomic nervous system and inhibiting the vomiting center in the medulla oblongata. Therefore, this therapy can be recommended as a safe and effective non-pharmacological intervention.

Differences in findings across studies may be influenced by variations in research design, sample size, and the duration and frequency of the intervention. Pre-experimental studies tend to show statistically significant results but have limitations in controlling variables, which may introduce bias. In contrast, RCT studies provide more objective evidence, although they do not always demonstrate strong statistical significance. Overall, P6 acupressure can be considered a safe and effective complementary therapy in the management of emesis gravidarum, while further standardized and high-quality research is still needed.

Analysis of Research Findings

A table of research findings analysis from eight selected studies is presented below, summarizing the main findings, research designs, and the significance of results from each study. This table serves as a basis for conducting a systematic comparative analysis.

Table 2. Analysis of Research Finding

No	Research	Method	Main Findings	Interpretation of Result
1.	Yılmaz et al., 2023	RCT. 74 pregnant women.	There was a reduction in nausea and vomiting scores, but it was not statistically significant	Acupressure has an effect, but it is not yet strong enough statistically
2.	Nafiah et al., 2022	RCT. 90 pregnant women (hyperemesis gravidarum)	Statistically significant reduction in nausea and vomiting ($p < 0.05$), decreased medication use, and faster recovery	Acupressure is highly effective even in severe conditions
3.	Ambarwati et al., 2025	Pre-experimental. 16 pregnant women.	There was a significant reduction in nausea and vomiting scores (11.88 to 3.11), with a statistically significant result ($p = 0.000$)	Acupressure is highly effective in clinical practice
4.	Sari et al., 2023	Pre-experimental. 10 pregnant women	There was a significant reduction in nausea and vomiting frequency ($p = 0.008$)	Acupressure is effective as a non-pharmacological intervention for reducing nausea

				and vomiting in pregnant women.
5.	Oktaviani et al., 2026	Pre-experimental. 38 pregnant women	There was a reduction in PUQE category from moderate to mild, with a statistically significant result (p = 0.000)	Acupressure is effective in reducing nausea and vomiting severity and improving the quality of life of pregnant women.
6	Annisa Devi Permata (2024)	Case study (descriptive). 1 first-trimester pregnant woman	There was a reduction in nausea and vomiting severity from moderate to mild, and eventually no symptoms	The study indicates the clinical effectiveness of acupressure; however, findings cannot be generalized due to the very small sample size and absence of statistical testing
7	Ratna Dewi & Noviyanti (2021)	Quasi-experimental (pretest–posttest with control group). 40 respondents (20 intervention, 20 control)	There was a significant effect (p = 0.008); acupressure reduced nausea and vomiting intensity and showed better outcomes compared to the control group	Acupressure is statistically effective and more effective than the control condition in reducing nausea and vomiting intensity
8	Indah Elisabet et al. (2023)	Quasi-experimental (with control group, PUQE instrument). 28 respondents (intervention and control groups)	There was a highly significant effect (p = 0.001), with a greater reduction in symptoms compared to vitamin B6	The study provides strong evidence that acupressure is effective and more superior than pharmacological therapy in reducing nausea and vomiting

Based on the analysis of eight studies, acupressure at the Pericardium 6 (P6) point has generally been proven effective in reducing nausea and vomiting symptoms in pregnancy (emesis gravidarum). Most studies reported a reduction in symptom scores measured using clinical instruments such as PUQE and INVR, although one RCT study did not demonstrate statistically significant results. From a physiological perspective, stimulation of the P6 point is believed to modulate the nervous system via the median nerve, leading to inhibition of the vomiting center in the medulla oblongata and increased release of β-endorphins as endogenous antiemetic agents.

In other RCT-based studies, particularly in cases of hyperemesis gravidarum, acupressure was shown to be significantly effective in reducing symptoms, decreasing the use of antiemetic medication, and improving metabolic conditions such as ketonuria. This suggests that the effectiveness of acupressure may be influenced by variations in study design, intervention duration, and participant characteristics.

Meanwhile, all pre-experimental studies consistently demonstrated significant results with a marked reduction in symptom intensity, although these studies were limited by the absence of control groups. Clinically, this intervention was able to reduce both the frequency and intensity of nausea and vomiting, as well as improve the quality of life of pregnant women, indicated by a shift in severity category from moderate to mild.

The advantages of acupressure as a non-invasive, safe, and low-risk intervention make it a relevant complementary therapy in midwifery practice, especially during the first trimester when pharmacological treatment options are often limited. Therefore, P6 acupressure can be recommended as a complementary therapy in the management of emesis gravidarum, although further studies with stronger methodological designs are still required to strengthen the scientific validity.

GAP Analysis Discussion

The following presents a GAP analysis table (research gaps) from eight reviewed journals, aimed at identifying limitations, shortcomings, and opportunities for further research development based on the findings of each study.

Table 3. Research GAP

No	Research	Research Finding	Research GAP	Implications GAP
1.	Ratna Dewi & Noviyanti, 2021	There is a significant effect of acupressure on emesis gravidarum (p = 0.008).	It has not yet used standardized international measurement instruments (such as PUQE), the intervention duration is relatively short, and the long-term effects have not been evaluated.	Further research is needed using standardized instruments and long-term follow-up.
2.	Nafiah et al., 2022	It significantly reduced nausea and vomiting as well as the use of antiemetics.	The focus is on hyperemesis gravidarum and has not yet addressed mild to moderate cases.	It needs to be generalized across all levels of pregnancy severity.
3.	Sari et al., 2023	It significantly reduced the frequency of nausea and vomiting	The sample size was very small (n = 10).	An increase in sample size is needed to obtain more representative results.
4.	Yılmaz et al., 2023	The reduction in nausea and vomiting was not statistically significant.	It has not yet explained the factors contributing to the lack of statistical significance (duration, frequency, and acupressure technique).	Further research is needed with more rigorous control of the intervention
5.	Indah Elisabet dkk, 2023	Acupressure is highly significant (p = 0.001) and more effective than vitamin B6.	The sample is still limited, does not include a broader population variation, and has not examined combination therapies (acupressure + pharmacological treatment).	Further research is needed with larger, multi-center samples and exploration of combination therapies for optimal results.
6	Annisa Devi Permata, 2024	Acupressure clinically reduces nausea and vomiting in first-trimester pregnant women.	The sample size was very small (case study), with no statistical testing and no control group, resulting in low external validity.	Experimental studies with larger sample sizes are needed to allow the results to be generalized.
7	Ambarwati et al., 2025	There was a significant and drastic reduction in INVR scores.	There was no control group, leading to a high potential for bias.	A randomized controlled trial (RCT) design is needed to validate the results
8	Oktaviani et al., 2026	There was a significant reduction from the moderate to the mild category.	It did not compare with other therapies (pharmacological or other non-pharmacological interventions).	Comparative studies between different therapeutic methods are needed.

Based on the research gap table, it can be seen that although most studies demonstrate the effectiveness of PC6 acupressure in reducing emesis gravidarum, there are still several methodological limitations that affect the strength of the scientific evidence. One of the main gaps is the presence of non-significant results in one RCT study, which has not clearly explained the influencing factors, such as intervention duration, stimulation frequency, and the acupressure technique used. In addition, some studies only focus on specific conditions, such as hyperemesis gravidarum, so they do not yet represent effectiveness across the full spectrum of symptom severity. This indicates the need for more comprehensive research with better-controlled variables.

On the other hand, pre-experimental studies show significant results; however, they have limitations such as the absence of a control group and relatively small sample sizes, which may

introduce bias and reduce external validity. In addition, there are still few studies comparing acupressure with other therapies, both pharmacological and non-pharmacological, so its relative effectiveness cannot yet be optimally determined. Another gap identified is the lack of standardization in acupressure intervention procedures, which may affect the consistency of results across studies. Therefore, further research is needed with stronger study designs, larger sample sizes, and a comparative approach to generate more robust evidence. The following presents an additional analysis table of findings from the five reviewed journals, aimed at deepening the interpretation of the results based on aspects of result consistency, effect size, study validity, and clinical implications.

Table 4. Additional Analysis of Research Findings

No	Research	Study Validity	Clinical Implications	Analysis Notes
1.	Ratna Dewi & Noviyanti, 2021	Moderate (quasi-experimental with control group)	Can be used as a more effective alternative therapy compared to vitamin B6.	It has shown a cause-and-effect relationship, but is still limited to a non-randomized design.
2.	Nafiah et al., 2022	Very high (RCT)	Very strong, even in cases of hyperemesis	The strongest and most applicable evidence.
3.	Sari et al., 2023	High (RCT)	Limited, with non-significant effects.	There is a clinical effect, but it is weak statistically.
4.	Yılmaz et al., 2023	Low to moderate (small sample size)	Moderately strong	Validation with a larger sample size is needed.
5.	Indah Elisabet dkk, 2023	High (quasi-experimental design with PUQE instrument and strong statistical analysis)	Recommended as a primary complementary therapy in midwifery practice.	Provides the strongest evidence, but is still limited by sample size.
6	Annisa Devi Permata, 2024	Low (case study, no control group & no statistical testing)	Can be used as an initial non-pharmacological therapy on an individual basis.	Provides preliminary evidence, but is not strong enough for generalization.
7	Ambarwati et al., 2025	Moderate (no control group)	Clinically strong	Potential overestimation of the effect.
8	Oktaviani et al., 2026	Moderate	Strong and applicable.	Supported by a larger sample size compared to similar studies.

Based on the additional analysis table, all studies show a consistent direction of results, namely a reduction in nausea and vomiting symptoms in pregnant women after PC6 acupressure intervention. However, the effect size varies, ranging from small in studies with non-significant results to very large in pre-experimental studies. This difference indicates that although acupressure generally has an effect, its strength is influenced by the study design and sample characteristics. Studies with RCT designs tend to show more moderate but more valid effects, whereas studies without a control group tend to show larger effects. This suggests the possibility of bias that should be considered in interpreting the results.

From the perspective of study validity, RCT designs have a higher level of credibility compared to pre-experimental studies, even though their results are not always statistically significant. Conversely, studies with moderate to low validity still demonstrate strong clinical effects, but require further verification through more rigorous designs. In terms of clinical implications, PC6 acupressure has been shown to have tangible benefits, particularly due to its non-invasive, safe, and easy-to-apply nature in midwifery practice. Considering the consistency of results and its potential benefits, acupressure can be recommended as a complementary therapy for managing emesis gravidarum. However, further research with more robust methodology is needed to ensure its effectiveness on a broader and more standardized basis.

Conclusion and Recommendations

Based on a literature review of eight journals, it can be concluded that acupressure at the Pericardium 6 (PC6) point is effective in reducing symptoms of emesis gravidarum in pregnant women, across mild to severe levels. Most studies showed statistically and clinically significant results, although variations in effect strength were observed, influenced by study design, sample size, and intervention methods. Physiologically, acupressure works through neuromodulation mechanisms that affect the vomiting center, thereby reducing the frequency

and intensity of nausea and vomiting. Therefore, PC6 acupressure can be classified as a safe, effective, and applicable non-pharmacological therapy in midwifery practice.

Recommendations from this study was further research is needed using stronger study designs such as Randomized Controlled Trials (RCTs) with larger sample sizes and standardized intervention procedures to improve the validity and generalizability of the results. In addition, comparative studies between acupressure and other pharmacological and non-pharmacological therapies are also necessary to determine its relative effectiveness. In clinical practice, healthcare professionals are encouraged to begin integrating acupressure as a complementary therapy in the management of emesis gravidarum, accompanied by education for pregnant women on the correct technique. These efforts are expected to improve the quality of life of pregnant women and reduce dependence on medication use.

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