TOPIC 3 · ACUPRESSURE IN FERTILITY AND IVF

What we know about auricular acupressure, IVF-related anxiety, clinical pregnancy and the limits of the current evidence.

Why 5 core sources?

For acupressure, five is the ideal number for the initial website. Fertility-specific evidence remains small, and it would not be scientifically responsible to pad the section with studies from unrelated fields or to treat acupuncture studies as though they evaluated the same intervention. These five sources capture the present range of evidence: positive, neutral and negative findings, plus one combined-intervention study that illustrates the problem of confounding.

The evidence in context

Research on acupressure in fertility is far more limited than research on acupuncture. The most interesting evidence concerns auricular acupressure and suggests a possible reduction in anxiety and psychological distress during IVF. Some studies have also reported better pregnancy outcomes, while another randomized trial found no difference in clinical pregnancy. Acupressure can therefore be presented responsibly as a non-invasive complementary practice with promising data for psychological support during IVF—not as an established method for increasing fertility or live-birth rates.

1. Li et al. (2025)

The Effect of Auricular Acupressure on Women Psychological Distress during Controlled Ovarian Hyperstimulation for in vitro Fertilization: A Single-Blind, Randomized, and Sham-Controlled Study

Original source

What it studied → A randomized, single-blind, sham-controlled study in women undergoing their first IVF cycle. Participants were assigned to control (n=121), auricular acupressure (n=126), or sham acupressure (n=121). The intervention ran from the first day of controlled ovarian hyperstimulation until the day before oocyte retrieval. Psychological symptoms and IVF outcomes were assessed.

What it found → The auricular acupressure group showed greater reductions in anxiety, depression, obsessive-compulsive symptoms and somatization than control and sham groups. Reported pregnancy outcome was 73.0% in the AA group, 61.2% in sham and 58.7% in control. No significant adverse events were reported.

What it means in practice → This is the most recent and one of the strongest fertility-specific studies of auricular acupressure. It particularly supports a possible role in reducing psychological distress during IVF. The pregnancy-outcome finding is interesting, but requires independent replication before being used as an efficacy claim.

Limitations → Single-centre, single-blind design, relatively short intervention period, and no direct investigation of mechanism. The study's "pregnancy outcome" combined ongoing pregnancies and live deliveries and is not identical to a live-birth rate.

2. Qu et al. (2014)

Auricular Acupressure Reduces Anxiety Levels and Improves Outcomes of in Vitro Fertilization: A Prospective, Randomized and Controlled Study

Original source

What it studied → A prospective randomized study of 305 women with tubal-factor infertility undergoing IVF. Participants were allocated to control (n=102), sham auricular acupressure (n=102), or true auricular acupressure (n=101), from oocyte retrieval to embryo transfer.

What it found → The true auricular acupressure group reported lower state and preoperative anxiety. The authors also reported higher clinical-pregnancy, implantation and live-birth outcomes than sham and control groups, alongside higher follicular-fluid NPY levels.

What it means in practice → This is the landmark fertility-specific study that brought auricular acupressure into IVF research. It suggests that a non-invasive intervention may have measurable effects on anxiety and possibly on reproductive outcomes.

Limitations → A single-centre study in a specific tubal-factor infertility population. The striking reproductive outcomes have not been consistently reproduced in independent trials. The clinical meaning of NPY as a mechanism remains uncertain.

3. Saffari et al. (2018)

The Effect of Auriculotherapy on the Stress and the Outcomes of Assisted Reproductive Technologies in Infertile Women

Original source

What it studied → A clinical study in women undergoing assisted reproductive technologies, designed to assess whether auriculotherapy could reduce stress and influence treatment outcomes.

What it found → The authors reported a significant reduction in stress in the intervention group and a higher clinical-pregnancy rate compared with control.

What it means in practice → The study supports a possible role for auricular stimulation/acupressure as complementary stress support during ART. The fertility outcome is interesting but is not sufficient on its own for a clinical efficacy conclusion.

Limitations → Limited independent replication, lower methodological strength than large multicentre trials, and uncertainty about how much of the effect is specific to auriculotherapy versus additional attention and supportive care.

4. Hassanzadeh Bashtian et al. (2018)

Evaluation of acupressure effects on self-efficacy and pregnancy rate in infertile women under in vitro fertilization/intracytoplasmic sperm injection treatment: A randomized controlled trial

Original source

What it studied → A randomized controlled trial of 144 women undergoing IVF/ICSI. Participants were allocated to true acupressure, sham acupressure, or control. Pressure was applied at H7 and P6. Infertility self-efficacy and clinical pregnancy were assessed.

What it found → No statistically significant differences were found in either self-efficacy or the frequency of clinical pregnancy among the three groups.

What it means in practice → This is essential for a balanced evidence library because it shows that acupressure does not produce positive results in every study. It supports the position that acupressure cannot be presented as an established way to increase pregnancy rates.

Limitations → A specific two-point protocol, a defined IVF/ICSI population, and a relatively limited sample. The negative finding does not rule out every form of acupressure, but it is important counter-evidence.

5. Zhou et al. (2022)

The Efficacy and Safety of the Zhuyun Formula and Auricular Acupressure for the Infertile Women with Recurrent Implantation Failure: A Randomized Controlled Trial

Original source

What it studied → A prospective, randomized, nonblinded study of 123 women with unexplained recurrent implantation failure. The intervention group received a three-month combination of Zhuyun herbal formula and auricular acupressure before ovarian stimulation, while controls remained on a waiting list. Clinical pregnancy was the primary outcome.

What it found → Clinical pregnancy was 45.2% in the intervention group versus 26.2% in control. Differences were also reported in selected immune markers, while maternal and child perinatal outcomes did not significantly differ.

What it means in practice → The study is interesting in recurrent implantation failure, but it cannot tell us how much of the result—if any—was attributable specifically to auricular acupressure because it was delivered together with a multi-herb formula.

Limitations → Major confounding from the combined intervention, nonblinded design, waiting-list control, and a relatively small sample. It is not clean evidence for acupressure as a stand-alone intervention.

Library conclusion

The scientifically defensible message is that acupressure—particularly auricular acupressure—is beginning to be studied as an adjunct in IVF, with the most interesting data relating to anxiety and psychological distress. Positive fertility findings exist, but they are not yet consistent or independently replicated enough to establish that acupressure increases clinical pregnancy or live birth. For Holistic Fertility®, the strongest position is to describe it as a non-invasive supportive tool while clearly separating psychological support from proven effects on reproductive outcomes.

Template for future maintenance

Add a new source only when it is fertility-specific and preferably a randomized controlled trial or a high-quality systematic review. Keep the same structure: Full citation + link → What it studied → What it found → What it means in practice → Limitations → Date last reviewed. Do not conflate acupuncture, auricular acupuncture, acupressure and auriculotherapy when the intervention differs. If a strong acupressure-specific fertility meta-analysis is published, reassess the section's overall conclusion rather than simply adding another citation.