

TOPIC 1 · ACUPUNCTURE & ELECTROACUPUNCTURE IN FERTILITY AND IVF

What the evidence as a whole tells us about IVF outcomes, embryo transfer, blood flow, anxiety and proposed physiological mechanisms.

Why 10 core sources?

For the initial website, 10 is the ideal number. It is enough to show the development and contradictions of the evidence without turning the page into an academic database. The selection combines recent meta-analyses, a large sham-controlled RCT, landmark studies, a mechanistic study, patient-centred outcomes and formal clinical/regulatory guidance.

The evidence in context

The literature does not provide a simple yes-or-no answer. Some meta-analyses report higher clinical-pregnancy or implantation rates, particularly when acupuncture is compared with no additional intervention. However, the strongest sham-controlled evidence and formal guidance have not consistently confirmed an increase in live births. At the same time, there is evidence of effects on anxiety, pain and certain physiological measures, including uterine-artery blood-flow impedance. The most accurate position is therefore that acupuncture/electroacupuncture is a complementary intervention with interesting but heterogeneous evidence; it is not an established method for increasing live-birth rates.

1. Wei et al. (2026)

Timing and dose of acupuncture as adjuncts to assisted reproduction: a meta-analysis and model-based network meta-analysis

[Original source](#)

What it studied → A systematic review and meta-analysis of 42 randomized trials involving 9,390 women undergoing IVF, ICSI or embryo transfer. It examined not only overall effects, but also timing, modality and number of acupuncture sessions.

What it found → Acupuncture was associated with higher clinical pregnancy (RR 1.25) and implantation rates (RR 1.16). The effect on live birth remained uncertain (RR 1.14, 95% CI 0.98–1.32). Certainty of evidence for the major outcomes was rated very low.

What it means in practice → This is one of the most current broad assessments and suggests that the overall treatment protocol may matter more than a single peri-transfer session. It does not justify promising an increase in live births.

Limitations → Substantial clinical heterogeneity, differing treatment schedules and very-low-certainty evidence for major outcomes. Timing and dose-response analyses were exploratory and should not be converted into treatment-dose recommendations.

2. Fu et al. (2025)

Acupuncture for women undergoing in vitro fertilization: An updated systematic review and meta-analysis with trial sequential analysis

[Original source](#)

What it studied → An updated systematic review of 42 trials reported in 37 publications, including 7,400 participants. It assessed reproductive outcomes, pain, anxiety and safety.

What it found → Higher biochemical and clinical pregnancy rates were reported in acupuncture groups, alongside improvements in pain and anxiety. However, a higher early-miscarriage rate was also observed, a finding the authors state requires caution and confirmation.

What it means in practice → The review strengthens the case for possible benefits in some intermediate outcomes and in the IVF experience, but it does not support the simplistic message that acupuncture necessarily means more babies.

Limitations → Protocols and control groups varied, heterogeneity remains a concern, and the early-miscarriage finding is uncertain. More rigorous trials are required.

3. Wang et al. (2025)

Acupuncture as an adjunctive therapy on embryo transfer day: a systematic review and meta-analysis of clinical pregnancy and live birth outcomes

[Original source](#)

What it studied → A systematic review and meta-analysis of 11 RCTs evaluating acupuncture around embryo transfer, focusing on clinical pregnancy and live birth.

What it found → Clinical pregnancy was higher versus no-treatment controls, but the difference disappeared when acupuncture was compared with sham acupuncture. No positive effect on live birth was demonstrated.

What it means in practice → The choice of control group materially changes the interpretation. Differences versus no treatment may include nonspecific effects of care, expectation or the procedure itself. For the most important outcome—live birth—benefit was not demonstrated.

Limitations → A relatively small evidence base, variation in protocols and the inherent difficulty of creating a truly inert acupuncture placebo.

4. Smith et al. (2018)

Effect of Acupuncture vs Sham Acupuncture on Live Births Among Women Undergoing In Vitro Fertilization: A Randomized Clinical Trial

[Original source](#)

What it studied → A large multicentre randomized clinical trial of 848 women. It compared true acupuncture with non-invasive sham acupuncture during stimulation and around embryo transfer. Live birth was the primary outcome.

What it found → Live birth occurred in 18.3% of the acupuncture group and 17.8% of the sham group; the difference was not statistically significant.

What it means in practice → This is one of the strongest individual trials and indicates that this specific short acupuncture protocol did not improve live birth compared with a credible sham control.

Limitations → It tests one particular protocol, not every possible acupuncture regimen. Many participants had previous IVF cycles, and not all randomized women proceeded to embryo transfer.

5. Manheimer et al. (2008)

Effects of acupuncture on rates of pregnancy and live birth among women undergoing in vitro fertilisation: systematic review and meta-analysis

[Original source](#)

What it studied → A historically important meta-analysis of 7 RCTs involving 1,366 women, with acupuncture administered within one day of embryo transfer.

What it found → The original pooled analysis reported higher clinical pregnancy, ongoing pregnancy and live-birth rates. The authors described the findings as preliminary.

What it means in practice → This paper helped drive international interest in acupuncture and IVF. It remains historically important, but should not be interpreted in isolation from the larger and more recent evidence that followed.

Limitations → A smaller and older evidence base, limited live-birth data, and later trials/meta-analyses did not consistently reproduce the magnitude of benefit.

6. Paulus et al. (2002)

Influence of acupuncture on the pregnancy rate in patients who undergo assisted reproduction therapy

[Original source](#)

What it studied → A prospective randomized study of 160 ART patients with good-quality embryos. Eighty received acupuncture 25 minutes before and after embryo transfer, while 80 received no adjunctive intervention.

What it found → Clinical pregnancy was reported in 42.5% of the acupuncture group versus 26.3% of the no-acupuncture group.

What it means in practice → This landmark study established what became known as the Paulus protocol and stimulated much of the subsequent research in the field.

Limitations → Small sample, no sham control, and clinical pregnancy rather than live birth as the principal outcome. Later, more rigorous trials produced more mixed findings.

7. Stener-Victorin et al. (1996)

Reduction of blood flow impedance in the uterine arteries of infertile women with electroacupuncture

[Original source](#)

What it studied → A prospective, non-randomized physiological study of 10 infertile women with high uterine-artery pulsatility index. Participants received eight electroacupuncture sessions over four weeks.

What it found → A reduction in uterine-artery blood-flow impedance was observed following the intervention.

What it means in practice → It provides biological evidence that electroacupuncture may influence a measurable blood-flow parameter. It does not establish that this change produces more pregnancies or live births.

Limitations → Only 10 participants, no randomization or control group, and a surrogate physiological endpoint. This is a mechanistic study, not proof of clinical effectiveness.

8. Smith et al. (2019)

The effects of acupuncture on the secondary outcomes of anxiety and quality of life for women undergoing IVF: A randomized controlled trial

[Original source](#)

What it studied → A secondary analysis of the large multicentre RCT of 848 women, focusing on anxiety and quality of life during IVF.

What it found → Following embryo transfer, the acupuncture group reported a small but statistically significant reduction in anxiety. Overall quality of life did not materially differ, and the benefit was not sustained at 14 weeks.

What it means in practice → Even when live-birth benefit is not demonstrated, there may be value in patient-centred outcomes such as the experience of treatment and anxiety around embryo transfer. These are distinct outcomes from fertility itself.

Limitations → Anxiety and quality of life were secondary outcomes, the effect was small and temporary, and it should not be translated into a claim that reducing anxiety increases pregnancy chances.

9. ASRM Practice Committee (2017)

Performing the embryo transfer: a guideline

[Original source](#)

What it studied → An American Society for Reproductive Medicine guideline assessing techniques and interventions around embryo transfer, including acupuncture.

What it found → ASRM concluded that there is fair evidence (Grade B) that acupuncture around embryo transfer does not improve live-birth rates in IVF. It also highlights contradictory findings and substantial protocol variation.

What it means in practice → For the website, this is an essential counterweight: positive studies should be presented alongside formal clinical guidance. The responsible conclusion is that a live-birth benefit has not been consistently demonstrated.

Limitations → The guideline was published in 2017 and therefore does not include the newer 2025–2026 evidence. It also focuses specifically on interventions around embryo transfer.

10. HFEA (Current)

Complementary and alternative therapies

[Original source](#)

What it studied → Official patient-facing guidance from the UK Human Fertilisation and Embryology Authority on complementary therapies in fertility treatment, including acupuncture.

What it found → HFEA notes that acupuncture may be offered for relaxation or wellbeing, while evidence that it improves uterine blood flow or the chance of having a baby remains unclear. It advises discussing complementary therapies with the treating clinician.

What it means in practice → It defines the safest communication framework: complementary, not alternative; wellbeing support without promises about reproductive outcomes that have not been established.

Limitations → This is not a primary study or meta-analysis, but a regulatory/patient-information source. It summarizes evidence rather than generating new data.

Library conclusion

The scientifically defensible message is not that “acupuncture increases fertility.” Rather, research has identified possible benefits in selected reproductive and patient-centred outcomes, while results vary according to protocol, control group and the outcome measured. Live birth remains the most important final outcome, and a consistent improvement has not been established. This topic should be updated whenever a new high-quality RCT, systematic review/meta-analysis or major guideline is published.

Template for future maintenance

For every new source, keep the same structure: Full citation + link → What it studied → What it found → What it means in practice → Limitations → Date last reviewed. Prioritise live birth, clinical pregnancy and safety, followed by surrogate outcomes. A new high-quality meta-analysis should not merely be added; it should trigger a review of the topic's overall conclusion.