



## THE USE OF AURICULOTHERAPY IN LOW-RISK PRENATAL CARE: AN INTEGRATIVE REVIEW

### O USO DA AURICULOTERAPIA NO PRÉ-NATAL DE RISCO HABITUAL: UMA REVISÃO INTEGRATIVA

Lilian da Silva Fraga<sup>1\*</sup>, Jovanka Bittencourt Leite de Carvalho<sup>1</sup>, Thais Rosental Gabriel Lopes<sup>2</sup>,  
Lara Dantas de Rubim Costa<sup>1</sup>, Flávio César Bezerra da Silva<sup>1</sup>

**ABSTRACT:** Objective: To identify national and international studies on the use of auriculotherapy for relieving pregnancy-related symptoms in women undergoing low-risk prenatal care. Method: This is an integrative review conducted in the first half of 2024 in the SciELO, Web of Science, PubMed, and Virtual Health Library (VHL) databases, using the descriptors "Nursing," "Auriculotherapy," "Prenatal Care," and "Complementary Therapies." Results: The search yielded 1,207 articles, of which we selected four based on predefined inclusion criteria. Conclusion: Auriculotherapy was found to be effective in reducing anxiety in pregnant women and showed potential benefits for nausea and vomiting, although evidence on these effects remains limited. Nevertheless, this therapy is a valuable component of prenatal care, highlighting the importance of nursing professionals incorporating the technique to provide pregnant women undergoing low-risk prenatal care with an additional resource to alleviate pregnancy-related discomforts. Therefore, further research is essential to enhance knowledge on auriculotherapy.

**KEYWORDS:** Auriculotherapy. Complementary therapies. Nursing. Prenatal care.

**RESUMO:** Objetivo: Identificar na literatura nacional e internacional, estudos sobre a utilização da auriculoterapia para alívio dos sintomas gravídicos à mulher no pré-natal de risco habitual. Método: Trata-se de uma revisão integrativa, realizada no primeiro semestre de 2024, nas bases de dados Scielo, Web of Science, PubMed e BVS, utilizando os descritores "Enfermagem", "Auriculoterapia", "Cuidado Pré-natal" e "Terapias Complementares". Resultados: Após as buscas, foram encontrados 1.207 artigos, sendo 4 selecionados de acordo com os critérios de inclusão pré-estabelecidos. Conclusão: A auriculoterapia mostrou-se eficaz na redução da ansiedade em gestantes, além de apresentar benefícios para náuseas e vômitos, embora as evidências sobre esses efeitos sejam limitadas. Contudo, a terapia mostra-se valiosa no cuidado pré-natal, sendo importante a Enfermagem se apropriar da técnica em prol de oportunizar o recurso às grávidas de risco habitual que apresentam desconfortos próprios da gestação. Assim, novas investigações são essenciais para aprimorar os conhecimentos sobre a auriculoterapia.

**PALAVRAS-CHAVE:** Auriculoterapia. Cuidado pré-natal. Enfermagem. Terapias complementares.

<sup>1</sup>Federal University of Rio Grande do Norte (UFRN), Natal, RN, Brazil. <sup>2</sup>COOPERN – Nurses' Cooperative of Rio Grande do Norte, Natal, RN, Brazil.

\*Corresponding author: Lilian da Silva Fraga – Email: [lilian.fraga.709@ufrn.edu.br](mailto:lilian.fraga.709@ufrn.edu.br)

Received: 20 jan. 2025  
Accepted: 09 mar. 2025

Editors-in-Chief: Dr. Leonardo Pestillo de Oliveira and Dr. Mateus Dias Antunes

This is an open-access article distributed under the terms of the Creative Commons Attribution license (<https://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.



## INTRODUCTION

The conception of a baby entails physical, psychological, and social changes in women, often marking pregnancy with heightened emotional lability due to the common alterations occurring during this period. These changes require therapeutic care to provide women with a more comfortable gestational experience. Some discomforts are characteristic of pregnancy, varying in intensity and affecting different stages of gestation. Among these, heartburn, excessive salivation, nausea, vomiting, anxiety, abdominal pain, cramps, breast tenderness, lower back pain, and headaches stand out.<sup>1</sup>

Considering the specific needs of pregnant women, national health policies have adopted measures that enhance maternal care and, indirectly, contribute to fetal health. These include the Program for Humanization of Prenatal and Birth Care (PHPN)<sup>2</sup>, the Stork Network<sup>3</sup>, the Alyne Network<sup>4</sup>, and the National Policy on Complementary and Alternative Medicine (PNPIC), established by the Ministry of Health in 2006.<sup>5</sup>

The PNPIC aims to provide comprehensive, humanized, and inclusive care by integrating cultural health practices into society. As a result, complementary and alternative medicine (CAM) has been legitimized within Brazil's Unified Health System (SUS).<sup>5</sup> Currently, these practices are available in 100% of the state capitals and 86.46% of municipalities. Specifically, in the state of Rio Grande do Norte, CAM services are already offered in primary healthcare settings across 92 municipalities.<sup>6</sup> Additionally, the State Policy on Complementary and Alternative Medicine (PEPIC) has been implemented in 11 states and the Federal District.<sup>7</sup>

In the micro-region of Natal, in 2016, the Municipal Policy on Complementary and Alternative Medicine was established to integrate CAM into the city's healthcare services, focusing on disease prevention, health promotion, and therapeutic resources through a multidisciplinary approach, fostering qualified listening and user embracement.<sup>8</sup>

Within institutional policies, the integration of humanistic care approaches, such as CAM—also referred to as traditional, complementary, and alternative medicine (TCAM)—encompasses interventions that include advanced medical systems and various forms of therapy. These approaches aim to stimulate natural health prevention and recovery processes through safe and effective techniques.<sup>9</sup>

The demand for such practices has increased in both developed and developing countries. In nations like Iran, these approaches are used in maternity care as an effective alternative for pain relief during labor.<sup>10</sup> According to a study by Tesser,<sup>11</sup> this growth is driven by multiple factors, ranging from dissatisfaction with the side effects of pharmacological methods to the benefits of CAM, including a more humanized approach, improved practitioner-patient relationships, and encouragement of self-healing.<sup>11</sup>

In Brazil, among the CAM modalities offered by SUS through PNPIC, traditional Chinese medicine (TCM) stands out, employing various non-pharmacological methods to restore vital balance.<sup>12</sup> One such method is auriculotherapy, a technique with ancient roots in China and Europe, systematically developed in the 20th century by the French physician Paul Nogier. He observed that ear cauterization, traditionally used for lower back pain, suggested a connection between auricular points and body organs. His findings spurred research in China, where his technique was adopted and refined in the 1950s. In the following decades, auriculotherapy expanded globally, so that the WHO recognized it in 1990 as an effective therapy for various conditions.<sup>11</sup>

Auriculotherapy involves auricular stimulation using spheres of different materials or seeds affixed to the skin with adhesive tape. This therapy aims to alleviate physical and psychosomatic symptoms by stimulating energy points in the auricular pavilion, where each part of the body is represented.<sup>13</sup>

Following an initial anamnesis and symptom assessment, auriculotherapy begins with cleansing the ear lobe with 70% alcohol, followed by palpation and selection of sensitive points associated with the auricular locations indicated by standardized protocols. During each session, specific instructions are provided, including gentle massage of the applied seed sites at least three times a day, taking care during bathing to prevent adhesive detachment, and cleaning the ears with cotton and 70% alcohol. The adhesive with seeds should be removed between the fifth and seventh day of use.<sup>14</sup>

Regarding its application, Ordinance No. 145, issued on January 11, 2017, amended the SUS Table of Procedures, Medications, Orthoses, Prostheses, and Special Materials for Primary Care. It incorporated auriculotherapy sessions under code 03.09.05.004-9 within FO 05 - Complementary and Alternative Medicine, Group 03 - Clinical Procedures, Subgroup 09 - Specialized Therapies.<sup>15</sup>

Given the non-invasive nature of this method, which minimizes exposure risks and is easily applicable, auriculotherapy is highly relevant to maternal care.<sup>16</sup> In this context, nursing, authorized to perform CAM interventions by Resolution 739/2024 of the Federal Nursing Council (Cofen), plays a vital role in prenatal care by using auriculotherapy as an intervention. This approach provides comprehensive care, promoting biopsychosocial balance through natural methods for prevention and treatment.<sup>17</sup>

Despite advances in auriculotherapy and recognition of the importance of integrative practices performed by nurses for pregnant women, studies<sup>18</sup> emphasize the need to expand knowledge on proper indications and the identification of auricular points for intervention.

Considering these factors, this study aimed to identify, through a review of national and international literature, research investigating auriculotherapy as a non-pharmacological method applied by nursing professionals during prenatal care. This led to the guiding research question: "How is auriculotherapy being used in low-risk prenatal care?"

## METHODOLOGY

This integrative literature review aims to compile information on a specific topic, serving as a foundation for developing relevant studies by highlighting limitations and the need for further research. Given the increasing volume and complexity of available information, this method is essential in nursing.<sup>19</sup>

To operationalize the study, we followed six stages: formulation of the guiding research question, literature search and sampling, data collection, critical analysis of the selected studies, discussion of results, and presentation of the findings.<sup>19</sup>

Initially, we employed the PICO strategy to formulate the guiding question that directs the core of the research and ensures the retrieval of the most relevant scientific evidence. This strategy structures research questions as follows:<sup>20</sup>

P (Population): pregnancy-related symptoms;

I (Intervention): implementation of auriculotherapy to relieve pregnancy-related symptoms in women undergoing low-risk prenatal care;

C (Comparaç o): not applicable;

O (Outcome): studies on best obstetric practices.

Based on this strategy, we defined the research question as: "How is auriculotherapy being used in low-risk prenatal care?"

We conducted the article search in the first half of 2024, using the following databases as sources of information: Scientific Electronic Library Online (SciELO), Web of Science, PubMed, and Virtual Health

Library (VHL). Articles published from 1990 to the present were considered. We retrieved the descriptors used from the Health Sciences Descriptors (DeCS) and the Medical Subject Headings (MeSH) lists: “Enfermagem/Nursing”; “Auriculoterapia/Auriculotherapy”; “Cuidado Pré-natal/Prenatal care” e “Terapias Complementares/Complementary Therapies.” We combined these terms using the Boolean operator “AND,” as follows:

1. Nursing AND Auriculotherapy AND Prenatal Care AND Complementary Therapies;
2. Nursing AND Auriculotherapy;
3. Auriculotherapy AND Prenatal Care;
4. Auriculotherapy AND Prenatal Care.

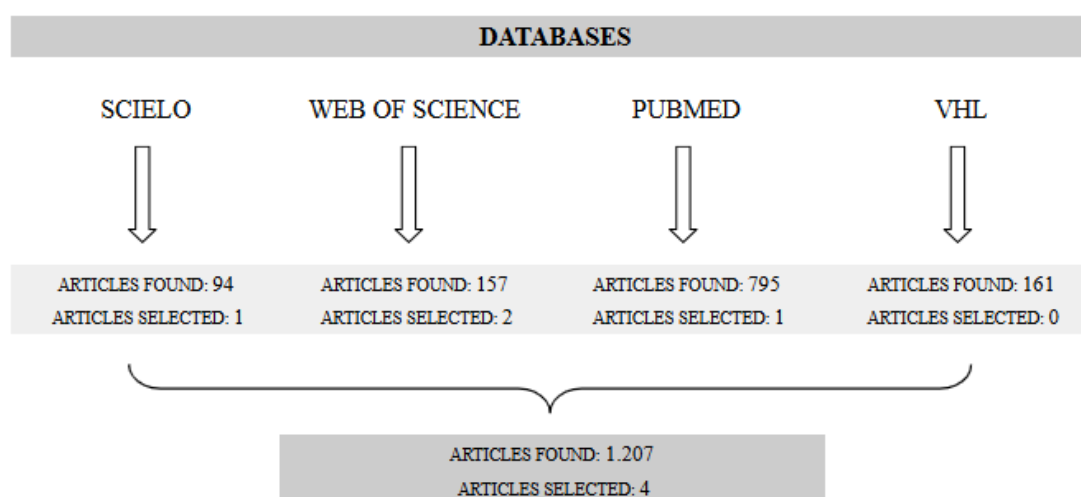
For study selection, the inclusion criteria were: full-text original articles addressing auriculotherapy for relieving pregnancy-related symptoms in women undergoing low-risk prenatal care, available in Portuguese, English, or Spanish. Articles that did not answer the research question, letters to the editor, editorial articles, other types of integrative reviews, studies unrelated to the topic, and duplicate articles found in more than one database.

Two researchers conducted the database searches simultaneously using separate electronic devices at the Nursing Department of the Federal University of Rio Grande do Norte. A total of 1,207 articles were retrieved, of which four were selected for the study. Consequently, 1,203 studies were excluded for failing to meet the study’s predefined criteria.

## RESULTS

During the article search in the selected databases, we identified 1,207 studies. In SciELO, 94 articles were found, with only one meeting the inclusion criteria. The Web of Science search retrieved 157 articles, of which two were selected. In PubMed, 795 studies were identified, with one selected. Finally, the Virtual Health Library (VHL) search yielded 161 articles, but none met the selection criteria. At the end of the screening process, we included four articles in the review according to the study’s eligibility criteria.

The remaining articles not selected for the study were excluded for not meeting the predefined criteria, including: failure to address the research question, being letters to the editor, editorial articles, or other types of integrative reviews, or not covering the intended topic. Additionally, some articles were removed due to duplication across multiple databases. Figure 1 illustrates the search process and selection of studies.



**Figure 1.** Flowchart depicting the search results in the selected databases. Source: Created by the authors.

The following table presents the selected articles according to the predefined criteria, listing their title, authorship, and year of publication. Additionally, the table includes the databases where the studies were found, the type of study, its objectives, and main conclusions. These data serve as a foundation for the analysis of the studies, facilitating the identification of patterns and variations that may influence conclusions regarding the application of auriculotherapy in low-risk prenatal care.

**Table 1.** Articles selected for the integrative review.

<b>Title / Authors / Year of publication</b>	Efeitos da auriculoterapia na ansiedade de gestantes no pré-natal de baixo risco Silva HL, Almeida MV, Diniz JS, Leite FM, Moura MA, Bringuente ME, et al. 2020	Effectiveness of Auricular Acupressure in the Treatment of Nausea and Vomiting in Early Pregnancy Puangsricharern A, Mahasukhon S. 2008	Auriculotherapy as a means of managing nausea and vomiting in pregnancy: A double-blind randomized controlled clinical trial Negarandeh R, Eghbali M, Janani L, et al. 2020	Effects of auriculotherapy on nausea and vomiting in pregnant women: A randomized clinical trial Froés NBM, Aquino PS, Soares PRAL et al. 2024
<b>Journal / Database</b>	Revista <i>Acta Paulista de Enfermagem</i> / Scielo	Elsevier Journal / Web Of Science	Elsevier Journal / Web Of Science	Elsevier Journal / Web Of Science
<b>Publication language</b>	Portuguese	English	English	English
<b>Study type</b>	Randomized, single-blind clinical trial	Randomized clinical trial	Double-blind, randomized controlled clinical trial	Randomized controlled experimental trial
<b>Study objective</b>	To evaluate the effects of auriculotherapy on anxiety levels in pregnant women receiving low-risk prenatal care	To evaluate the effectiveness of auricular acupressure in the treatment of nausea and vomiting in early pregnancy	To evaluate the effectiveness of auriculotherapy in managing nausea and vomiting during pregnancy	To evaluate the effects of auriculotherapy on nausea and vomiting during the first trimester of pregnancy
<b>Main findings</b>	Auriculotherapy may help reduce anxiety in pregnant women during low-risk prenatal care. It is a promising complementary and alternative medicine practice within Brazil's Unified Health System.	Auricular acupressure therapy may not relieve nausea and vomiting in early pregnancy. It requires further clinical studies to confirm its effectiveness	The appropriate use of effective auricular points as a non-pharmacological and complementary treatment may help relieve nausea in pregnant women.	The intervention did not significantly affect differences between groups regarding the incidence of nausea, vomiting, or retching during the first trimester. However, a greater reduction was observed in the intervention group.

Source: Created by the authors.

## DISCUSSION

This integrative literature review aimed to explore existing knowledge on the applicability and effectiveness of auriculotherapy in low-risk prenatal care. The findings provided the basis for structuring two key thematic categories:

1. The use of auriculotherapy to alleviate nausea and vomiting during pregnancy;
2. The reduction of anxiety in pregnant women through auriculotherapy.

## THE USE OF AURICULOTHERAPY TO ALLEVIATE NAUSEA AND VOMITING DURING PREGNANCY

This category presents the beneficial effects of auriculotherapy in reducing nausea and vomiting, which are among the most frequently reported pregnancy-related symptoms, particularly during the first trimester. These symptoms are commonly discussed in prenatal consultations and tend to occur more frequently in the morning or after prolonged fasting, directly impacting pregnant women's quality of life. Given this, there is a need for effective and safe interventions that do not pose risks to maternal or fetal health, such as non-pharmacological treatments, including auriculotherapy.

Auriculotherapy is a branch of traditional Chinese medicine (TCM) that stimulates specific points in the auricular pavilion. The nerve branches originating from spinal and cranial nerves connect the ear's reflex points to different brain regions, which, in turn, correspond to various organs and body parts. This connection means that auricular stimulation can identify and treat imbalances in specific organs or body regions.<sup>13</sup> When stimulated, energy points located in the auricular pavilion can help relieve various symptoms, including nausea and vomiting. The Shen Men, Stomach, Cardia, Esophagus, Zero Point, and Brainstem points are commonly targeted to address these symptoms.<sup>21</sup>

This therapeutic modality is a valuable tool in promoting health, preventing complications, and restoring well-being without the need for invasive techniques, such as pharmacological treatments. To assess the effectiveness of auriculotherapy, Negarandeh et al.<sup>22</sup> investigated its use in managing nausea and vomiting symptoms. The findings indicated a significant reduction in nausea scores among pregnant women who received auriculotherapy. However, concerning the intervention's effect on vomiting, the results did not demonstrate a substantial impact. Therefore, the study suggests that auriculotherapy should be combined with other therapies to achieve more comprehensive symptom relief.

Regarding this aspect, Nunes et al.<sup>23</sup>, Contim<sup>24</sup>, and Silva and Caixeta<sup>25</sup> conducted studies on patients undergoing chemotherapy for cancer treatment and emphasized the effectiveness of auriculotherapy in reducing both the frequency and intensity of nausea and vomiting. These findings highlight the potential for healthcare professionals, including nurses, to incorporate this complementary therapy into clinical practice to alleviate discomfort.

Nevertheless, some authors present differing perspectives on the effectiveness of auriculotherapy as a non-invasive intervention. A study by Puangsricharern and Mahasukhon<sup>26</sup> concluded that, although auriculotherapy led to symptom improvement, the results were not statistically significant when comparing treatment and control groups. However, the study used only one auricular stimulation point per ear, which may have influenced the limited symptom relief observed.

As with other therapeutic interventions, auriculotherapy's effectiveness may vary, underscoring the need for further research to explore its therapeutic mechanisms, the most responsive auricular points for each symptom, and its optimal clinical application.

Recent studies on nausea and vomiting have also examined the relevance of auriculotherapy for symptom relief. Fróes et al.<sup>27</sup> conducted a clinical trial assessing whether auricular therapy yields significant outcomes for these conditions. The results showed that when analyzed within individual groups, the intervention group experienced a more significant reduction in symptoms over time. However, the difference was not statistically significant when comparing the intervention and control groups.

Despite this, the authors do not dismiss auriculotherapy's potential, as improvements were still observed. They also emphasize that other factors contribute to the incidence of nausea and vomiting, such as iron sulfate supplementation, analgesic use, consumption of processed foods, and inadequate intake of proteins, vegetables, and fruits. Therefore, while auriculotherapy should not be excluded from

prenatal care, its effectiveness may be enhanced when combined with lifestyle modifications and dietary adjustments.

## THE IMPROVEMENT OF ANXIETY IN PREGNANT WOMEN DURING PRENATAL CARE THROUGH AURICULOTHERAPY

This category discusses the positive effects of auriculotherapy in reducing anxiety in pregnant women during low-risk prenatal care. Anxiety is a common experience for most pregnant women, especially first-time mothers, due to the physical and emotional changes they undergo during pregnancy.

Pregnancy can lead to emotional shifts, including increased vulnerability and anxiety, because of hormonal fluctuations and the emotional fragility experienced during this significant life transition. According to the Brazilian Ministry of Health, anxiety is characterized by physical symptoms, typically accompanied by worries, doubts, and distressing thoughts.<sup>28</sup> These sensations can lead pregnant women to adopt harmful behaviors, such as unbalanced eating habits, substance use (both legal and illegal), and inconsistent or absent prenatal care, all of which directly impact maternal and fetal health.

Furthermore, anxiety can have serious implications for the fetus, including premature birth and low birth weight, particularly in adolescent pregnancies. This highlights the need for non-pharmacological therapies that help alleviate anxiety symptoms, such as auriculotherapy, which focuses on specific auricular points linked to emotional regulation.<sup>29</sup>

The literature identifies several key auricular points frequently used in auriculotherapy to reduce these clinical symptoms, including the Cybernetic Triangle (Shen Men, Kidney, and Sympathetic points), Subcortex, Heart, Anxiety, Neurasthenia, Liver, and Spleen points.<sup>14,30,31</sup> Supporting these findings, studies have demonstrated the effectiveness of auriculotherapy after stimulation of the auricular Cybernetic Triangle, Brainstem, Spleen, and Anxiety points, which have analgesic, sedative, and calming effects, helping to soothe the mind and spirit while reducing anxiety.<sup>30,31</sup>

Through energetic balance and holistic health promotion, auriculotherapy—rooted in traditional Chinese medicine (TCM)—has been shown to be effective in reducing anxiety levels during pregnancy. Research indicates that by the third or fourth prenatal consultation, pregnant women in the intervention group (those who received auriculotherapy) exhibited a significant reduction in anxiety levels compared to the control group (who did not receive the therapy).<sup>29</sup>

Overall, this therapeutic approach has proven to be a valuable ally in maternal health by alleviating anxiety levels in pregnant women, making pregnancy a more peaceful experience despite the physical and emotional challenges it entails. Additionally, scientific evidence supports the use of non-pharmacological interventions as safe and effective strategies for anxiety relief, posing no risks to maternal or fetal health. In alignment with the World Health Organization (WHO) guidelines<sup>1</sup>, which advocate for minimizing medical interventions in pregnancy, auriculotherapy emerges as a positive and non-invasive therapeutic option for low-risk prenatal care.

Auriculotherapy is also widely accepted due to its ease of application and low cost. Moreover, according to pregnant women and healthcare professionals, it has shown positive results, making it a beneficial therapy for this population within Primary Healthcare (PHC).<sup>18</sup> As a result, its integration into PHC supports a shift beyond biomedical models, fostering a more humanized approach to care.<sup>14</sup>

As professionals who work directly in prenatal care, nurses are qualified to promote auriculotherapy. However, they still perceive it as an incipient practice that needs to gain recognition and a more prominent role in care. To achieve this, professional training and in-depth knowledge of

these practices are essential to ensure high-quality care, thereby promoting health and preventing diseases safely.<sup>32</sup>

This study has practical implications, as it expands knowledge on the use of CAM in prenatal care, specifically auriculotherapy, for promoting maternal well-being. The findings indicate that auriculotherapy is already being used in low-risk prenatal care to relieve common pregnancy symptoms, providing comfort without adverse effects.<sup>1</sup> Additionally, this method encourages self-care, as the therapy requires patient participation in stimulating auricular points.<sup>11</sup> Finally, the study emphasizes the importance of further research to enhance scientific understanding and optimize therapeutic outcomes.

The main limitation of this study was the small number of studies on the topic, as the focus on pregnant women resulted in a reduced number of selected articles for the review. Another limitation was the exclusion of studies in Chinese, considering that China is the birthplace of complementary and alternative medicine.

## CONCLUSION

This study provided insights into the benefits of auriculotherapy as a non-pharmacological method for alleviating common pregnancy symptoms, particularly anxiety, nausea, and vomiting. These discomforts often make pregnancy more challenging than expected, requiring interventions that offer relief without negatively influencing maternal-fetal health. In this context, this integrative literature review compiled existing research on using auriculotherapy in low-risk prenatal care, contributing relevant information on its application and effectiveness.

Regarding anxiety management, the findings confirmed the efficacy of auriculotherapy, showing a significant reduction in anxiety levels among pregnant women who received the therapy. In contrast, findings related to nausea and vomiting relief were positive but less conclusive, as some studies indicated limited evidence supporting auriculotherapy's effectiveness for these symptoms. This highlights the need for further research to strengthen the evidence base on auriculotherapy as a treatment for nausea and vomiting during pregnancy.

These results underscore the value of non-pharmacological approaches, particularly auriculotherapy, in low-risk prenatal care as a therapeutic option for managing pregnancy-related discomforts. Despite some limitations in available data and the limited number of research works on this topic, auriculotherapy remains a promising method for symptom relief. Therefore, further studies should address these gaps to enhance clinical recommendations and validate its application. Finally, this study contributes to a broader understanding of auriculotherapy's applicability and lays the groundwork for future research.

It is also important to emphasize the role of nursing professionals in prenatal care. In alignment with the scientific foundation and the caregiving nature of the profession, nurses should incorporate auriculotherapy into their practice to expand the therapeutic options available to low-risk pregnant women experiencing gestational discomforts.

## REFERENCES

1. Ministério da Saúde (BR). Atenção ao pré-natal de baixo risco [Internet]. Brasília: Ministério da Saúde; 2012 [citado em 17 jul. 2024]. 318p. Disponível em: [https://bvsmis.saude.gov.br/bvs/publicacoes/cadernos\\_atencao\\_basica\\_32\\_prenatal.pdf](https://bvsmis.saude.gov.br/bvs/publicacoes/cadernos_atencao_basica_32_prenatal.pdf)
2. Ministério da Saúde (BR). Humanização do Parto: humanização no pré-natal e nascimento [Internet]. 2002 [citado em 17 jul. 2024]. Disponível em: <https://bvsmis.saude.gov.br/bvs/publicacoes/parto.pdf>
3. Santos Filho SB, Souza KV. Rede Cegonha e desafios metodológicos de implementação de redes no SUS. Cienc Amp Saude Coletiva [Internet]. 2021 [citado em 17 jul. 2025];26(3):775-80. Disponível em: <https://www.scielosp.org/article/csc/2021.v26n3/775-780/> <https://doi.org/10.1590/1413-81232021263.21462020>
4. Ministério da Saúde (BR). Rede Alyne: novo programa busca reduzir mortalidade materna no Brasil. novo programa busca reduzir mortalidade materna no Brasil. [Internet]. Brasília: Ministério da Saúde; 2024. Texto de Luiz Filipe Barcelos. [citado em 11 dez 2024]. Disponível em: <https://www.gov.br/conselho-nacional-de-saude/pt-br/assuntos/noticias/rede-alyne-novo-programa-busca-reduzir-mortalidade-materna-no-brasil>
5. Ministério da Saúde (BR). Portaria n. 971, de 3 de maio de 2006. Aprova a Política Nacional de Práticas Integrativas e Complementares (PNPIC) no Sistema Único de Saúde (SUS). Diário Oficial da União, Brasília: Ministério da Saúde [Internet]. 2006. [citado em 24 jul 2024]. Disponível em: [https://bvsmis.saude.gov.br/bvs/saudelegis/gm/2006/prt0971\\_03\\_05\\_2006.html](https://bvsmis.saude.gov.br/bvs/saudelegis/gm/2006/prt0971_03_05_2006.html)
6. Ministério da Saúde (BR). No Rio Grande do Norte, 92 municípios utilizam práticas integrativas no tratamento de pacientes do SUS [Internet]. Brasília: Ministério da Saúde; 2022. [citado em 17 jul 2024]. Disponível em: <https://www.gov.br/saude/pt-br/assuntos/noticias/2018/marco/no-rio-grande-do-norte-92-municipios-utilizam-praticas-integrativas-no-tratamento-de-pacientes-do-sus>
7. Ministério da Saúde (BR). Política Nacional de Práticas Integrativas e Complementares no SUS completa 17 anos [Internet]. Brasília: Ministério da Saúde; 2023. [citado em 21 jul 2024]. Texto de Laísa Queiroz. Disponível em: <https://www.gov.br/saude/pt-br/assuntos/noticias/2023/maio/politica-nacional-de-praticas-integrativas-e-complementares-no-sus-completa-17-anos>
8. Ministério da Saúde (BR). Instrumento de apoio para gestão das Práticas Integrativas e Complementares em Saúde: PICS na Atenção Básica. [Internet]. Brasília: Ministério da Saúde; 2020. [citado em 07 dez 2024]. Disponível em: [https://egestorab.saude.gov.br/image/?file=20170828\\_N\\_Instrumento%20de%20apoio%20para%200os%20gestoresnecVF\\_1709405416428381281.pdf](https://egestorab.saude.gov.br/image/?file=20170828_N_Instrumento%20de%20apoio%20para%200os%20gestoresnecVF_1709405416428381281.pdf)
9. Ministério da Saúde (BR). Política Nacional de Práticas Integrativas e Complementares no SUS - PNPIC-SUS. Brasília: Ministério da Saúde; 2006.
10. Valiani M, Azimi M, Dehnavi ZM, Mohammadi S, Pirhadi M. The effect of auriculotherapy on the severity and duration of labor pain. J Edu Health Promot [Internet]. 2018 [citado em 02 mar 2025];7(10): 1-5. Disponível em: <https://pmc.ncbi.nlm.nih.gov/articles/PMC6089040/pdf/JEHP-7-101.pdf> [https://doi.org/10.4103/jehp.jehp\\_141\\_17](https://doi.org/10.4103/jehp.jehp_141_17)
11. Tesser CD, Neves ML, Santos MC. Formação em auriculoterapia para profissionais de saúde da atenção básica [Internet]. Florianópolis: CCS/UFSC; 2025. [citado em 02 mar 2025]. 43p. Disponível em: [https://repositorio.ufsc.br/bitstream/handle/123456789/263370/Apostila\\_Mod\\_1\\_Auriculoterapia\\_06-02-25.pdf?sequence=1&isAllowed=y](https://repositorio.ufsc.br/bitstream/handle/123456789/263370/Apostila_Mod_1_Auriculoterapia_06-02-25.pdf?sequence=1&isAllowed=y)
12. Ministério da Saúde. Ministério da Saúde [Internet]. Recursos terapêuticos PICS; 2022 [citado 10 jul 2024]. Disponível em: <https://www.gov.br/saude/pt-br/composicao/saps/pics/recursos-terapeuticos>
13. Neves ML. Manual prático de Auriculoterapia. Porto Alegre: Ed. do Autor; 2009.
14. Rio de Janeiro. Auriculoterapia a Atenção Primária à Saúde: ansiedade, dor osteomuscular e tabagismo [Internet]. Rio de Janeiro: Secretaria Municipal de Saúde do Rio de Janeiro; 2024. [citado 8 ago 2024]. Disponível em: [https://subpav.org/aps/uploads/publico/repositorio/Livro\\_AuriculoterapiaNaAPS\\_PDFDigital\\_20240314\\_\(1\).pdf](https://subpav.org/aps/uploads/publico/repositorio/Livro_AuriculoterapiaNaAPS_PDFDigital_20240314_(1).pdf)

15. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Portaria n. 145 de 11 de janeiro de 2017. Altera procedimentos na Tabela de Procedimentos, Medicamentos, Órteses, Próteses e Materiais Especiais do SUS para atendimento na Atenção Básica. Diário Oficial da União, Brasília: Ministério da Saúde [Internet]. 2017. [citado em 5 jul 2024]. Disponível em: [https://bvsms.saude.gov.br/bvs/saudelegis/sas/2017/prt0145\\_11\\_01\\_2017.html](https://bvsms.saude.gov.br/bvs/saudelegis/sas/2017/prt0145_11_01_2017.html)
16. Fróes NBM. Efeitos da auriculoterapia na redução de náuseas e vômitos em gestantes: ensaio clínico randomizado [Dissertação]. 2022. 97 f. Mestrado em Enfermagem, Universidade Federal do Ceará, Fortaleza. [citado em 17 jul 2024]. Disponível em: [https://repositorio.ufc.br/bitstream/riufc/63863/1/2022\\_dis\\_nbmfroes.pdf](https://repositorio.ufc.br/bitstream/riufc/63863/1/2022_dis_nbmfroes.pdf)
17. Conselho Federal de Enfermagem. Resolução Cofen nº 739/2024. Normatiza a atuação da Enfermagem nas Práticas Integrativas e Complementares em Saúde [Internet]. Brasília; 2024. [citado em 21 jul 2024]. Disponível em: <https://www.cofen.gov.br/resolucao-cofen-no-739-de-05-de-fevereiro-de-2024/>
18. Menezes MA, Sperli Geraldés Soler ZA, Spadacio C, Chichetti de Amorim PF. Auriculoterapia em gestantes: uma prática singular no manejo dos desconfortos gravídicos. Rev Soc Cient [Internet]. 2024 [citado em 8 ago 2024];7(1):31-63. Disponível em: <https://revista.scientificsociety.net/wp-content/uploads/2024/01/Art.03-2024.pdf> <https://doi.org/10.61411/rsc20242317>
19. Dantas HL, Costa CR, Costa LD, Lúcio IM, Comassetto I. Como elaborar uma revisão integrativa: sistematização do método científico. Rev Recien Rev Cient Enferm [Internet]. 2022 [citado 8 ago 2024];12(37):334-45. Disponível em: <https://recien.com.br/index.php/Recien/article/view/575> <https://doi.org/10.24276/rrecien2022.12.37.334-345>.
20. Santos CM, Pimenta CA, Nobre MR. A estratégia PICO para a construção da pergunta de pesquisa e busca de evidências. Rev Lat Am Enferm [Internet]. 2007 [citado em 10 ago 2024];15(3):508-11. Disponível em: <https://www.scielo.br/j/rlae/a/CfKNnz8mvSqVjZ37Z77pFsy/?lang=pt#ModalTutors> <https://doi.org/10.1590/s0104-11692007000300023>.
21. Biblioteca Virtual em Saúde. Há indicação da auriculoterapia para o alívio de náusea e vômito? Se sim, em quais situações está indicada e quais pontos devem ser estimulados? [Internet]. São Paulo: BVS; 2019. [citado em 8 ago 2024]. Disponível em: [https://aps-repo.bvs.br/aps/ha-indicacao-da-auriculoterapia-para-o-alivio-de-nausea-e-vomito-se-sim-em-quais-situacoes-esta-indicada-e-quais-pontos-devem-ser-estimulados/#:~:text=Sim%2C%20estudos%20cl%C3%ADnicos%20indicam%20que,cinetose\(1%2C2\).](https://aps-repo.bvs.br/aps/ha-indicacao-da-auriculoterapia-para-o-alivio-de-nausea-e-vomito-se-sim-em-quais-situacoes-esta-indicada-e-quais-pontos-devem-ser-estimulados/#:~:text=Sim%2C%20estudos%20cl%C3%ADnicos%20indicam%20que,cinetose(1%2C2).)
22. Negarandeh R, Eghbali M, Janani L, Dastaran F, Saatchi K. Auriculotherapy as a means of managing nausea and vomiting in pregnancy: A double-blind randomized controlled clinical trial. Complement Ther Clin Pract [Internet]. 2020 [citado em ago 2024];40:101177. Disponível em: <https://www.sciencedirect.com/science/article/abs/pii/S1744388120300827?via%3Dihub> <https://doi.org/10.1016/j.ctcp.2020.101177>
23. Nunes KR, Silva Filho HB, Silva AC, Silva AA, Tana CM, Simões FS, Nunes MR. Eficácia da auriculoterapia no manejo de pacientes oncológicos: Revisão integrativa. Res Soc Dev [Internet]. 2024 [citado 5 ago 2024];13(1):e0813144686. Disponível em: <https://rsdjournal.org/index.php/rsd/article/view/44686> <https://doi.org/10.33448/rsd-v13i1.44686>
24. Contim CL, Santo FH, Moretto IG. Aplicabilidade da auriculoterapia em pacientes oncológicos: revisão integrativa da literatura. Rev Esc Enferm USP [Internet]. 2020 [citado 5 ago 2024];54. Disponível em: <https://www.scielo.br/j/reeusp/a/qF9vNpQff4GV8vbkXxnVnBC/?format=pdf&lang=pt> <https://doi.org/10.1590/s1980-220x2019001503609>
25. Silva VD, Caixeta FL. Efeitos da acupressão auricular na náusea e vômito de mulheres em tratamento quimioterápico neoadjuvante ou adjuvante para Câncer de mama. Braz J Health Rev [Internet]. 2022 [citado em 5 ago 2024];5(6):25311-22. Disponível em: <https://ojs.brazilianjournals.com.br/ojs/index.php/BJHR/article/view/55744/40973> <https://doi.org/10.34119/bjhrv5n6-269>.
26. Puangsricharern A, Mahasukhon S. Effectiveness of auricular acupressure in the treatment of nausea and vomiting in early pregnancy. J Med Assoc Thai [Internet]. 2008 [citado em 20 jul

- 2024];91(11):1633-1638. Disponível em:  
<http://www.jmatonline.com/files/journals/1/articles/712/public/712-2238-1-PB.pdf>
27. Fróes NBM, Aquino PD, Soares PR, Barbosa LP, Abreu VS, Nicolau AI, Jorge HM, Biazus Dalcin C. Effects of auriculotherapy on nausea and vomiting in pregnant women: a randomized clinical trial. *Complement Ther Clin Pract* [Internet]. 2024 [citado em 10 ago 2024];101847. Disponível em: <https://www.sciencedirect.com/science/article/pii/S1744388124000203?via%3Dihub> <https://doi.org/10.1016/j.ctcp.2024.101847>
28. Ministério da Saúde (BR). Definição - Transtornos de Ansiedade no adulto [Internet]. Brasília: Ministério da Saúde; [2024]. [citado em 21 jul 2024]. Disponível em: <https://linhasdecuidado.saude.gov.br/portal/ansiedade/definicao/>
29. Silva HL, Almeida MV, Diniz JD, Leite FM, Moura MA, Bringuento ME, Brandão-Souza C, Amorim MH. Efeitos da auriculoterapia na ansiedade de gestantes no pré-natal de baixo risco. *Acta Paul Enferm* [Internet]. 2020 [citado em 5 ago 2024];33. <https://doi.org/10.37689/acta-ape/2020ao0016>
30. Universidade Federal de Santa Catarina. Guia de Auriculoterapia para Ansiedade Baseado em Evidências: relatório do projeto piloto. Florianópolis: UFSC; 2020, 94p.
31. Santos AV, Santos RC, Ribeiro CJ, Inagaki AD, Abud AC. Auriculoterapia no controle dos sintomas da ansiedade de profissionais de saúde: uma revisão sistemática. *Res Soc Dev* [Internet]. 2021 [citado 14 ago 2024];10(10):e153101018528. Disponível em: <https://rsdjournal.org/index.php/rsd/article/view/18528> <https://doi.org/10.33448/rsd-v10i10.18528>
32. Aires R, Pinho MCV, Coque A. O enfermeiro na prática da auriculoterapia: um protagonismo a ser conquistado. *Braz. J. Health Rev.* [Internet]. 2023 [citado em 05 mar 2025];6(2): 6455-6467. Disponível em: <https://ojs.brazilianjournals.com.br/ojs/index.php/BJHR/article/view/58470/42579> <https://doi.org/10.34119/bjhrv6n2-161>