

There are many herbal combinations in capsules, teas, and tinctures. Many health providers encourage their use, but as scientific studies are lacking, we do not recommend any of these preparations at this time due to safety issues.

Foods – Women searching for foods that induce labor will turn to other mothers who swear it was the extra-spicy entrée from their favorite Mexican restaurant that brought them face to face with their new baby, but with a full stomach during labor, you might just see that entrée in a very unappetizing light.

Unfortunately, the statistics are out on this one, there is simply not enough research to support that any foods are effective in inducing labor. Anecdotally, women have sworn the following are foods that will induce labor:

- Pineapple
- Spicy foods
- Chinese Foods
- Eggplant Parmesan
- Licorice

The most well-known of these would have to be spicy foods, like hot peppers or any other spicy Mexican dish. What the research is now showing is that these foods may be something to avoid prior to labor. Certain spicy foods release capsaicins, which may be counterproductive in labor. When the baby descends down the birth path, the pressure exerted releases endorphins which are a natural pain killer. In effect, the

Enemas- This causes the bowels to contract and could cause the uterus to contract, which could open and thin the cervix. Use with caution. A small Fleet's Plain enema is easy to use.

Induction of Labor

At OB/GYN North we limit the process of labor induction to true medical indications only. We appreciate that this deviation from spontaneous labor is often not the 'first choice' of our clients, but we hope that you will be receptive to our recommendations. These decisions are made carefully based upon our collective experiences, training, and standards of care researched and developed by a variety of sources including, ACOG & ACNM. As a practice, we believe that induction should be reserved for medical indications but we also understand that induction is essential under certain conditions and circumstances to ensure a healthy birth process for mom and baby. We see each labor process as individualized, and rely on well-studied, trusted mechanisms to ensure a safe birth. We encourage open communication and promote sharing of information. Remember our goals always have safety for both you & your baby in mind.

Most induction methods will require monitoring of your uterine and fetal activity, as well as consideration of your oral intake and activity. We make every effort to support the least amount of interference as your body makes itself ready for your baby's birth; individual circumstances will dictate some of these considerations. There are a variety of ways in which induction can be accomplished and it is essential that your plan is customized to your specific circumstances, which we will share with you throughout the process.

Cervical Ripening

Membrane Sweeping:

If your cervix is firm, long, or closed, cervical ripening may be recommended before initiating labor. These options may vary and can range from natural approaches to more traditional methods *see handout 'Natural Ways to Induce Labor'. An Obstetrician or CNM can sweep or strip your membranes in the office at your regular OB appointments if your GBS swab is negative, you are beyond 38 wks and your cervix permits it. It should be noted, that minimal data has been published on membrane stripping, so we advise that you explore this technique and empower yourself so that you are able to ask questions and make decisions that you are comfortable with.

Cytotec is a quartered tablet that is placed in the vagina and can be re-inserted every four hours until your cervix is ready for more active labor.

These ripening agents have been shown to ready the body for labor and can 'prime the pump' to encourage your body to respond to other measures such as Artificial Rupture of Membranes (AROM, or breaking the water) or Pitocin given intravenously. Ripening agents are often used the night before your induction. We will encourage you to sleep as much as possible during this preparatory phase. Your baby and your uterus will be monitored to ensure that these ripening agents are well-tolerated. On occasion, some women will begin active labor without further intervention.

Intracervical Foley Bulb/Cervical Ripening Balloon

Foley catheter balloons can be used to mechanically dilate the cervix and have been helpful to ready the cervix for induction. With this method, a small rubber tubing is placed through the cervix and a balloon inside the tubing is inflated just inside the inner edge of the cervix. The balloon, given time and in conjunction with small amounts of Pitocin, gently opens the cervix. The balloon may come out on its own, or be removed with gentle traction. This process can take anywhere from a few hours to 12 hours, depending upon your body's response, as well as your initial cervical exam. Some women will be candidates for having the balloon placed in the office, go home, and then proceed to the Labor & Delivery Unit at North Austin Medical Center to continue their induction the following morning. Rest is advisable during this time.

Conventional Induction of Labor

Artificial Rupture of Membranes/AROM/Breaking the Water/Amniotomy

AROM may be used on its own to initiate labor or in conjunction with other mechanisms of ripening and induction. This is usually dependent upon your cervical exam and whether or not this is your first baby. While AROM can be used at any time after the cervix has dilated, it is often reserved for when the ripening phase has been completed. After the water bag has been broken, we do fewer cervical exams in an effort

Sex – Sex as a means of getting labor started is thought to work in three ways: first, orgasm may help to stimulate the uterus into action. Secondly, sex can trigger the release of oxytocin, and third, semen contains a high concentration of prostaglandins which may help to ripen or soften the cervix. Sex is safe as long as your waters have not broken. Once this has happened, making love may increase the risk of infection. You should also avoid sex if you have a low-lying placenta (placenta previa) or have had vaginal bleeding. Men often feel uncomfortable making love to their partners with a baby so obviously present, but the baby will be unharmed.

Homeopathy– Homeopathic remedies use highly diluted versions of more potent substances to treat the body. Pulsatilla and Caulophyllum are two commonly used homeopathic remedies used to stimulate labor. These remedies appear to be safe. The Faculty of Homeopathy have researched their use in labor and not found any incidents of damage caused by them. There is plenty of anecdotal evidence from patients who found that homeopathy is helpful, but this has not been researched in a systematic way. One trial into caulophyllum found no difference between the women who took it and those who did not take it. Contact a registered homeopath for further information.

Walking–The explanation appears to be that the pressure of your baby's head pressing down on the cervix stimulates the release of oxytocin, hopefully bringing on labor, also just being upright gets the forces of gravity working for you, encouraging the baby to move down into the pelvis. Be careful not to wear yourself out. Labor can be exhausting and you don't want to use up all your energy before you have begun. This is not the moment to take up power walking, particularly if you have not done much exercise earlier on in your pregnancy. A gentle stroll is probably the best you will be able to manage.

Herbs– two combination of herbs work well

- (a) **PN6** – use as directed for the last 6 weeks of pregnancy;
- (b) **5FW**- use as directed for the last 5 weeks of pregnancy – Both combinations have beneficial effects to soften and thin the cervix.

Evening Primrose Oil- found in 500 mg capsules. These may be taken orally or vaginally. Use one to three capsules 3 times each day for the last 4 weeks of pregnancy to soften and thin the cervix

Now there is something to be said for being patient. Your baby will come out when s/he is ready and some just like to take their time. But if an induction date and medical intervention is looming, you might feel like you want to give him/her a gentle nudge. Here are some of the alternative methods of bringing on labor.

Before you proceed, we should warn you that there is very little hard scientific evidence relating to either the effectiveness, or the safety of any of these methods. The studies that have been done tend to be small and evidence is difficult to verify: if labor is due any way, how do you know whether it was the curry you ate last night that actually brought it on?

Be sure to talk to your midwife or doctor at your next check-up before you try any of these methods. This is particularly important if there are any complications in your pregnancy, as there is even less evidence about the safety of these methods in a high-risk pregnancy. Various methods of natural and non-medical ways to ripen the cervix and induce labor include:

- Relaxation techniques
- Walking Herbs Foods
- Visualization
- Nipple stimulation
- Acupuncture
- Sex
- Homeopathy

Relaxation– Use relaxation techniques taught in any childbirth class. Use visual imagery of labor beginning. The most important thing to do is to find a way to relieve tension. Tension works against labor. Relieve it, let everything go, and you may be surprised to find yourself in labor.

Visualization- Get quiet and relaxed and imagine your uterus contracting as well as the process of labor hypnosis or self-hypnosis has been known to really do wonders with this one

Nipple Stimulation– nipple stimulation is the gentle rubbing or rolling of the nipple to encourage the start of contractions. The theory is that oxytocin, a hormone that causes contractions is released in the body when the breasts are stimulated. A review of studies found that contractions after nipple stimulation did not over-stimulate the uterus, which could be dangerous for the baby. There is a lack of research on the safety of this technique in high risk pregnancies, so currently it is only recommended in normal pregnancies .

to minimize the likelihood of infection. There are no strict time limits that are associated with AROM and length of labor, but assessment of you and your baby are important to identify and treat an infection, in the unlikely chance that it should occur. The process of amniotomy is similar to a slightly longer cervical exam wherein a small hook is used to put a hole in the water bag. During the remainder of your labor, amniotic fluid will leak out intermittently. Some women's bodies respond quickly to this technique while others require additional measures to encourage their bodies into labor. If active labor (regular contraction that cause cervical change) does not ensue within 6 hours of AROM for induction, then pitocin will be necessary to initiate contractions.

Pitocin/Oxytocin

Pitocin, a synthetic bioidentical hormone of oxytocin, has been used effectively for labor induction for many years and there is a vast amount of data that supports its safety in obstetric and midwifery practice. This hormone is infused, in a diluted form, intravenously. It may be the first-line medication used for induction, or may be used after a cervical ripening agent has been introduced or following amniotomy. Our intention is to mimic the natural pattern of labor; this is done by carefully managing the rate of the infusion. While typically small amounts have proven to be effective, more important is the evaluation of the fetal and uterine response to the Pitocin. We use as little as possible to create the desired effect of regular contractions that bring cervical change. Many are fearful that a pitocin labor will be much more painful, but this is false; when pitocin is initiated slowly and minimally, it allows the body to cope with the increasing intensity of contractions as in spontaneous labor. We work closely with the Labor & Delivery nursing staff to ensure that this process is both safe and effective.

Natural Ways to Encourage Labor

For the past 40 weeks you have been waiting for this moment. Your birth plan is written, your bag is packed, your belly feels like it is about to burst and you are sure that any minute now you will feel your first contraction. And then....nothing. Not even a twinge.