

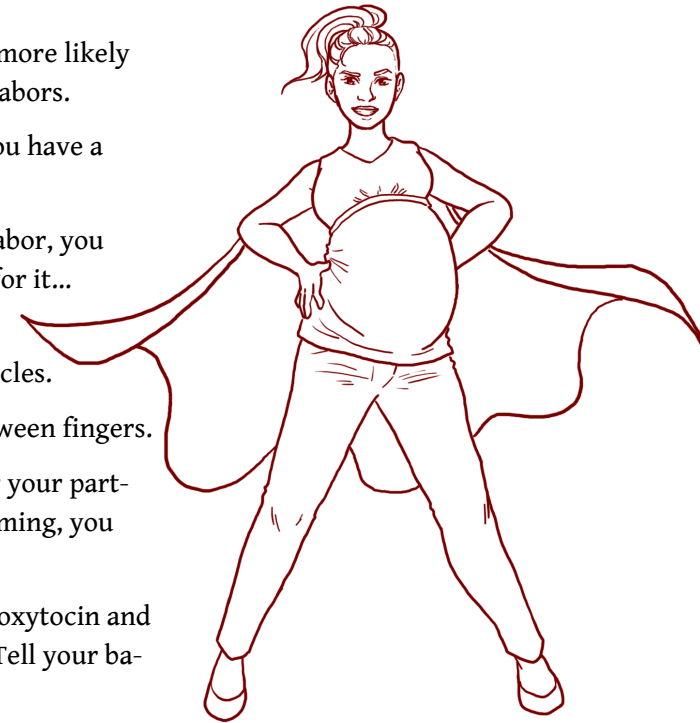
# Labor Induction



## A ROAD GUIDE FOR HELPING BABY OUT

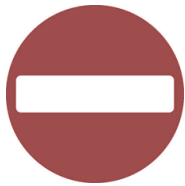
### Let's Get It On: Induce Labor Naturally at Home

- Eat six date fruits each day starting at 36 weeks:** One study showed that people who ate dates were more likely to go into labor on their own, be more dilated when they arrived at their birthplace, and have shorter labors.
- Have regular sex:** Good for the feel-good hormones and helps keep your energy low in your body. If you have a male partner, intercourse is even better because semen helps soften your cervix.
- Have frequent cuddles + orgasms:** Can't hurt, for sure. But wait! There's science! In order to go into labor, you need to be producing plenty of oxytocin—the hormone of love, sex, empathy, breastfeeding and...wait for it... contractions.
- Exercise daily:** Gets the blood flowing, the feel-good hormones going, and wakes up your birthing muscles.
- Try pressure on reflexology points:** Press on the thumb point for one minute or rub the webbing between fingers.
- Nipple stimulation:** Brings on the oxytocin in a big way. You can do this, a breast pump can do this, or your partner can do it. Early on you can do it for fun and for a little push toward labor. When an induction is looming, you should be more business-like about it and do it longer and more. Keep your care provider in the loop.
- Think positively and feel ready:** Stress, anxiety, worry, or fear will inhibit your body's production of oxytocin and could prevent the "all clear" signal from being sent to send baby out. Your body listens to your mind. Tell your baby it's OK to come out now and believe it yourself.

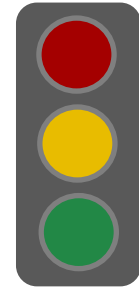


### A Little Help Here: Induce Labor with Professional Help

- Chiropractic:** The balance of your body and its ability to send messages through your spinal cord impacts your pregnancy, labor, and birth. Look for a chiropractor certified in the Webster technique or one who specializes in pregnancy.
- Hypnotherapy:** Remember that your mind has a strong influence on the rest of your body. You may need to let go of fears or concerns before your body can easily bring on labor. If a qualified hypnotherapist isn't available to you, there are some hypnosis mp3s you can get online for bringing out baby.
- Acupuncture:** Very fine needles can be inserted at specific points that encourage oxytocin production and bring on labor.
- Other:** Talk to a provider about trying: massage; homeopathic remedies such as Caulophyllum 30; Black & Blue Cohosh; or the herbal formula Start Up.



## Down to the Wire: Navigating Medical Induction



- Prostaglandins (Cervadil):** A cream is put on the cervix, often using a tiny tampon-like thing that can be removed if contractions get strong. You go to the hospital to get the application and then either go home for the night or sleep there while being monitored. Most of the time, prostaglandins soften the cervix and won't dilate it or cause contractions. If it does work to dilate or induce contractions, that's awesome. Sometimes it does nothing, and for a small number of people it induces very strong contractions. Usually it's somewhere in between. The application can be mildly uncomfortable.
- Oxytocin (Pitocin):** Oxytocin is the hormone that causes your uterus to contract. No oxytocin, no labor. Fake oxytocin (Pitocin) is used intravenously to stimulate the uterus and induce labor. The drip can be started at a very low dose and gradually increased depending on how you and baby respond. Pitocin does not cross the blood-brain barrier, so you don't get any of the endorphins or good coping feelings with synthetic oxytocin. It can kick-start a labor, but more often it is used to augment contractions. Contractions produced in this way are notoriously harder to manage than those regulated by your own biofeedback systems.
- Misoprostol (Cytotec):** An ulcer drug sometimes used to induce abortion or for miscarriage. The manufacturer uses a very bold warning against the drug's use on pregnant people because of the risk of uterine rupture and worse. Because it is often very effective, many doctors and midwives do still use it to induce labor safely. It is also used to stop postpartum hemorrhage. The pill is swallowed or inserted vaginally.
- Foley Bulb (Catheter):** In order to push dilation, a catheter with a small balloon is inserted vaginally to your cervix. Saline is pumped into the balloon to manually dilate your cervix as it is inflated. The insertion can be uncomfortable or quite painful, depending on your anatomy and how gently it is done. Once your cervix is dilated sufficiently, you will likely get other help to bring on contractions.
- Rupture of Amniotic Sac (Breaking your water):** If your cervix is soft and open enough, a provider may use a long hook to break your water—called amniocentesis. This can help move labor along. Especially if done early in the process, however, it may not help at all. Keep in mind that once your water is broken, you and baby are at greater risk of infection. After your water is broken, if birth is not imminent within a certain amount of time (typically 24 hrs), other measures may be taken to get the baby out. If your induction isn't working, you can stop and try again another day. This is not the case once your water is broken.



### Is it too soon?

Remember that your due date is more of a guesstimate, and each baby grows at her own pace.

In the U.S., you are not clinically overdue or post-term until 42 weeks. Unless there is medical necessity, inductions should not be scheduled before 42 weeks. Induction considerably increases your chance of cesarean birth.

Oxytocin receptors build up over time as your pregnancy progresses. There's no way to tell if the receptors are all there yet, though if you have labored before or breastfed for a long period of time, it happens quicker. If there aren't enough receptors, all the oxytocin in the world won't cause contractions. This is one reason early inductions often fail.