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Getting Labour Started

Important:

Please note that this handout is for informational purposes only, and is not medical advice.

Please use your own discretion before using any of this information

& do further research of your own.

Consider this article a starting point rather than a final conclusion.

Please consult with a health care professional if you have any questions or concerns.

This handout can be used as a discussion-starter with your primary (medical) caregiver.

Did you know only 3-5% of births happen on the "due date"? Due dates are just estimates, and the only person in the world who knows the perfect time for your baby to be born - - is your baby! When your baby is ready to be born, s/he sends a signal to your body that s/he's ready, and your body then begins the delicate and complex process of labour and birth. If you're right on the edge of labour anyway, then some of these techniques might work for you. If you and your baby aren't ready though, **no** induction method - natural or medical - will work effectively. More and more evidence is coming out that inducing labour, *even at term, and even "naturally"* carries real and substantial risks for both mom and baby. Please consider carefully the benefits, risks, and alternatives for each method of induction, and remember that not inducing, but allowing your labour to unfold on its own, is almost always a safe and legitimate choice. Sometimes the pros of induction outweigh the cons.... but not often!

There are four main hormones involved in labour, and it is important to understand them when we start talking about induction. Prostaglandins are the hormone that soften your cervix. Oxytocin is nicknamed the 'love hormone', and it stimulates contractions. Endorphins are the 'feel good' hormones, and they are both calming and pain-relieving. Finally, there is adrenaline, the "fight or flight/tend and befriend" hormone. High levels of adrenaline cause your heart rate, breathing rate and blood pressure to increase. While adrenaline has a healthy role at the *end* of labour, if your levels of adrenaline are high before labour and in early labour, this can prevent oxytocin and endorphins from working their natural magic. Your body interprets fear, worry, and anxiety as "danger". Your body then says (logically enough!) that if there is danger, then labour and birth should wait until you are safe. So convince yourself that you are safe and well: Take a warm bath, eat a favorite meal, drink plenty of fluids and let nature take its course. The best things in life take their time.

FYI:

- the average pregnancy lasts 41 weeks and 1 day
- only 3-5% of women have their babies on their actual EDD
- 80% of women have their baby within 10 days of their EDD (either before or after)
- 8% of women have their baby between 20 & 36 weeks
- 7% of women have their baby later than 42 weeks.

Relaxation Techniques & Commonly Heard Suggestions

- Imagine your labour beginning in a way that is lovely and perfect for you.
- Try some of the relaxation techniques you may have learned about for use in labour.
- Blow up balloons (puts pressure on the cervix).
- Watch a tear jerker of a movie - sometimes you just need to “let it all out” for labour to start.
- Watch a really funny movie - sometimes a good laugh will go a long way!
- Play on a swingset.
- Dance to Holst’s “The Planets:Mars”
- A bumpy car ride - if the baby is not in a good position, sitting (with knees below hips for optimal fetal positioning) and relaxing while being moved by the car over bumps might ‘jostle’ baby into position.
- Spicy food, especially hot curries - but if you are prone to heartburn from spices this may not be worth it.
- Eat fresh pineapple/drink 100% pineapple juice
- Walk on a curb - one foot on curb and one foot on street so you are lopsided. OR walk like a duck so your pelvis is nice and open.
- Walk up and down stairs
- ***Optimal Fetal Positioning.*** Check out www.spinningbabies.com, to find out how you can help the baby shift into an optimal position for birth.
- Things like a glass of wine OR Tylenol PM OR Gravol, are sometimes recommended to help you relax. Check with your health care provider about the safety and appropriateness of these options for you as they are commonly contraindicated during pregnancy.
- Drink red raspberry leaf tea.....this one is a commonly *misunderstood* suggestion. Red raspberry leaf tea does NOT start labour. It has been safely used by Native American women through all stages of pregnancy for centuries. I think of red raspberry leaf tea as being like yoga for your uterus: it nourishes, tones, and strengthens. For a healthy low-risk woman that is a good thing. If you are high risk or have a sensitive uterus though, then red raspberry leaf could cause unwanted premature contractions - - just like yoga or walking could in a high risk or sensitive woman. So no, a cup or two of red raspberry leaf tea from the grocery store brewed for 5 minutes isn’t going to start your labour. That being said, drinking high quality organic red raspberry leaf infusions near the end of pregnancy will go a long way towards preparing your body for labour and is a wonderful choice with a touch of local honey added to keep hydrated throughout labour. I created Sisterhood Blend specifically for late pregnancy. It is organic looseleaf red raspberry with a touch of oatstraw to help calm and a touch of rosehips to help keep your amniotic sac strong. Whether you’re drinking Sisterhood blend or another high quality red raspberry leaf tea, consider brewing it double or even triple strength and allowing it to steep covered for at least 20 minutes but preferably overnight in a thermos so you get maximum benefit from it.

Prostaglandins

Prostaglandin is the hormone that softens the cervix, preparing it for birth. (It does not stimulate your uterus) A few ways to introduce prostaglandin are:

- ***Penis in Vagina Sexual Intercourse – no condom*** with your husband or male partner. Don't get up right away, and elevate your hips so that the prostaglandin in the semen that helps to ripen the cervix, coats your cervix. Semen taken orally can help too, as prostaglandins are absorbed orally as well as vaginally. If there is any concern about disease/infections (sexually transmitted or otherwise), please do not engage in unprotected sexual activity as this may put the health of you and/or your baby at undue risk.
- ***Evening Primrose Oil (OR Borage Oil OR Flax Seed Oil, OR Black Current Oil)*** You can buy these at just about any health food/vitamin/herbal type store and they come in capsules that look like vitamin E. You typically start taking it orally later in your third trimester. Then about 38 weeks it is applied to your cervix as long as your membranes are intact, no infections are present etc. Check with your health care provider to ensure that these options are not contraindicated for you. You can learn more about the use of EPO specifically, here:
<http://www.maternitycorner.com/mcmag/articles/preg0007.html>
- ***Castor Oil/Enemas.*** One of the very possible side effects of using castor oil or an enema is having bad diarrhea with cramps that can lead to dehydration, which is why many caregivers suggest steering clear of it. Especially since it is not always effective at starting real labour. Some believe it to be associated with a higher risk of the baby passing meconium before or during the birth. Castor oil works by stimulating the bowel (prostaglandins), which in turn stimulates the uterus because of their close proximity to each other internally. Metamucil is believed to work on a similar principle and may be easier to take. An enema works similarly to castor oil, but is invasive. Castor oil is often combined with something that makes it easier to swallow - ranging from ice-cream to soda-pop to scrambled eggs. It is usually recommended that the mom take 1 “dose”, then take a hot shower and then the second dose two hours after the first, and another hot shower if she feels like doing so. The shower has the relaxation effect that may be needed to help start labor. Some practitioners recommend vodka instead of the hot shower. The recommendations on what constitutes “1 dose” vary widely from 1tsp to 3Tbsp generally. Because of the potential side effects it is wise to consult with your hcp before using castor oil, any form of enema, or alcohol. (*Castor oil comes from a vegetable and is NOT to be confused with Castrol motor oil!!)

Oxytocin and Emmenagogues

Oxytocin is the hormone that your body uses to stimulate uterine contractions during labour. An emmenagogue stimulates menstruation. Be cautious in trying these methods. After trying one, wait several hours to see if it has worked. If it is used too much or too often labour may become too intense for you and baby. If you experience any side effects, discontinue immediately!

- ***Clitoral Stimulation/Orgasm.*** Orgasm is associated with the release of oxytocin. Even if you don't have a partner to help with this, it can be one of the pleasanter methods!
- ***Nipple stimulation*** is a well-known method of stimulating oxytocin, which contracts your uterus. Used by midwives for centuries, it not only stimulates the uterus during labour, it is very beneficial after the birth to aid in expelling the placenta and thus avoiding hemorrhage. If nipple stimulation causes your uterus to contract too frequently or intensely – stop.
- ***BlueCohosh*** and ***Black Cohosh*** are emmenagogues. Don't use either if you are anemic or have a history of postpartum bleeding, high blood pressure or excessive blood loss during birth. Use only under the guidance of a qualified practitioner.

Other Methods - Professional Help Commonly Needed.

Often your local midwifery practice will have names of recommended practitioners.

Homeopathics/Tissue Salts/Flower Remedies.

There are many different homeopathic and flower remedies which may be helpful in labour and birth. Homeopathic remedies are considered very safe and effective by many, and are available over the counter. However, it can be a bit complicated to pick the right remedy for your exact situation, so consulting a homeopath with birth experience is usually simplest. You can also visit www.pipermartin.com and download her ebook “The Vibrant Pregnancy” for \$20. It contains a lot of specific and helpful information on the use of homeopathy in labour, as well as postpartum. More general information is available here:

<http://homeopathyplus.com.au/labour-and-birthing-remedies/>

- Tissue Salts are a type of homeopathic and there are only 12 of them which makes it much easier to find one which will suit your needs. They are less well-known for starting labour but may still be of help to you. You can learn more about tissue (cell) salts here:

http://www.mirandacastro.com/articles/documents/Castro_CellSaltHandouts.pdf

- Flower Remedies are another type of homeopathic, concerned solely with emotional states. You can learn more here:

<http://www.bachcentre.com/centre/pregnant.htm>

- **Aromatherapy.** The use of certain essential oils, especially when combined with skilled massage and/or acupressure, may be helpful. Essential oils are different than synthetic/fragrance oils, and even the highest quality, pure, “therapeutic grade food supplement” essential oils can cause harm when used without a thorough understanding of what you’re doing. Please consult with a professional herbalist &/or aromatherapist to see if aromatherapy is an appropriate choice for you. Please do not rely on what friends, family, or sales people tell you about aromatherapy and do not use them internally. You can learn more here about the safe and beneficial use of aromatherapy in pregnancy here:

<http://www.sarahstogryn.com/blog/aromatherapy-in-pregnancy>

- **Acupressure/Acupuncture.** Acupressure and acupuncture may or may not cause a woman to go into labour, but some studies have shown that even when they do not cause labour to start, they can cause a woman's cervix to be more favorable for other induction methods. Acupressure can be done yourself or with the help of a supportive partner. Acupuncture requires professional assistance. You can learn more about acupressure for labour here:

<http://acupuncture.rhizome.net.nz/acupressure/download.aspx>

- **Chiropractic Care.** Having an adjustment by a chiropractor skilled in working with pregnant women may be helpful. If you do not already see a Chiropractor, talk with your local midwives and doulas to see who they recommend.

- **Reflexology.** Reflexology is a gentle hands-on technique which works specific zones and reflexes in the feet to promote a state of relaxation and calm and to bring the body into homeostasis so that it can rest and repair itself. Reflexology does not “induce labour”, but by working the correct reflex areas, reflexology can encourage your body to function optimally. I offer a special Labour Preparation session which includes reflexology, hot stone reflexology, herbs, aromatherapy, mindful movement, and yoga nidra meditation to really get your body into a ‘ready’ state. You can learn more about reflexology in labour here:

<http://www.sarahstogryn.com/blog/reflexology-for-labour-preparation>

Medical Induction Methods

There are many methods of induction which your midwife or doctor can offer, depending on your circumstances. The SOGC website <sogc.org> provides a complete and thorough outline of these methods, which includes things such as: sweeping/stripping the membranes; artificial rupture of membranes (breaking your water); prostaglandin gels, vaginal inserts, oral tablets; foley catheter; synthetic oxytocin/pitocin.

SOURCE MATERIAL

Thinking Woman's Guide To Birth – Henci Goer

Gentle Birth, Gentle Mothering – Dr. Sarah J. Buckley

Wise Woman Herbal For The Childbearing year – Susun S. Weed

www.childbirthsolutions.com

<http://www.gentlebirth.org/archives/natinduc.html>

www.maternitywise.org/mw/aboutmw/index.html?hormones - - now part of Childbirth Connection

www.mother-care.ca/induction_meth.htm&www.geocities.com/doulamom.html - - no longer active