

## (RE)BIRTHING COLLECTIVE

*Doula Services, Childbirth Education & Prenatal Yoga*

[www.rebirthingcollective.org](http://www.rebirthingcollective.org)

### *Induction Information Sheet*

Common reasons for hospital induction:

- Diabetes
- High blood pressure
- Preeclampsia (high blood pressure and protein in urine)
  - This is a scenario where the medical case for induction is clear, and induction can prevent harm to mother and baby.
- Low amniotic fluid level
  - Johns Hopkins Hospital study compared inducing these mothers to waiting for labor to begin on its own, and found babies and women in the *spontaneous labor group had better outcomes than those whose labors were induced.*
- Ruptured amniotic sac (broken bag of water)
  - Hospital protocols are based on concern that risk of infection increases after 24 hours with a broken bag of water.
  - A European study found the incidence of infection was related to the length of time since the first vaginal exam and the overall number of exams, *not* the length of time since the bag of waters ruptured.
- Poor fetal growth
- Abnormal fetal test results

### ***“Postdate” prevention***

Due dates are estimates. The average first time baby is born eight days after this estimated due date (EDD). The average second or subsequent baby is born three days after its EDD.

The most common method for calculating your estimated due dates is a formula that adds 280 days to the first day of your last menstrual period. If you have more specific information regarding your date of conception you can use this information to adjust your EDD with your provider for a more accurate estimate.

You might explore **Wood's Method** for an alternative calculation method. Wood's Method calculates your due date estimate by considering which pregnancy this is (first, second, or later) and your average cycle length. Instructions on how to calculate using Wood's Method can be found online.

If you would like to encourage your labor to begin spontaneously, these options are available to you:

**Alternative options and folk remedies:**

- Sex
  - Effective at ripening the cervix
  - Among women who have sex an average of four times after 36 weeks, about 6% stay pregnant beyond 41 weeks as compared to 29% of women who did not have sex during this time (Obstetrics & Gynecology, July 2006.). Note: *Any kind of penetration should be avoided after your bag of waters breaks to avoid increasing risk of infection.*
- Walking/hiking/stairs
- Acupressure/acupuncture
- Explore using evening primrose oil, a source of prostoglandins

If induction is recommended by your caregivers, these technologies may be suggested or encouraged:

**Medical options:**

- Membrane sweep
  - During a vaginal exam, finger used to separate bag of waters and cervix
  - Increases the likelihood of early rupture of membranes (breaking water), but does not decrease the likelihood of induction or the average age of babies at delivery (*The Effect of Membrane Sweeping on Prelabor Rupture of Membranes*, Obstetrics & Gynecology, June 2008).
- Foley Bulb
  - Can help dilate the cervix manually up to 4cm
  - May increase the risk of breaking bag of waters early in labor, which in turn increases the chance of infection, particularly if combined with vaginal exams
- Artificial rupture of membranes (breaking bag of water with an amnihook)
  - May increase risk of infection, particularly if combined with vaginal exams
- Cervadil (synthetic prostoglandin, the hormone that softens and ripens the cervix before labor begins)
  - Prostoglandins are also produced naturally by mothers' bodies late in pregnancy, and are present in semen and in evening primrose oil.
- Misoprostil (Cytotec)
- Pitocin (synthetic oxytocin)
  - Oxytocin is the hormone that produces contractions. The body's natural oxytocin is produced by love making, nipple stimulation, intimacy with friends and loved ones, laughter, etc. You may choose to try these other ways of increasing your oxytocin level before augmenting or inducing contractions with Pitocin.