



Pregnancy Induction: What You Can Do

Question: I am 38 weeks pregnant with my second child. I went a week past my due date with my first child and my doctor induced my labor. I would like to avoid an induction this time. Is there anything I can take or do to help my body go into labor on time?

Going into labor “on time” for most women and babies means within 2 weeks before or after your due date. However, some women do not have accurate due dates. Have you carefully reviewed your whole conception picture with your prenatal practitioner to determine whether your due date is as accurate as possible? In other words, is “on time” likely to be “your time?”

Moreover, after observing hundreds of women through their pregnancies, I have come to believe that women gestate at individual rates. For this reason as well, some women will go more than 2 weeks “over-due” before going into spontaneous labor. With appropriate prenatal monitoring and in the absence of complications or danger signs, such as decreased fetal movement, choosing to wait for “your time” is a safe option.

Despite decades of research, we still don’t know what exactly causes labor to start, but we do know that you and your baby have a very complex relationship, and changes in this relationship in late pregnancy probably set labor in motion. The changes are numerous and somewhat individual.

Physical and chemical “signals of readiness” from both you and your baby merge in the “border-land” of the wall of your uterus, which responds with muscular contractions, as well as softening and opening of your cervix. Increasing signals and responses form a positive feedback loop until the momentum of labor is established. So, can we help our bodies and babies release these signals of readiness?

Yes, I believe we can. However, in my observation, most conscious attempts to ready one’s body and baby for labor are not simply or predictably cause-and-effect. I suggest you begin by sending your body and baby the readiness signal of trust – trust in their wisdom to labor right on time.

My prenatal clients have taught me to suggest the following labor-readiness signals to women in late pregnancy generally:

1. Get sustained activity every day up until labor. If you have an active job or walk or bike to work, great. If you have a sit-down job, get up frequently and walk around, walk stairs, put your legs up as often as possible, and when you’re not working, get active – get at least 30 minutes of sustained upright or forward-leaning activity each day. This helps your baby settle into your pelvis in an advantageous position, promotes stamina and circulation.
2. Do pelvic rocks. Get on hands and knees and alternately arch and then extend your back. That is a pelvic rock. Many women turn their babies around from less comfortable, less labor-friendly positions to optimal positions by doing up to 100 pelvic rocks daily. (One client who accomplished this and then promptly went into very effective labor, declared she was going to get a t-shirt saying, “My pelvis rocks!”)
3. Eat the way your baby will, nutritiously, every 2 hours. This will keep your stores up for labor, while avoiding heartburn and uncomfortable feelings of fullness. Your body will be less successful establishing labor if you’re low on energy.

4. Sleep the way your baby will, whenever you need it. Nap during the day if you wake frequently at night. Due to diurnal rhythms of labor hormones, most women go into labor at night or early morning. Your body will be less successful establishing labor if you're exhausted.
5. Purge fears and other rigidities. Labor requires maximal expansion and trust. Most midwives have stories of labors not starting or getting hung up in face of expectations or people that cause feelings of inadequacy, tightness, or worry. Is anything or anyone holding you back?
6. Talk to your baby. The two of you are on a once-in-a-lifetime adventure together, get ready to ask for your baby's help through uncharted territory. Some women like this readiness chant: "Head down, chin tucked, back-to-belly, hands to sides – yay baby, yay baby!"
7. Have fun. Evenings of wine, sex, spicy food, bathing, music have all preceded labor, in my practice. The release of stress and worries and an abundance of love are shown also by research to promote labor. Due to concentrated prostaglandin levels, semen is thought to help soften the cervix and stimulate labor. Breast stimulation and orgasm involve oxytocin, the major labor hormone.

Many midwives suggest the following self-induction methods, when it seems like a good idea to increase the intensity of labor-readiness signals:

1. Nipple stimulation. Stimulating both nipples at once in the shower can be very effective in causing uterine contractions. Take care not to cause trauma to the nipple tissue and stop stimulating if contractions last over a minute each time.
2. Evening primrose oil. This nutritional supplement is thought to help soften the cervix by causing the release of prostaglandins. One capsule is taken orally each morning, and one capsule is inserted intra-vaginally daily before bed.
3. Blue cohosh. Forms and doses vary with context and practitioner.
4. Sweeping the membranes. If your prenatal practitioner or partner can insert a finger or 2 inside your cervix, a sweeping action around the inner rim of your cervix stimulates production of prostaglandins, which can lead to labor. Gentle sweeping should prevent the possibility of accidentally rupturing the membranes.
5. Castor oil. The oil from the castor plant has been used for centuries to stimulate labor through its action as a laxative. Doses vary with practitioner. 1 tablespoon to 2 ounces can be taken orally and repeated every 4 hours times 3. Alternatively, 4 ounces can be taken one time. Labor often starts within 2-6 hours. The favorite method in my practice appears to be 2 ounces mixed well in a milk shake. Castor oil can also be rubbed topically over the abdomen.

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