



# INDUCTION OF LABOR

WHEN IT HELPS, WHEN IT HURTS.

## MEDICALLY INDICATED OR ELECTIVE PROCEDURE?

Elective induction is as distinguished from a medically indicated induction. An induction that is a result of complications resulting from breaking the water may be classified as 'medical inductions' because they are, technically, medically necessary once the mother or baby is at risk. But because this type of induction is precipitated by a non-medically indicated or scientifically supported intervention that *created* risk that did not previously exist, and would not have been medically necessary had the membranes not been artificially ruptured, it would be more accurate to classify these as 'iatrogenic' (caused by the doctor) not 'medical'. So, for all intents and purposes, they are 'elective' because they began with an elective procedure and not for the health and well-being of the mother and baby.

The two most common pharmacological agents for inducing labor are Pitocin and Cytotec. Neither is approved by the FDA for elective inductions. Both carry substantial risks (FDA, 2005).

### Cytotec

- ~maternal and fetal death
- ~uterine hyperstimulation, perforation, or rupture requiring uterine surgical repair hysterectomy or removal of a uterine tube and ovary
- ~amniotic fluid embolism
- ~severe vaginal bleeding
- ~retained placenta
- ~shock
- ~dangerously low fetal heart rate

### ~pelvic pain

There is an increased risk of uterine rupture when Cytotec is used in patients who have had prior Cesarean delivery or major uterine surgery.



Agreeing to a non-medically indicated induction can turn your lovely birthing experience into a surgical event.

### Pitocin

#### Maternal effects

- ~abnormally high blood pressure in the mother
- ~bleeding in area surrounding spinal cord
- ~life-threatening allergic reaction
- ~postpartum hemorrhage
- ~cardiac arrhythmias (abnormal heart rate)
- ~fatal loss of blood clotting fibrin
- ~abnormal heart function
- ~blood clot in the pelvic region
- ~excessive uterine muscle tone or uterine spasm (violent, distorted contraction of the uterus)
- ~tetanic contractions (spasmodic uterine contractions that don't stop and can be fatal for the baby)
- ~uterine rupture
- ~increased blood loss
- ~convulsions
- ~coma
- ~death

## CONSIDER THIS:

- *Are your requests appropriate for your personal situation?*
- *Are your requests supported by scientific evidence?*
- *Are your requests reasonable?*
- *Are other people in your situation able to have their requests honored?*
- *Are you willing to be flexible if your situation changes and your requests are no longer appropriate?*
- *If your reasonable requests are being denied, is scientific evidence provided to support that decision?*

## THINK 'BRAIN':

B-WHAT ARE THE BENEFITS?

R-WHAT ARE THE RISKS?

A-ARE THERE ALTERNATIVES?

I-WHAT DO YOUR INSTINCTS TELL YOU?

N-WHAT IF YOU CHOOSE TO DO NOTHING, OR AT LEAST WAIT AWHILE?

## NOTES:

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NOT INTENDED TO REPLACE SOUND MEDICAL ADVICE. EVERY CIRCUMSTANCE IS UNIQUE AND EACH MOTHER MUST COLLABORATE WITH HER CARE PROVIDER REGARDING INDIVIDUAL CONCERNS. EACH MOTHER ASSUMES TOTAL AND COMPLETE RESPONSIBILITY FOR ANY ACTIONS TAKEN IN REGARD TO HER MATERNITY CARE CHOICES.

## RESOURCES:

- AIMS, (n.d.). *Alliance for the Improvement of Maternity Services*. Page includes FDA status of all obstetrical drugs and the PDR information on those not approved. <http://www.aimsusa.org/>
- Childbirth Solutions (n.d.) *The doula's contribution to modern maternity care*. <http://www.childbirthsolutions.com/articles/pregnancy/doulacontribution/index.php>
- Dahl, G., (2002). Induced labor and informed consent in Canada. *ICAN*. [http://www.ican-online.org/resources/white\\_papers/wp\\_induction.pdf](http://www.ican-online.org/resources/white_papers/wp_induction.pdf)
- FDA, (2005). *Misoprostol/Cytotec information*. <http://www.fda.gov/cder/drug/infopage/misoprostol/default.htm>
- Goer, H., (1999). *Obstetric Myths versus Research Realities: A Guide to the Medical Literature*. Fetal Distress and Electronic Fetal Monitoring, pp. 131-153
- Kripke, C., (1999). Why are we using electronic fetal monitoring? *American Family Physician*. <http://www.aafp.org/afp/990501ap/editorials.html>

In 1991 when the author began teaching, there were 23 countries where fewer babies died than the US. The 2005 World Fact Book now lists 42 countries with superior outcomes...fewer babies dying than the US. <https://www.cia.gov/cia/publications/factbook/index.html>

## INDUCTION CONTINUED...

### *Fetal and Newborn Effects*

- ~dangerously slow fetal heart rate
- ~abnormal heart function)
- ~low 5 minute Apgar scores
- ~neonatal jaundice (excess bilirubin in the blood of the neonate.
- ~neonatal hemorrhage within the innermost covering of the eyeball
- ~permanent central nervous system or brain damage
- ~fetal death
- ~oxygen deprivation **between** contractions; contractions too long, too strong, too close together,

increase the likelihood of fetal brain death

Because the likelihood of serious complications with pitocin is so high, in many places official protocol states that a nurse or doula must be in the room at all times after the administration of pitocin. The doula component of 'active management' was lost when it came to the States from Ireland, even though the presence of a doula has been shown to reduce the incidence of complications (CBS, n.d.). With that change, while the protocol in most hospitals is still that the mother-baby must be monitored continuously at all

times after the administrations of pitocin what that means is that mother will be confined to bed, attached to the electronic fetal monitor (EFM) for continuous fetal monitoring (Goer, 1999). The use of cytotec or pitocin may be implicated in cases of cerebral palsy due to hypoxia (lack of oxygen), so continuous monitoring very well could be warranted, even though routine monitoring in normal labor has been shown to be no more useful than intermittent monitoring.

Commercials for law firms specializing in 'birth injuries' may say fetal monitors prevent cerebral palsy, but

in a natural birth the only proven outcome is an increase in surgical births without a decrease in cerebral palsy or any other birth complication (Kripke, 1999).

However, if pitocin or cytotec are used, continuous use of a monitor may be necessary either to monitor how stressful these agents are to your baby, or because the original medical indication requires it.

Knowing what you know now, how many mothers would be so quick to agree to an induction just because their doctor is going on vacation?

### BIRTH PREFERENCE OPTIONS BROUGHT TO YOU BY THE HYPNOBIRTHING INSTITUTE

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