

### **Non-Medical Ways to Encourage Labour**

There are a number of things that you can do to encourage labour to start when you have passed your due date. None of these methods are guaranteed to start labour, but they are all meant to prepare your body to labour sooner rather than later. We encourage you not to try any of these methods at night or when you are tired. Often when you are tired your body will not labour until you have had a good sleep. You can take Tylenol if you are uncomfortable or Gravol (50 mg) to help you get a good night's sleep. A warm bath can also help to relax you and slow down early labour. Remember to eat normally and drink lots of fluids.

If you are trying any of these methods and you get very strong contractions, it is important that you stop what you are doing and give your body a chance to "take over" labour naturally.

### **Stretch and Sweep**

A stretch and sweep is done during a vaginal exam. The midwife uses her fingers to gently "stretch" the cervix and then "sweep" a finger between the cervix and the bag of water. This releases prostaglandin, which is one of the hormones needed to encourage labour. Research has shown that serial (i.e. several, consecutive) stretch and sweeps reduce the length of pregnancy. It is normal to have some bloody discharge or cramping after a stretch and sweep. These are both encouraging signs, but do not mean that labour is about to begin. Try to ignore any cramping and get some rest.

***The following natural methods of encouraging labour have a long history of use. There is, however, a lack of research evidence to support or refute their effectiveness and safety. Prior to using any of these, we would ask that you speak to your midwife for a full informed choice discussion.***

### **Evening Primrose Oil (EPO)**

This supplement can be purchased at any drug store and comes in the form of gel capsules. It is a natural source of prostaglandin, the hormone that softens the cervix and prepares it for labour. EPO works best by poking a hole in the gel cap with a pin and inserting the capsule as high in the vagina as you can. Insert one capsule each night. You will want to wear a small pad as this will increase your discharge. If you prefer to take these capsules orally, you may take 4 per day.

### **Caulophyllum**

This is a homeopathic form of blue cohosh, which is an herbal source of oxytocin. Homeopathics are extremely dilute forms of this herb, painted on the surface of sugar pills. They can be purchased at most health food stores. To encourage labour take 4 tablets 3 times daily of Caulophyllum 30C (this is the dose). Remember that it is important not to eat, drink, brush your teeth or chew gum for 15 minutes before and after you take the homeopathic. It is also important that you not touch the homeopathics as the oils on your hands can strip the homeopathic off of the sugar pill.

### **Castor Oil**

Castor oil can be purchased at any drug store and can be an effective way to get labour started *if* your body is ready for labour (usually when you are overdue). There are risks and benefits to taking castor oil and we ask that you not take it until you have discussed these risks and benefits with your midwife. If you have decided to take castor oil, start first thing in the morning. Castor oil does not taste good and we recommend you mix it with some juice and a teaspoon of baking soda (to make it fizzy). Castor oil will often give you diarrhea, so it is

important to drink lots of fluid to keep well-hydrated. If contractions are going to begin, they usually do so within 4-12 hours after the first dose. If castor oil induction is not successful, labour will not normally begin for several days. It is important that you do not take it again for several days.

Castor oil dosage:

First dose (first thing in the morning):

2 tablespoons castor oil

Second Dose (1 hour later):

1 tablespoon of castor oil

Third dose (1 hour after 2<sup>nd</sup> dose):

1 tablespoon of castor oil

### **Nipple Stimulation**

Nipple stimulation can encourage contractions because it release oxytocin into your bloodstream. You may use a breastpump or your hands. Instructions for nipple stimulation are as follows: 10 minutes of stimulation on one side, 10 minutes of rest, 10 minutes of stimulation on the other side. You can repeat this until you have regular contractions. Do not continue if your nipples get sore from pumping or if you get very strong and hard contractions.

### **Other**

Walking, squatting, spicy food or intercourse can also be helpful. Remember that you should not put anything in your vagina if your water has broken.

Be patient and remember to rest, eat and drink normally. The baby will come when she/he is ready and it is normal and very common to go past your due date by a week to ten days.

## **Medical Ways to Induce Labour**

### **Artificial Rupture of Membranes (ARM)**

An ARM can be performed if you are at least 3 cm dilated. It is done during a vaginal exam and involves your midwife or an obstetrician using a plastic hook to break your bag of waters. It can be useful if you are past your due date and this is not your first baby. If this is your first baby, you will often require Cervidil (see below) before an ARM can be done. Contractions will often begin within a couple of hours after your water is broken. However, if your contractions do not begin within 12-24 hours after your water is broken, induction with oxytocin will be strongly recommended. If you are Group B Strep positive, ARM may not be the best choice for inducing labour.

### **Cervidil**

This medication is an artificial prostaglandin, the hormone responsible for preparing your cervix for labour. It softens, thins and helps open the cervix a few centimetres. The medication is on a small plastic tab with a string attached. It is inserted high in the vagina, behind the cervix. The string is in place so that when the cervidil has done its job, it can be easily removed. Cervidil is inserted by an obstetrician at the hospital. You will not be admitted to the hospital but will need to remain there for an hour or two after the cervidil is inserted, to make sure that neither you nor the baby has a bad reaction to the drug. You may receive up to 2 doses, around 8 hours apart. Cervidil may stimulate contractions, but even if it doesn't, it prepares your cervix for induction with oxytocin. Cervidil may require a transfer of care to the obstetrician on-call. The obstetrician will be responsible for your care and there will be a nurse involved as well. Your midwife will remain involved in your care and will be present with you when your labour becomes active.

### **Oxytocin**

Oxytocin is the hormone that causes the uterus to contract. If your labour does not begin on its own, you may require artificial oxytocin to stimulate contractions. This is given by IV in the hospital. For oxytocin induction, there will be a transfer of care to an obstetrician, a nurse will be involved in your care and you will require continuous monitoring of the fetal heart. Your

midwife will remain involved in your care and will be present with you when your labour becomes active.