

Why Women Do Not Like The "Induction of Labor" Procedure:

- Induced labor causes contractions to become far more painful than nature ever intended.
- Induced labor causes women who would not have chosen drugs for childbirth to ask for them.
- Induced labor puts the baby at risk of possible brain damage through oxygen deprivation.
- Induced labor puts the mother at risk of uterine rupture if she previously had a cesarean birth.
- Induced labor dramatically increases the risk of emergency cesarean birth.
- Induced labor causes a woman to lose control and confidence in the natural birth process.
- Induced labor causes a woman to be monitored excessively during childbirth.
- Induced labor increases a woman's chance of hemorrhage, during the birth and afterwards.
- Induced labor causes a woman to be unable to complete hormonal staging.
- Induced labor forces a baby who is not ready and a body that is not ready to try to give birth.
- Induced labor by rupturing the membranes may cause a woman's umbilical cord to collapse thereby increasing the likelihood of death to the baby.
- Induced labor by rupturing the membranes may encourage the baby to assume a position that may cause the mother more pain and a longer labor that would have been experienced otherwise.
- Induced labor causes lasting side effects in the mother or complete loss of sexual desire, prolonged severe postnatal depression, and reduced immune function. The use of Prostin, which is pig semen, is most certainly a reason for the woman's loss of sexual desire reported regularly after childbirth.
- Drugs such as Misoprostal, used for induction have not been proven safe.
- Induced labor may cause the baby to have lowered immune function, leading to allergies, asthma and brain seizures due to the effects of the animal hormone used to induce or force the labor, caused by the long after-life of this drug and due to the fact that many babies have been induced prematurely and their immune system is not fully developed yet.
- Induced birth may permanently damage the woman's uterus causing her to be unable or unwilling to bear more children

Words with a Midwife

Q: How and why do you induce labor?

If and when the intrauterine environment becomes more hazardous for the baby than the outside, or to relieve maternal suffering--which on occasion the mother can only subjectively describe. -Phil Watters, OBGYN, Hobart, Tasmania Australia

I feel odd responding to this question because I don't induce labor. I am a direct-entry midwife in Kentucky. I have only been practicing independently for a year; however, I was trained by Mary Ann Watson, CPM, QE, a direct-entry midwife with over 18 years experience in homebirth. Her philosophy/protocols regarding induction questions are:

1. What if I never go into labor?

Women were designed to give birth. Gestation for each mother with each baby will occur at its own pace, just as labor progresses at its own pace. Just because the baby inside feels large enough to survive, it may need more time inside to develop a crucial system. No woman has ever been pregnant forever. Mary Ann continues weekly prenatal visits until the birth. As long as no complications arise, she does not risk out or induce women just because they are overdue.

2. What if my baby is too big?

Normal, healthy women do not grow babies they cannot birth. The species would have destroyed itself if this were true. Induction may also contribute to malpresentation. If the baby is allowed time to find a good birthing position, it will adapt to the pelvic inlet. Arbitrary induction may cause labor to begin before the baby is in a good position.

3. Should VBACs be induced?

Mary Ann's practice prior to coming to Kentucky was primarily VBAC births. She has an excellent record of successful VBAC births. Her VBAC moms are not induced and do not have a greater complication or transport rate than her other clients.

4. What if the placenta stops functioning?

Normal, healthy placentas do not just stop functioning 14 days past the due date. I myself have had one client go either 3 or 5 weeks overdue (she was unsure of her dates). Mary Ann has had clients confirmed at 30 days or more overdue. Those babies were fine, and those placentas were healthy.

Some women do try to induce themselves with herbal preparations, castor oil, or some other home preparation. She firmly discourages this, for all the reasons above. Many of these induction attempts are not successful. One mother who was successful in inducing labor later regretted it. She had three productive, relatively short labors. This fourth, induced labor was long, slowly productive, and exhausting. She now discourages other women from trying to induce labor.

Our philosophy that birth is a natural process and our desire to allow it to progress with no intervention that is not absolutely necessary begins with good prenatal care and with accepting that labor will begin when it is time.

-Candy Hall, midwife