



After many months of anticipation, you may be wondering about some things to try at home to help start labor. Pregnancies lasting longer than 42 weeks, called postdates, tend to have a greater risk of complications. For this reason, most clinicians will induce labor between 41 and 42 weeks. This will be done using medications or procedures in the hospital. There are some therapies that you can use at home near the end of your pregnancy to help. Many of these have been used for years and continue to be used today by midwives and other clinicians.



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NOTE: As always, be sure to talk to your clinician before you use any supplements or therapies during your pregnancy, including those listed below.

Approaches include 1) supplements and botanicals, 2) activities, and 3) acupuncture/acupressure.

1. Supplements & Botanicals

Red Raspberry Leaf (Rubis idaeus)		
How It Works	Uncertain. Increases blood flow to the uterus. Encourages muscle contractions.	
Evidence	Limited evidence. One randomized controlled trial (the gold standard in research) found that the tea shortened the pushing stage of labor and reduced the risk for postdates. ¹	
Dose	1-3 cups tea daily OR one capsule (500-750 mg) by mouth two times daily starting at 32-36 weeks.	
Side Effects	Safe. No side effects noted.	
Cost	\$6/ 24 tea bags. \$5-\$7/100 capsules.	
Bottom Line	Safe. Limited evidence suggests that it decreases the length of labor and risk of postdates.	

Evening Primrose Oil (Oenothera Biennis)	
How It Works	Uncertain. Reduces inflammation.
Evidence	Used for many years. There is no research that shows it reduces the risk of a postdates pregnancy.
Dose	2 capsules inserted into the vagina at night starting at 38 weeks.
Side Effects	Safe when used in the vagina. Do NOT take by mouth due to risk of birth complications.
Cost	\$8-11/ 60-90 capsules.
Bottom Line	Used for many years for cervical ripening. (The cervix is the lower part of the uterus. Ripening means the cervix softens and is able to dilate for childbirth.) No evidence to prove it is helpful, but it is safe when used in the vagina.



Castor Oil (Ricinus communis)	
How It Works	Works like a laxative. Increases blood flow to the intestines, which can increase the activity of the muscles in the uterus. It may also increase prostaglandins. These are hormone-like substances that can help induce birth.
Evidence	Limited. One small study showed that 50% of woman went into labor within 24 hours of using 60 mL castor oil once. ² Larger studies have not found it helpful.
Dose	You can try a one-time dose of 60 mL in fruit juice or 5-30 mL in peppermint tea every 2-8 hours for three doses.
Side Effects	Nausea, abdominal pain, cramping, diarrhea, unpleasant taste Note: castor <i>seed</i> is extremely dangerous.
Cost	\$6/118 ml bottle.
Bottom Line	Limited evidence. It is safe to try but likely to cause nausea and diarrhea.

2. Activities

Activities include sexual intercourse, membrane sweeping/stripping, and nipple massage.

- <u>Sexual Intercourse</u> Unprotected sexual intercourse may promote labor. The
 prostaglandins in the partner's semen may help with cervical ripening. It can also help
 release oxytocin, the hormone that causes uterine contractions. A clinical research review,
 however, did not find proof that intercourse promotes labor.³ More research is needed.
- Membrane Sweeping/Stripping Membrane stripping is done by your doctor inserting a finger into the cervical opening during a sterile vaginal examination and sweeping in a circular motion. This action helps release prostaglandins, the hormone-like substances that may promote labor. A review of 19 studies showed that membrane stripping done weekly starting at 37 weeks helped labor start on its own.⁴ It also decreased the number of pregnancies lasting beyond 41 weeks and decreased the need for a clinician to induce labor.⁴ Side effects include discomfort for the mother, vaginal bleeding, and irregular contractions. There is no increased risk of cesarean-section, infection, or rupture of membranes with this procedure. If interested, ask your clinician about having membranes stripped at regular visits starting at 37 weeks.
- Nipple Massage Massaging the breast nipples releases oxytocin (the hormone that causes uterine contractions). A review of six studies showed that women who did breast massage were more likely to be in labor 72 hours later than women who did not massage their breasts. Additionally, it reduced the risk of bleeding after birth. Some studies suggest that the uterus may contract too fast and too often if both breasts are massaged at the same time. Thus, it is best to massage each breast separately. Until safety issues have been fully evaluated, do not do this if you have a high-risk pregnancy. See the suggested instructions in the box on page 3. Discuss this further with your doctor if you are interested.



How to Massage the Nipples

- 1. Use your fingers or a breast pump to massage the nipple of your right breast for 15 minutes.
- 2. Then massage the nipple of your left breast for 15 minutes.
- 3. Return to the right breast. Massage the nipple for 15 minutes.
- 4. Then return to massage the nipple of the left breast for 15 minutes.

Do this once a day for three days, then stop.

3. Other Therapies

- Acupuncture Acupuncture involves putting small needles into specific points of the body.
 A review of three studies found that women who received acupuncture were less likely to need a clinician to induce labor.⁶ Acupuncture is a safe way to promote labor.
- <u>Acupressure</u> You can also try acupressure, which is massaging certain points on the body. See the directions and photos on page 4. This can be started at 37 weeks.
 Acupressure at these points may help start contractions. Before starting, discuss with your clinician to help determine if acupressure is right for you. Your clinician can also help you locate these points on your body.

Acupressure Points to Help Induce Labor⁷

Massage these four locations on both sides of the body for at least three minutes each.



1. Midway between the shoulder and the neck.

2. On the hand, between the thumb and the pointer finger.







3 & 4. On the inner and outer parts of the ankle.





Courtesy:ImageryMajestic FreeDigitalPhotos.Net

<u>References</u>

- 1. Simpson M, et al. Raspberry leaf in pregnancy: its safety and efficacy in labor. *J Midwifery Womens Health*. 2001;46;51-59.
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- 4. Boulvain M, et al. Membrane sweeping for induction of labor. Cochrane Database of Systematic Reviews 2005, Issue 1. Art. No.: CD000451. DOI: 10.1002/14651858.CD000451.pub2.
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- 7. Mallory J. Integrative care of the mother-infant dyad. Prim Care. 2010;37:149-163.

The information in this handout is for general education. It is not meant to be used by a patient alone. Please work with your health care practitioner to use this information in the best way possible to promote your health and the health of your baby.

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NOTES:

Date created: April 2013