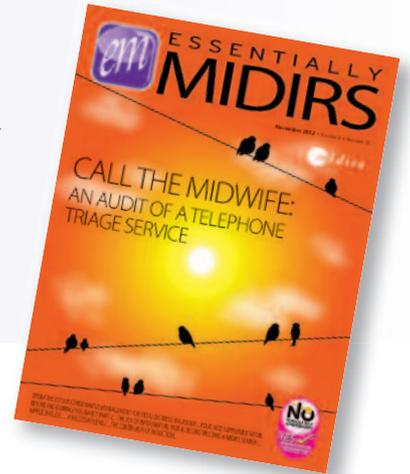




Editorial comment on issues addressed in this month's Essentially MIDIRS...

November 2012 • Volume 3 • Number 10



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Comment by
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The continuum of induction

In last month's editorial, I raised the question of whether the term 'natural induction' is an oxymoron and shared my concerns about the way in which alternative therapies are increasingly being used to bring on labour. Not because I disagree with the use of alternative therapies or think that medical induction is a better option, but because I want to argue that their use indicates how much our culture has absorbed the notion that it is beneficial to induce labour simply because a certain date has been reached. All of my own research into this area (Wickham 2004, 2007, 2009, 2011) has led me to understand that, while individual women and babies may occasionally benefit from induction on a case-by-case basis, policies of routine induction for every woman who experiences so-called post-term pregnancy can do more harm than good. Last month, I suggested that the term 'natural induction'

can make induction itself sound like it could be a natural, normal thing to do. In fact, I think we have a bigger problem as far as the normalising of induction is concerned.

I've recently been facilitating workshops on induction of labour in Australia and New Zealand, and in one exercise I ask participants to list all of the means of bringing on labour that they can think of (this is, by the way, regardless of whether the midwives think these means are safe and/or efficacious). Some of the answers to this exercise can be found in the table opposite, and it can be seen that these range from the everyday to the sublime. We then group them into categories, and this is where things get interesting.

The first and largest category in every workshop, perhaps unsurprisingly, featured the holistic therapies that were the subject of last month's editorial (Wickham 2012).

We often notice that this category can be broken down further into therapies involving substances that are ingested and therapies involving physical manipulation. This distinction becomes more interesting when we notice that other categories include food (which is ingested) and everyday activities involving physical movement. Yet not everyone who eats fresh pineapple or basil is attempting to induce labour, and (happily) one doesn't have to be 41 weeks pregnant and attempting to avoid medical induction in order to enjoy sex (or, presumably, a bumpy car ride, although not necessarily at the same time). We had interesting conversations about what women do in cultures where hot curry is an everyday food, and what professional trampoliners do when they want to entice their bodies into labour, but I will, if it's OK with everyone, skip quickly over semen ingestion without further analysis.

Midwives who have stayed to help women birth in Christchurch, New Zealand (may the goddess of bumpy car rides bless their Pinards), will tell you that earthquakes induce labour. Stress more generally was often listed, but even aside from the shocking side effects, neither earthquakes or stress are really useable as intentional interventions because they cannot be predicted. And 'intentional' is really the key word here, because it is easy to see from my workshop exercise that there is a continuum here. Many of the means of induction on the list are things that women do every day. They only become potential means of inducing labour when used with that specific intention. By comparison, prostin gel is not an everyday item that we all indulge in from time to time and that sometimes just happens to be used to induce labour. And I don't mean to sound facetious by saying that; I am trying to underline what I think is an important point. It is easy to see how – when it is common knowledge that everyday things like having sex, eating curry and taking long walks can help bring on labour, and women reach a point where they feel tired and are keen to meet their babies – such things become the beginning of a continuum. It's not a big step from taking a long walk to taking the advice of the postwoman in Toronto, a town in Lake Macquarie, New South Wales, who is (according to a lovely midwife who works there) single-handedly solving the problem of women going overdue by advising them to eat a whole orange, including the skin. She (the postwoman, not the midwife) had three children of her own and each time she ate an orange for breakfast and birthed at lunchtime. It really does beg the question of why we're spending so much on oxytocin.

In the few cases where the orange doesn't work (or for anyone living outside of Lake Macquarie), it's then only another small step to thinking about hitting the castor oil, trying out a bit of mind-body work, asking your midwife for a stretch and sweep, or going to see an alternative therapist, especially if you already have a relationship with a practitioner. Even if you're not that esoteric by nature, you might get bored enough to try moonbathing or a few affirmations. However, it was commonly felt that undertaking an activity such as offering to cook a complicated meal for twenty relatives was almost guaranteed to lead to the kind of contractions that would get you a labour ward bed within minutes — should you decide you can bear to put down your knitting, get out of the water and leave the dolphins that you're swimming with to eat up the rest of the yummy fresh pineapple vindaloo.

<p>Alternative therapies</p> <ul style="list-style-type: none"> Turmeric Blue cohosh Black cohosh Clary sage Evening primrose oil Castor oil Homeopathy Aromatherapy Traditional Chinese Medicine Shiatsu Moxibustion Osteopathy Chiropractic Acupuncture Reflexology Massage 	<p>Foods</p> <ul style="list-style-type: none"> Hot curry Fresh pineapple Whole orange Basil Semen (ingestion) <p>Physical activity / stimulation</p> <ul style="list-style-type: none"> Optimal fetal positioning Pelvic release Dancing Long walk Bumpy car ride Trampolining Hot bath Enema Fasting
<p>Natural hormone stimulation</p> <ul style="list-style-type: none"> Nipple stimulation Sex (with female orgasm) Sex (with semen deposited) Breastfeeding <p>More stimulation?</p> <ul style="list-style-type: none"> Cervical massage Membrane sweeping 	<p>Mind-body work</p> <ul style="list-style-type: none"> Meditation Prayer Visualisation Affirmations Counselling Hypnotherapy Emotional clearance
<p>Other</p> <ul style="list-style-type: none"> Moonbathing Quilting Knitting for the baby Swimming with dolphins Earthquake Stress Comedy DVDs The 'forget about it' method Patience Planning to cook a 3 course dinner for your extended family 	

I am concerned that the idea that it is OK to try and induce labour has become so normalised in our culture that it rarely gets questioned. Literally everyone from the homeopath to the postwoman has their pet theory of what works, and it's not easy to draw clear lines between the continuum of methods suggested. Most importantly, the focus is not on whether induction is the ideal but on what the best and most effective ways of achieving induction of labour are. I do think there are things that we can do about this though, and I will return to my ponderings on induction of labour in 2013, but I am delighted to say that I will be having a rest over the festive season thanks to an anonymous midwife who has written a guest editorial for the December 2012 edition of *Essentially MIDIRS*. Which just leaves me enough space to thank all of the midwives, students and women who shared their tips and experiences in the workshops that informed this article.

References

Wickham S (2004). *Induction – do I really need it?* London: AIMS.

Wickham S (2007). Jenna's care story: post-term pregnancy. In: Page L, McCandlish R ed. *The new midwifery: science and sensitivity in practice*. 2nd ed. Oxford: Elsevier.

Wickham S (2009). Post-term pregnancy: the problem of the boundaries. *MIDIRS Midwifery Digest* 19(4):463-9.

Wickham S (2011). Stretching the fabric: from technocratic normal limits to holistic midwives' negotiations of normalcy. *Essentially MIDIRS* 2(11):17-22.

Wickham S (2012). When is induction not induction? *Essentially MIDIRS* 3(9):50-1.

