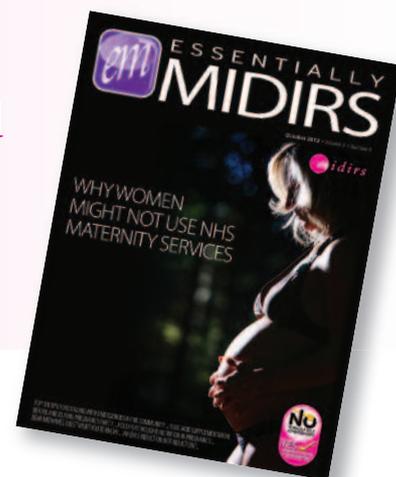


# midirs Writes



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

October 2012 • Volume 3 • Number 9



Kate Pearson © MIDIRS

Comment by  
**Sara Wickham** Editor

## When is induction not induction?

In a previous edition of *Essentially MIDIRS*, we featured new guidelines for the management of post-term pregnancy which were based on a systematic review produced for the World Association of Perinatal Medicine (Mandrizzato *et al* 2010). One of the key findings of this review was that, despite the popularity of policies of routine induction before 42 completed weeks of pregnancy: *'There is no conclusive evidence that this policy improves fetal, maternal and neonatal outcomes as compared to expectant management'* (Mandrizzato *et al* 2010:111).

To the best of my knowledge, these guidelines have not led to a change in practice. More women than ever are

undergoing medical induction of labour. An intervention that has been described as 'overused' and 'epidemic' for years has gone so far beyond those terms that it is hard to find the adjectives to do it justice. Instead, perhaps it is time to start stripping back some of the issues and looking at the subject from different angles. So, over the next few months, I am going to be devoting some of my MIDIRS Writes columns to issues relating to induction of labour, and the timely publication of a paper by Helen Hall and colleagues (2012) on complementary and alternative medicine for induction of labour seems like a good place to start.

Before I start, however, I'd like to make a clear distinction between the appearance of Hall *et al's* (2012) paper in this editorial

and my own thoughts on (and, frankly, criticisms of) related terminology. Hall *et al's* research is important because pregnant women all over the world often seek alternative means of induction, and midwives need to know about the research evidence evaluating the use of complementary and alternative medicine to stimulate labour. Hall *et al* (2012) have (I think laudably) avoided using the term that I am about to unpack; a term which is often used and which has long bothered me. That term is 'natural induction'.

Is it me, or is the term 'natural induction' an oxymoron?

I do realise that the term 'natural' is so laden these days as to be almost meaningless, but I hope you will be able

## Complementary and alternative medicine for induction of labour

**Background:** Induction of labour is a common obstetric procedure. Some women are likely to turn to complementary and alternative medicine in order to avoid medical intervention.

**Aim:** The aim of this paper is to examine the scientific evidence for the use of complementary and alternative medicine to stimulate labour.

**Method:** An initial search for relevant literature published from 2000 was undertaken using a range of databases. Articles were also identified by examining bibliographies.

**Results:** Most complementary and alternative medicines used for induction of labour are recommended on the basis of traditional knowledge, rather than scientific research. Currently, the clinical evidence is sparse and it is not possible to make firm conclusions regarding the effectiveness of these therapies. There is

however some data to support the use of breast stimulation for induction of labour. Acupuncture and raspberry leaf may also be beneficial. Castor oil and evening primrose oil might not be effective and possibly increase the incidence of complications. There is no evidence from clinical trials [sic] to support homeopathy however, some women have found these remedies helpful. Blue cohosh may be harmful during pregnancy and should not be recommended for induction. Other complementary and alternative medicine (CAM) therapies may be useful but further investigation is needed.

**Conclusions:** More research is needed to establish the safety and efficacy of CAM modalities. Midwives should develop a good understanding of these therapies, including both the benefits and risks, so they can assist women to make appropriate decisions.

Hall HG, McKenna LG, Griffiths DL (2012). Complementary and alternative medicine for induction of labour. *Women and Birth* 25(3):142-8.

to take my point nonetheless. I am guessing that most people who use this term actually mean what Hall *et al* (2012) more appropriately term 'the use of complementary and alternative therapies for induction of labour', which I accept is quite a mouthful, especially when the conversation is verbal. But the first part of my concern is that using the term 'natural induction' rather than 'induction using holistic therapies' might make induction itself sound like it could be a natural, normal thing to do. I would like to argue – quite strongly if I may – that this is not the case and we should do everything we can to ensure that this does not become the case. Let's remember that the midwifery ideal is to save intervention for when it is truly warranted, and let's also not lose sight of the fact that, no matter what methods are used, attempting to induce labour is – by definition – going to involve trying to make labour happen before it would have happened 'naturally'.

I have a number of other, related, concerns. I am concerned with the proliferation of therapists – all of whom are, I am sure, very nice and extremely well intentioned – who are offering treatments, workshops, seminars and books which purport to help women 'induce labour naturally' (thus avoiding medical induction). Again, I understand the pressure that some pregnant women face and I absolutely understand why many women prefer the idea of taking castor oil, evening primrose capsules or a herbal tincture, rather than having someone insert a vaginal pessary, break their waters or introduce a synthetic oxytocin drip into their veins. But is finding other means to achieve the 'goal' of birth, earlier than would have occurred

naturally, really the answer? I am, of course, not referring to those women or babies for whom induction of labour is truly warranted, but to those whose bodies are not complying with obstetric spacetime (Wickham 2009, 2011). For all we might think that we are cleverly avoiding the disadvantages of the medical approach by helping women induce labour by non-allopathic means, are we not still buying into a medical notion which has been widely criticised and repeatedly shown to be unhelpful? Because, to return to the conclusion that Mandruzzato *et al* (2010) reached, there is no conclusive evidence that inducing labour before 42 weeks is better than being patient. Regardless of what method you use to do it.

Let's not forget that, at least in theory, this is not an 'either/or' forced choice including only two options. It appears that women, midwives and society increasingly view it that way, which is an issue that needs to be addressed, and I hope that the focus that I am placing on the induction of labour over the next few months will offer some food for thought as to how we might do that. Firstly, I believe we need to explore the question of so-called 'natural induction' more deeply. Next month, I will be doing just that.

### References

- Hall HG, McKenna LG, Griffiths DL (2012). Complementary and alternative medicine for induction of labour. *Women and Birth* 25(3):142-8.
- Mandruzzato GP, Alfirevic Z, Chervenak F *et al* (2010). Guidelines for the management of postterm pregnancy. *Journal of Perinatal Medicine* 38(2):111-20.
- 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(1):17-22.



 ESSENTIALLY  
MIDIRS

 midirs