

Past your due date? Grab your partner and get busy.

You patiently await your due date, eyeing it on your calendar and instructing loved ones to prepare for it days in advance. But when the date comes and goes with nary a contraction, you might be tempted to take matters into your own hands.

"I see a lot of women who are tired of being pregnant, want it to be over and ask, 'What else can I do?'" says Jonathan Schaffir, M.D., an associate professor of obstetrics and gynecology at Ohio State University College of Medicine in Columbus.

According to a study by Schaffir and his colleagues, more than half of pregnant women turn to nonpharmacological approaches to hasten labor as they approach or go past their due dates, but fewer than half tell their doctors or midwives what they're up to. That's troubling, doctors and midwives say, because although some folk methods may work, some come with unintended consequences.

"Be wary of information on websites," says Elizabeth Hill-Karbowska, C.N.M., a certified nurse midwife and spokeswoman for the Maryland-based American College of Nurse Midwives. "Induction methods that seem benign can be dangerous."

Critical fetal development continues to take place even in the final weeks of gestation, Hill-Karbowska says. So despite the nagging backaches, sleepless nights and countless bathroom trips, moms-to-be are advised to wait until after 39 weeks (even though 37 weeks is considered full term) before considering any induction methods (including pharmacological) unless an induction is medically indicated. Even then, you should know the pros and cons of each method and discuss them with your health care provider. Here's a look:

Nipple stimulation Prolonged breast stimulation prompts the pituitary gland to release contraction-inducing oxytocin, the same powerful hormone that initiates your milk let-down response and can lead to severe cramps when a newborn suckles. Its synthetic form, Pitocin, is the most common drug used to induce labor, and studies indicate that stimulating it naturally can be effective as well. A Cochrane Database review that included 719 women at 37 weeks gestation or beyond found that nearly 40 percent of those who stimulated their nipples for one to three hours daily had their babies within three days, while only 6 percent of the control group gave birth.

But aside from the impracticalities (who has time to do this for hours on end?), this method comes with serious risks: "We know it works," says Suzy Myers, C.P.M., a certified professional midwife and chairwoman of the department of midwifery at Bastyr University in Kenmore, Wash. "But you

Bring it on

If you're overdue, can you safely speed things along on your own? Our experts weigh in.



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have to be very careful that you are not overstimulating the uterus and making the contractions too strong or too close together. You also have to make sure the baby is tolerating it well by having your health care provider monitor his or her heartbeat.”

Sexual intercourse

Although research results are mixed, anecdotes abound about late babies making an entrance soon after a love-making session. Semen contains cervix-softening fats called prostaglandins (also used in medical induction) and a woman's orgasm can lead to strong uterine contractions.

One 2006 study of 200 healthy women found that those who had sex after 36 weeks were significantly less likely to go past their due date or require labor induction. But another study published in the *British Journal of Obstetrics and Gynecology* found no difference between sexually active and abstinent moms when it came to length of gestation.

“If a woman has a low risk for premature labor and no placenta previa, it won't hurt,” says Schaffir.

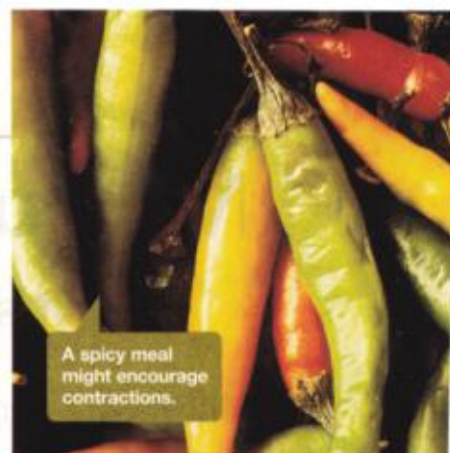
Castor oil and spicy food

Midwives have long recommended inducing labor by drinking castor oil (2 ounces in a glass of orange juice or mixed with ice cream) with the idea that it can stimulate the smooth muscle of the bowels, promote the release of prostaglandin and nudge the nearby uterus into action. Research results are varied, but two recent trials showed that full-term women who were given castor oil were more likely to go into labor within 24 hours. But the side effects—including nausea, explosive diarrhea and dehydration—can be grueling, Myers says.

A safer bet for those past 39 weeks? Load up on spicy food, says Hill-Karbowska, which could have similar results without the nasty side effects.

Herbs and acupuncture

Midwives most commonly suggest evening primrose oil and blue cohosh to hasten labor. Though each herb has a plausible mechanism for working,



A spicy meal might encourage contractions.

they also come with potential downsides. Evening primrose oil, which is prescribed in capsule form to be taken three times a day or rubbed directly on the cervix, is believed to help soften the cervix and ready it for labor. However, the few published studies that have looked at its effectiveness failed to find that its use caused labor to begin any earlier. But one study suggests it may actually *prolong* the active phase of labor and boost the incidence of certain labor complications (such as arrested descent of the fetus in the birth canal). Both blue (*Caulophyllum*) and black cohosh (*Cimicifuga*) have been used to treat menstrual ailments for centuries. However, some studies have suggested that blue cohosh can have some dangerous side effects in pregnancy, so it should be avoided.

Meanwhile, raspberry tea is often recommended in the weeks before a due date to tone the uterus but hasn't proved to have any effect on labor. And numerous studies have suggested that acupuncture may help induce labor in women who are full term.

Exercise and patience

Forty-three percent of the respondents in Schaffir's study said they exercised more in the final days of pregnancy in hopes of bringing on labor. But although good for you, exercise hasn't proved to speed labor, Schaffir says. His best advice to past-due women longing for that first contraction? Skip the home remedies, eat right, rest and enjoy those last few days of pregnancy as much as possible. “The safest and healthiest labor is one that starts spontaneously,” Schaffir says. *

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