POLICY STATEMENT
The most recent Centers for Disease Control and Prevention birth statistics from 2003 report that 20.6% of pregnant women undergo medical induction of labor and an additional 17% are augmented. Believe Midwifery Services, LLC has a firm stance against social inductions, or those conducted simply for the mere convenience of the client or the provider; however, on rare occasions, the mother or fetal status may present a scenario in which an out-of-hospital induction or augmentation may prove the most prudent management of care. When induction of labor is indicated, women may be more accepting of a natural or nonpharmacologic method, and as with any intervention, it makes sense to use the least invasive, most effective method available.

BLOOD BORNE PATHOGEN
EXPOSURE CATEGORY: I (Involves exposure to blood, body fluids, or tissues)

FUNCTION: Care of Clients

EQUIPMENT:
1. Homeopathy remedies
2. Herbal remedies
3. Essential Oils
4. Doppler for fetal well-being assessment

POINTS OF EMPHASIS:
There is a rich history of positive experiences with homeopathic remedies, but the evidence for the efficacy and safety is largely narrative and anecdotal. Homeopathy is a system of healing purported to work by administering small doses of natural remedies to stimulate the intrinsic vital energy of the body. When administered appropriately, these remedies are thought to act as a catalyst, enhancing the body’s own self-healing response. The selection of the remedies is based on a concept called the law of similars. The principle that “like cures like” was recognized as a healing principle in ayurvedic medicine, by Hippocrates, and the German physician Paracelsus; however, it wasn’t until the late 18th century when Samuel Hahnemann, a German physician, tested this principle through a series of experiments called “provings” and subsequently established homeopathy as a system of medicine.

The principle tenet of homeopathy states that a substance that is capable of inducing a symptom or set of symptoms in a healthy individual has the curative power to eliminate similar symptoms when they manifest in an individual as part of a disease state. Hahnemann developed a technique called “potentization,” in which a remedy is repeatedly diluted and “succussed” (shaken vigorously after each dilution) to produce what is termed the “infinitesimal dose,” the smallest dose that will produce a healing response. The final solutions may contain few or no single molecules of the substance, which has consequently elicited criticism that the clinical effects are actually a result of the placebo effect. Hahnemann believed that dilution of a substance increased its curative power while simultaneously decreasing its potential toxicity. Dilute homeopathic remedies are therefore thought to be less likely to produce undesirable side effects than conventional pharmaceuticals. Serious adverse effects from homeopathy are rare, and remedies are not thought to cause any problems for the mother or the fetus during pregnancy.

Homeopathic remedies are labeled according to potency. Those labeled with an X reflect the number of times the mother tincture has been diluted. 1X shows that the tincture has been diluted when one-tenty of the mother tincture is added to nine-tenths alcohol. The centesimal scale (C) is used when the mother tincture is added in one part and diluted with 99 parts alcohol.

A 2006 Cochrane review examined the use of caulophyllum, cimicifuga, and other homeopathic remedies, but found a lack of sufficient evidence to show effectiveness of homeopathy as a method of induction.
A 2005 Cochrane review examined the efficacy and safety of breast stimulation for cervical ripening and induction of labor. The review found that when compared to both no intervention and oxytocin induction, breast stimulation significantly reduced both the number of women not in labor after 72 hours and the incidence of postpartum hemorrhage. One of the greatest benefits of nipple stimulation is that it is inexpensive and can be controlled by the woman and her partner.

Selection of an appropriate method for induction is based on several factors including: status of the cervix, presence of uterine scars, care setting and availability of methods, efficacy, and side effect profile of the methods.

PROCEDURE:

Homeopathic labor stimulants are potentially viable alternatives to oxytocin and prostaglandins for inducing and augmenting labor. Blue cohosh (*Caulophyllum thalictroides*) and black cohosh (*Actaea racemosa* [formerly *Cimicifuga racemosa]*) have been used as homeopathic labor stimulants around the world, especially in Europe and India. A survey published in the *Journal of Nurse-Midwifery* found that 64% of certified nurse-midwives who prescribe herbal medicines use blue cohosh to induce labor.

1. **Caulophyllum**, prepared from a flowering herb called “squaw root,” is one of the most commonly-recommended homeopathic remedies for induction of labor.
   a. The active constituents in blue cohosh are caulosaponin and caulophyllosaponin - glycosides that are thought to active smooth muscle contraction and to specifically stimulate uterine contractions.
   b. Reported complications attributed to the use of blue cohosh as an herbal tincture to stimulate labor include nausea, increased meconium-stained fluid, elevated maternal blood pressure, and transient fetal tachycardia.
   c. Adverse effects associated with black cohosh herbal preparation tend to be gastric upset as well as a hypotensive effect. It is NOT known whether the homeopathic preparation of cimicifuga causes similar adverse effects, but because homeopathic remedies contain a much smaller amount of the original substance than herbal tinctures, the adverse effects are likely much less prevalent.
   d. Caulophyllum is proposed to be useful in induction of labor or to augment labor if uterine contractions are short and irregular or when uterine contractions cease. Caulophyllum is indicated for use when uterine contractions are in a dysfunctional pattern, when they are of brief duration, and/or centered in the lower uterine segment. Caulophyllum may also be used to establish effective contractions, especially when contractions are irregular, unproductive, painful, or spasmodic.
   e. Dosing regimens vary according to individual practitioner and school of thought. Some suggested regimens include: caulophyllum 12X or 30X given up to every 15 to 30 minutes until there is a definite improvement or caulophyllum 200X given every 30 minutes for 2 hours until contractions are well established.

2. **Cimicifuga**, prepared from the tall perennial herb, black cohosh, may also be used.
   a. The active constituents in black cohosh include terpene glycoside fractions, such as actein and cimifugoside, which have been associated with an estrogenic effects and are thought to reduce levels of pituitary luteinizing hormone, thereby decreasing the ovaries’ production of progesterone. This may contribute to the initiation of uterine contractions, as the relaxing effect of high levels of progesterone on the uterine muscle decreases before the initiation of labor.
   b. Adverse effects associated with black cohosh herbal preparation tend to be gastric upset as well as a hypotensive effect. It is NOT known whether the homeopathic preparation of cimicifuga causes similar adverse effects, but because homeopathic remedies contain a much smaller amount of the original substance than herbal tinctures, the adverse effects are likely much less prevalent.
   c. Like caulophyllum, cimicifuga is indicated for dysfunctional uterine contractions and is thought to help initiate a coordinated and effective contraction pattern. Cimicifuga is purported to be especially useful in easing the fear of labor and delivery in women who have a history of traumatic childbirth, miscarriage, or abortion.
   d. Cimicifuga can be administered alone at one dose of 30C every half hour for at least 2 hours, or in conjunction with caulophyllum with alternating doses of the two remedies 30X for a total of 6 doses in 24 hours.

*Nipple and breast stimulation have been used to induce and augment labor. The exact mechanism is not known, but it is likely that nipple stimulation results in the production of endogenous oxytocin, which causes contractions.*
1. Bilateral, simultaneous breast stimulation is not recommended because of an observed increased incidence of uterine hyperstimulation.
2. Nipple stimulation is also not recommended for women who are at risk for uteroplacental insufficiency because there may be an increased likelihood of adverse outcomes.

REFERENCES:

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