

## Helping the body get ready for labour

### 1. Red raspberry leaf tea – start drinking as early at 28 weeks

This herb is a mineral rich tonic, traditionally used to support a healthy pregnancy and tone the uterus to help a woman prepare for birth. Since it doesn't have the most pleasant taste when taken as a tea by itself, consider mixing it with some spearmint and rose hips for a delicious tea that can be taken daily, 1-2 cups throughout the second and third trimesters. The recommended dose is from 1.5 – 5 gm daily in tea.

### 2. Exercise and Optimal Fetal Positioning

To help the baby assume the best position for labour and delivery. Exercise, such as walking, swimming, belly dancing, or some yoga movements can help descend a baby into the pelvis and apply the necessary pressure on the cervix that is needed for the eventual initiation of labour contractions. Please also take a look at the spinning babies website for some great ideas on how to get babe into the best position for birth. <https://spinningbabies.com/>

### 3. Sexual intercourse

One of the simplest methods of helping ripen the cervix. The prostaglandins in semen can help with the dilating and effacing (thinning) of the cervix. If you are able to achieve orgasm then this can further open the cervix. Additionally, sex can trigger the release of oxytocin, the 'contraction' hormone. Sex, even this late in pregnancy, is perfectly safe for both the mother and baby.

### 4. Evening Primrose Oil

Evening primrose oil is a rich source of prostaglandins and can support the thinning and dilation of the cervix. Gel caps are easily available in health food stores. Take one capsule by mouth in the morning and one at night starting at 37 weeks

### 5. Nipple stimulation

Stimulating the nipples (manually or with a breast pump) can lead to the release of hormones that help ripen the cervix or when in early labour increase the frequency and strength of contractions. Stimulating the nipples causes the release of oxytocin, the same hormone that is responsible for uterine contraction. Massage the breast and then stimulate the nipple for 15 to 30 min a day.

### 6. Acupuncture

Acupuncture has been used for centuries to treat conditions associated with pregnancy (such as heart burn, nausea, and carpal tunnel syndrome) as well as for inducing labour. Acupuncture to stimulate labour can be begun after 37 weeks gestation and is administered from once per week to once per day, depending on the desired outcome. When performed after the due date, acupuncture has been shown in studies to have a success rate of up to 88% in starting labour.

All published studies have shown acupuncture to be safe for both mother and fetus when applied by a qualified practitioner. Be sure to find someone who is experienced in perinatal acupuncture protocols and techniques.

## **7. Homeopathic Remedies – starting at 41 weeks**

Homeopathic remedies are small doses of more potent substances and, as a result, are very safe for use during pregnancy, labour and delivery. They are considered much safer than botanical remedies – no published studies exist showing any harm to the mother or fetus after use of homeopathics in pregnancy and labour.

When post dates Caulophyllum 12C and Cimicifuga 12C, given once every hour for 6 hours. For example, hour 1: Caulophyllum, hour 2: Cimicifuga, hour 3: Caulophyllum, etc. for 6 hours each day until you go into labour.

## **8. Labour Cocktail – after in discussion with your midwife**

The use of a ‘labour cocktail’ to induce labour among low-risk pregnant women is a common practice among registered midwives in BC and elsewhere. Natural methods to initiate labour, which some women consider less invasive than medical induction methods, are an important option for women and their care providers. Registered midwives are predominantly guided by evidence-based information, which is used during an informed choice discussion regarding any possible intervention. In the case of induction of labour with the use of verberna cocktail, primarily anecdotal information is discussed since empirical data is not available.

The active oxytocic agent in castor bean (*Ricinus communis*) is found in castor oil, which is obtained from cold-pressing the beans (seeds) of the ripe fruit. The oil consists of 87% ricinoleic acid, 7% oleic acid, 3% linoleic acid, and 2% palmitic acid. However, there are numerous cultivars of *R. communis* with a different total oil content and constituent oils. The most active agent appears to be ricinoleic acid. The onset of active labour after consumption of the oil may be very rapid and is normally followed or preceded by the potent laxative effect of the oil. Nausea, diarrhea, and vomiting followed by dehydration are the main side effects of the castor oil. The other ingredients in the labour cocktail, lemon verberna officinalis, almond butter and apricot juice are there to counteract these side effects.