



10 Easy (but often overlooked) Ways to Avoid Induction

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Medical induction of childbirth is on the rise with more than 45% of Ontarian women's labours beginning with induction by cervidil or oxytocin¹. While there are some circumstances where a medical induction may be necessary or even beneficial to the birthing mother and her baby, it is estimated that 90.8% of women will not need a medical

induction for labour to begin¹. As such, many inductions are avoidable and are thought to be an elective option rather than a necessary procedure based on a medical indication.

Unnecessary inductions can lead to an increase the likelihood of late-preterm birth and cesarean delivery.^{2,3} With the rate of inductions rising faster than the rate of pregnancy



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complications that would warrant a medical induction¹, it seems unnecessary that so many women should experience induction to begin or speed their labours.

Yet, most expecting mothers will have a conversation with their health care provider around 40 weeks gestation about how long they should wait for spontaneous labour to begin before an induction should be more seriously contemplated. When we consider what we might do to avoid an induction it is most effective to consider how we might avoid the common reasons an induction may take place. These reasons include but are not limited to:

- Elevated blood pressure
- GBS+ status with broken water
- Being pregnant post date
- Large baby

While some of these situations may warrant a medical induction, experiencing one of these symptoms doesn't automatically mean an induction is necessary. In Part 1 of this article, we'll explore 10 things that parents can do in pregnancy to avoid the likelihood of induction and how to gather information from your health care provider to better understand when an induction might be necessary or beneficial to your situation.

Should a woman experience an induction, she is often afraid that contractions will come on too quickly and be too intense for her to cope with. It is not uncommon for a pregnant woman to hear horror stories from those around her about the things that went wrong in labour and induced labour are no exception.

However, the reality of an induction (at least in Toronto), is that it is brought on gradually over time to allow the body to build it's own hormones to a greater degree and permit the mother to acclimatize to the growing sensations in her body. The positive effect of this is two fold; the side effects and risks of induction are less likely to occur and birthing mothers are less fearful and are better able to manage the sensation of labour.

In Part 2 of this article, you'll find a detailed description of what to expect from an induction and how one might uniquely cope with the sensations of a labour induction.



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Part 1: What YOU Can do to Avoid Induction:

Each of the suggestions below are approaches that have been shown to increase the likelihood of spontaneous labour, however since every pregnancy is different and medical health is a part of the decision to induce, it is always important to check in with your health care provider for contraindications to these approaches before you try them.

How to Avoid Induction due to High Blood Pressure:

1. Maintain balanced blood pressure from early pregnancy onward

Dr. Kristin Heins, ND of [Thrive Natural Family Health](#) in Toronto suggests taking a natural approach to maintaining good blood pressure throughout pregnancy. “Blood pressure can be fairly easily managed through diet for the most part,” says Heins, and recommends that in general pregnant mothers eat a whole foods diet high in fruits and vegetables and low in processed foods to avoid developing high blood pressure later in pregnancy.



Of course, the recommendations for maintaining a balanced blood pressure is individualized to each pregnant mother, and considering her overall lifestyle, Heins may also recommend that the pregnant mother modify her blood pressure through homeopathic remedies, meditation, exercise, yoga or limiting her availability for work.

While the blood pressure will be monitored consistently throughout pregnancy by your health care provider, it would be worth seeing a naturopath in pregnancy to develop a program that is specifically suited to preventing high blood pressure for your unique body and circumstances.

Regular breathing exercises can modify the presence of stress hormones influencing blood pressure and also contributes to your preparation for maintaining a coping mindset for delivery (double bonus!).



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How to Avoid Induction due to GBS+ Status

2. See a naturopath in your second trimester to decrease your GBS concentration

GBS or Group B Streptococcus is a bacteria found on the body that fluctuates in concentration every few weeks. Pregnant women are tested at 36 weeks gestation for the presence of GBS in or around their vagina. If the concentration of GBS is high, they are given a GBS+ status and their care in labour will be different than that of a woman with GBS- status.

When someone is GBS+ there is a higher risk that the mother or baby will contract an infection during delivery. While most babies are unaffected by the bacteria, a small percentage (1-2%) can develop serious health concerns as a result of the GBS present⁴. While the likelihood of infection is low even with GBS+ status, it is further lowered if the mother receives IV antibiotics in labour and if she delivers within a certain period of time once her water has broken. If it doesn't look like the baby will be delivered within her practitioner's preferred period of time, then she can expect to be approached about the use of oxytocin to increase the pace of labour and the effectiveness of contractions.

While the specific management of induction with GBS+ mothers varies greatly between practitioners, mothers can decrease the likelihood that they will have a GBS+ status and avoid an induction due to GBS if they see a naturopath during their second trimester and begin a regimen to decrease the presence of bacteria on their body in preparation for birth.

Dr. Kristin Heins, ND recommends that her pregnant clients see her no later than 30 weeks gestation to begin a regimen to reduce levels of GBS through homeopathic remedies, vitamins and certain topical treatments. The specific treatment of each woman is individualized based on her previous history with GBS, urinary tract infections and yeast infections.

With a GBS- status, mothers are much less likely to experience an induction for the purpose of reducing risk of infection and will also avoid having to cope with the pressure of having to give birth within a more specific period of time.

For more information about GBS visit http://www.sogc.org/health/pregnancy-groupb_e.asp

How to Avoid an Induction for Being “Overdue”

First and foremost, most first time mothers give birth *after* 40 weeks gestation; there is nothing inherently wrong about being post date. The concern comes when pregnancy extends beyond 42 weeks. After this point, there is an increased risk that a significant change in the amniotic fluid level, the integrity of the placenta or the baby’s heart rate will occur which could be an indication that something is wrong. In this situation, a medical induction would be worth discussing, however in the absence of these symptoms, it may still be within your options to wait for spontaneous labour.

So what can you do to help your body go into labour?

Raise your oxytocin levels! Oxytocin (*oxy-*, quick + *tokos*, childbirth) is a hormone in the body that is released when we’re feeling pleasure or love and is also the hormone that influences the presence of contractions for labour. The level of oxytocin in your body needs to build and remain at a particular level for labour contractions to begin and become regular. You can help your body move toward this point by doing activities in the last few weeks of your third trimester that contribute to the release of your natural oxytocin.

Most of the non-medical ways to stimulate oxytocin production are most effective if done over a period of a few weeks. These methods are not likely to put you into labour immediately unless your body has already been getting ready for labour on it’s own. Since it takes time for the hormones of labour to build, we suggest beginning these tactics at 38-39 weeks gestation.



You can raise your oxytocin levels in a variety of ways, including:

3. Acupuncture/Acupressure

Acupuncture is rooted in the age-old tradition of chinese medicine and is the stimulation of particular points in the body through the use of needles to influence the body’s systems. Acupuncture followed by acupressure (stimulating the same points but



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through pressure instead of needles) promotes blood circulation to the uterus which can influence the consistency and presence of early labour contractions.

Cathy Keenan, TCM of Toronto's [Mahaya Health](#), notes that acupuncture works best when done over time and generally recommends that pregnant women begin their acupuncture treatments no later than 36 weeks gestation.

For a manual of acupressure points you can do at home, check out this free manual produced by Traditional Chinese Medicine Doctor, Debra Betts:
<http://acupuncture.rhizome.net.nz/acupressure-intro.aspx>

4. Homeopathy

Homeopathic remedies are diluted extracts of specific plants, minerals or animal products that are known to influence certain responses in the body. Homeopathics are regulated in the same manner as over the counter, non-prescription drugs and are not indicated to conflict with other medications⁵. Currently, there have not been enough studies on homeopathic remedies to confirm any positive effects of their use for inducing labour, however enough anecdotal and observational evidence exists to warrant their continued distribution and use.

Homeopathic remedies such as Caulophyllum and Pullsitilla are often used by midwives to bring labour on or to increase the effectiveness of labour contractions during birth. However, the specific remedies that are used for each labour depend on the unique make-up of the pregnant mother. If she'd like to try homeopathics to bring labour on, or to ease another symptom of pregnancy, birth or postpartum recovery she should consult a Homeopath to ensure she takes the remedies that are most effective for her.

To hear first-hand from a Homeopath about the positive effects of homeopathics in pregnancy, check out this Podcast interview by Pregtastic:

<http://www.pregtastic.com/homeopathy-during-pregnancy/>

5. Nipple Stimulation

Ah...nipple stimulation! I love seeing people's faces when I get to this one! I know it sounds funny and many of you might feel silly trying it, but nipple stimulation can be very effective in increasing your body's levels of oxytocin, which is the hormone that



brings on labour contractions. Oxytocin is also released during breastfeeding to stimulate the letdown of milk. This is the reason that many breastfeeding mother's experience more cramping while they're feeding their baby and why nipple stimulation is often used to increase oxytocin levels for labour.

For nipple stimulation to influence the onset of labour, a mother should rub her breasts or nipples for 20 min twice a day. She may not feel any difference right away, but the stimulation is building her overall oxytocin levels and once they're high enough in her body, she'll start to feel cramping or contractions. So, like most other things on this list, nipple stimulation is most effective if done over time and can be started as early as 39 weeks gestation.

Nipple stimulation is useful to use if you're trying to avoid induction, but can also be used during labour if contractions are not regular or need to be stronger to

influence significant dilation. If the suggestion for synthetic oxytocin is brought up during labour, try rubbing your nipples for 20 min or so if you have the time to try other things first.

6. Sex/Intimacy/Orgasm

Oxytocin is known as the hormone of pleasure and is released in greater quantities during sexual intercourse, manual or oral genital stimulation and orgasm. If you have a male partner, the prostaglandins in his semen can also influence cervical ripening in preparation for labour.

Although it's been difficult for researchers to find a direct correlation between sex and the onset of labour, the increase of oxytocin in the body during and after sex is certainly not disputed!

As mentioned earlier in this article none of these approaches to bring on labour will work automatically unless the body is already getting ready to labour on it's own. In which case, sex or another suggestion in this article may be enough to tip the level of oxytocin

over the edge and get things going. By the same token, midwife and author Ina May Gaskin has noted that clients who had frequent sex in their last trimester were more likely to go into labour spontaneously although labour didn't necessarily follow immediately after intercourse⁶.

7. Move Your Hips

Part of what influences the onset of labour and the effectiveness of contractions is the application of the baby's head against the cervix. Opening the hips and make room for baby's head to move down can make it easier for baby's head to apply pressure against the cervix and begin the process of cervical ripening, dilation and labour.

In the last trimester, the body releases the hormones relaxin and elastin which make the ligaments found between bones, soft and juicy. It's because of this ligament softening that the hip bones can slide apart to create a wider opening for baby to move through. We can encourage the widening of hips in a number of ways including:

- walking
- [-chiropractic care](#)
- [-osteopathy](#)
- sitting and rolling on a birthing ball



8. Let Yourself Rest and Remain Stress-free (as much as possible!)

Stress hormones like adrenaline directly interfere with the release of labour hormones and can disrupt the ease with which the body moves toward labour. It's important to protect your sense of calm and comfort in your last trimester and during labour in order to allow the hormones of birth to flow more freely.

What may be effective in creating a more consistently relaxed mind frame may be different for everyone but here are some ideas:

- Allow yourself to rest when you feel tired



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[-Get a massage](#)

-Cuddle

-Turn off your phone (or put a message on it for good-intentioned callers checking in to see if you're in labour yet or not)

-Stop reading about birth

-Go to the spa

-Go shopping

-Have an orgasm

-Sleep in

While all of the other suggestions in this article can help with bringing on labour, none of them will be very effective if you're stressed out while you're doing them. If at any point you're feeling too tired to go for a walk or feel the pressure of getting labour started, just stop what you're doing and take a break.

9. Stretch and Sweep (aka Stripping the Membranes)

This is something that your midwife or doctor will be able to do to help your body move toward labour. A stretch and sweep refers to a maneuver that separates the amniotic sac from the cervix. This is not breaking the water. The action of separating the membrane of the amniotic sac from the cervix can increase the levels of labour hormones present in a pregnant woman's body and help her move toward more spontaneous labour.

To do this, the practitioner would do a vaginal exam, and insert a finger into the opening of the cervix. A lot of women find the procedure itself to be quite uncomfortable and they might experience cramping or spotting the day of a stretch and sweep. Like all other methods to encourage labour, a stretch and sweep will only put you into labour that day if your body was already close to being in labour. In most cases, a stretch and sweep will need to be done a few times over the last few weeks of pregnancy to make an impact.

How to Avoid Induction due to a Large Baby:

10. Ask Questions

As we mentioned before, due to the presence of relaxin, the opening in a woman's hips is wider in labour than it is during pregnancy and for the most part, can accommodate



the size of the baby her body has grown. There are some circumstances where the baby's head has trouble coming through the hips but it's not always because a baby is "too large" for the opening. A baby may be [posterior](#), or have it's hand resting on it's cheek; it may be time to change [positions](#) during pushing to shift the hip bones to accommodate baby's movement through the birth canal or perhaps the birthing mother needs an energy boost in the form of encouragement, better rests

between contractions, a small snack or an energizing drink to increase the strength she puts into her pushes.

That being said, simply because a baby is estimated to be large, doesn't mean that the baby will not be able to be born vaginally if the mother chooses to wait for spontaneous labour.

In this scenario, it may be worthwhile for parents to gather more information from their health care provider as to why they feel that *this* baby or pregnancy would benefit from an induction.

Martin. et al. 2009³ suggests that parents ask the following questions to better understand their practitioner's reasoning around inductions.

- What is the reason you are suggesting induction and is it a serious problem?
- How does an induction occur? Can you tell me about the process?
- What are the risks or side effects associated with this method of induction?
- What is the next step if the induction doesn't work?
- What are the alternatives to induction including waiting? Would I be at risk or would my baby be at risk if we wait?

For the particular situation of an induction due to a large baby, I might also add these questions:

- How many inductions are necessary due to a child's size?

- What is the margin of error for the method used to estimate my baby's weight?
- Are there any other medical indications to support an induction besides my baby's weight?
- Would there be any risks to my attempting a vaginal birth for this baby three days from now? one week from now?

The intention of asking questions *isn't* to contradict your health care provider or to convince them of supporting another way of birthing. It *is* to better understand your practitioner's line of reasoning so that you have a clear idea of the urgency or necessity of the recommendation they are presenting to you.

In doing this, you'll be able to understand whether or not an induction is:

- a) Medically advisable
- b) If medically advisable if it's urgent or if you have time to try other ways to bring on labour first
- c) Optional/Elective with no medical indication of necessity



Of course, these questions are useful to use in any situation where induction is brought up and is not exclusively helpful for the situation of an induction for a large baby. Having a clearer picture of the necessity or urgency of a recommendation to induce allows parents to better understand their options in the situation and feel out which next step that feels safe and right for them.

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When used compassionately and when medically necessary, an induction can be of great benefit to parents. However, in most cases an induction is not required to have a safe and healthy labour.

To minimize the likelihood of induction it's important that parents start in early pregnancy to avoid symptoms that sometimes warrant an induction such as high blood pressure and GBS+ status. This combined with the daily practice of encouraging the release of



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oxytocin in the last few weeks of pregnancy and asking clarifying questions of their practitioner can significantly reduce the need for induction.

Part 2: What to Expect from an Induction (Routines and Coping)

There are a few different ways in which an induction may take place. Sometimes, labour is induced from the very beginning when the birthing mother is feeling no signs of labour. Other times, the mother may already be labouring and oxytocin is introduced to increase the effectiveness of her contractions. The effects and experience of induction is different for every woman. Some will be very sensitive to the drug and experience difficult contractions soon after administration, while others feel that they are able to cope quite well with the sensations and are surprised to find that their concerns about induction were somewhat inaccurate

Given the variety of ways a woman may interpret her induction, it's not useful to limit ourselves to only one description of what to expect when induced. Instead, this article will give you a broader description of how an induction may take place so that you are more aware of the spectrum in which one may experience the process of induction.

Step 1: Ripening the Cervix

Studies show that the side effects and risks associated with an induction are reduced dramatically if the cervix is '*ripe and ready*' meaning that the cervix has reached a particular softness and has thinned in preparation for birth⁷. It is for this reason that most parents, if being induced with little to no signs of labour, will be given a cervical gel to prepare the cervix before oxytocin is administered.

Parents will be told to the hospital on a certain date and time for the insertion of cervidil. Since the procedure is performed on the labour and delivery floor, sometimes parents will need to wait a few hours past their appointment time before they see their doctor or, less often, will be sent home to come back another day if the floor is unexpectedly busy with other deliveries.

The cervidil is inserted into the opening of the cervix or next to the cervix by the parents' doctor. Sometimes this insertion can be quite uncomfortable. A partner can use coping exercises that they learned in their prenatal classes to help a mother cope with this discomfort but it's also important for parents to know that the sensation of this exam is not an indication of what labour might feel like.



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After the insertion, the pregnant mother will be monitored continuously for 1-2 hours and then parents will be sent home for 6, 8, 10 or 12 hours, depending on the preference of their practitioner. They will also be given instructions on what signs may indicate that they should come back to the hospital earlier than the recommended time (e.g. regular contractions indicating the beginning of labour and water breaking are possibilities).

When parents return to the hospital, if the cervix hasn't changed or hasn't changed enough, another cervidil will be inserted and parents will be sent home again.

So far, from this procedure, you can see how simply because an induction might be beneficial, the process itself doesn't have to be rushed. It may take place gradually over the course of a few days, just as spontaneous labour may build gradually over a few days before established labour is apparent.

The intensity of this point in an induction may be comparable to that of early labour. Some women don't feel that their cramping requires any focus whatsoever, while others will slowly breathe through the sensation. At this point, parents may want to try some of the above mentioned ways of increasing the mother's own oxytocin levels although it's important for parents to do so in a way that calms their nerves and allows them to be restful in preparation for more active labour.

It is possible that labour may come on from the influence of cervidil on its own, however most first time parents will require oxytocin as a part of their induction.

Step 2: Breaking the Water

Once the cervix has ripened enough to begin dilating, the next step is usually to break the water, although this step is optional.

A benefit to having the water broken at this time is that the body's own hormones of labour may build to a greater degree and some women may not need oxytocin once this step has been taken. However, if active labour (contractions 2 min apart) isn't present within a few hours of rupturing the membranes, oxytocin by IV is usually introduced.

A downside to having the waters broken at this time is that the protective membrane separating the baby from the bacterial flora of the vagina is no longer there and the risk of infection is slightly elevated. It is because of the risk of infection that a mother will be



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encouraged to deliver her baby within a certain period of time and can sometimes feel stressed and rushed by this timeline.

It might be most beneficial for parents to ask clarifying questions of their health care team so that they can fully understand the benefit of breaking the water at this step.

Besides breaking the water, their options may also include:

- waiting for the waters to break spontaneously
- waiting for more established labour to break the water

Step 3: Oxytocin

Oxytocin, which is sometimes referred to as Pitocin will be a part of an induction if:

- no labour or no active labour is present following cervidil and ruptured membranes
- the cervix was ripe and required no cervidil but no contractions were present

Oxytocin is administered through an IV and is given continuously until a few hours following the delivery of the baby. The initial amount given to a mother is very small, usually somewhere around 2ml/hr and is increased every 30-60 minutes until contractions are strong and 2-3 min apart. Once this contraction pattern has been reached, the oxytocin is no longer increased.

Studies show that this gradual increase in oxytocin lowers the negative side effects of induction; primarily the overall ability of the mother to cope with labour and health of the baby's heart rate.

Coping with Induction:

It's normal for any labouring women to experience feelings of fear, doubt and surprise when the intensity of her labour shifts, regardless of whether or not oxytocin is a part of her birth. Partners should be prepared to remind a labouring mother that her fear and doubt after an increase in intensity is temporary and that the sensation will feel more manageable once she's more familiar with this new level of sensation.

They may also encourage her to move with the sensation, use a [TENS machine](#) to increase her level of endorphins, allow her short trips to the bathroom to sit on the toilet



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and move around or doing a hip squeeze. Although a mother experiencing an induction will be continuously monitored for her labour, she can continue to do most of the positions and coping practices next to the bed itself. More ideas for coping practices for birth can be found [here](#) and [here](#).

If a mother is still struggling with the intensity of labour when it's time to increase the oxytocin to the next level, the partner may suggest or ask the nurse to wait 15-30 min before the increase. In doing this, the labouring mother has more time to reach a coping mindset and may feel better able to move through the next shift in intensity.

Some women will find that they feel supported in their birth experience with the help of an epidural. The option to use an epidural for coping is available for all of labour. Some women may feel that they'd like an epidural earlier in their labour while others wait until the later parts of labour to ask for it. Still others will not feel that they need an epidural to get through their labour even with the influence of oxytocin.

The choice for an epidural is entirely that of the labouring mothers. Whatever she feels supported by will make a big difference in how she remembers her birth experience. However, it can be very difficult for partners and practitioners to know if their client is really ready for an epidural or if they would actually prefer more support.

For a detailed guide to interpreting when a woman is really ready for an epidural please check out ["Epidurals: A guide for partners wanting to get it right."](#)

Baby's Heart Rate

One of the most commonly discussed side effects of oxytocin is its impact on the baby's heart rate. A review on the procedures of oxytocin administration by Clark et al. (2009) indicate that inductions begun at a low dose of oxytocin and increased gradually over no predetermined period of time significantly reduces the likelihood of a concerning fetal heart rate⁸. Given this change, the changes we've seen in the administration of oxytocin for induction have already relieved the number of circumstances in which baby is negatively affected by oxytocin.

However, if a baby should exhibit decelerations (dips in heart rate) during an induction, it is not usually an urgent or emergency scenario. In most cases, the nurse and doctor will be alerted and the oxytocin will be shut off until baby's heart rate recovers. The



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oxytocin would then be started again at a lower dose to prevent stressing baby during the birth.

* * *

While induction for labour is not necessary the ideal for most parents, there are circumstances where inducing labour may be beneficial for parents or necessary for the health and safety of their family. Simply because an induction may need to take place, is no need to assume that the induction itself must be a rushed and stressful experience.

Through advocacy, collaborating with the health care team, taking a slow approach to the induction itself, coping practices and the use of additional coping tools (TENS machine or medical pain support), parents can minimize or cope with the side effects of an induction and experience their birth as a meaningful event.

During pregnancy, parents can do a lot to minimize the likelihood of a necessary induction by starting in mid-pregnancy to ward off physical indications to warrant an induction and in late pregnancy to increase their natural oxytocin levels.

For more information and resources on the process of induction, coping with an induction and avoiding induction please contact us at info@thenestingplace.ca or refer to the recommended resources below.

Recommended Resources

Books:

The Mother of All Pregnancy Books by Ann Douglas
Ina May's Guide to Childbirth by Ina May Gaskin
Birthing From Within by Pam England

Websites:

www.whattoexpect.com
www.parentcentral.ca
<http://www.bcwomens.ca/HealthTopics/HavingBaby/InductionofLabour.htm>
http://www.babycenter.com/0_inducing-labor_173.bc?page=1



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Podcasts:

<http://www.pregtastic.com/41-weeks-4-days-pregnant-and-counting/>
<http://www.pregtastic.com/kristas-birthing-story/>

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