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The truth about induction

Think you want to have labor induced? Think again. If it's too early, it might be a bad idea.



Don't rush it
You might feel ready to have a baby, but your body might not be ready.

WHEN YOU'RE FEELING HUGE and miserable and rolling over in bed requires intervention, scheduling an induction like a hair appointment seems like a fabulous idea. But there's a lot to consider before you consent. That's because experts agree on the large role failed inductions play in the ever-increasing Cesarean section rate—a record high of 31 percent in 2006.

The American College of Obstetricians

and Gynecologists (ACOG) reports that 20 percent to 40 percent of labors are induced—a number that, along with C-section rates, has doubled in the last decade. A 2005 ACOG study determined that inducing first-time mothers was directly associated with an increased risk for C-section: The rate was 12 percent for spontaneous labor, 23.4 percent for medically indicated inductions and 23.8 percent for elective inductions.

Other complications can stem from the fact that due dates are notoriously inaccurate. The same is true for predicting a baby's size: Inducing for a suspected large baby actually increases C-section risk. What's more, a fetus's lungs are among the last organs to develop; scheduling an induction before 39 weeks may result in delivery of a newborn who needs to spend time in the neonatal intensive care unit (NICU).

Who should be induced?

Sometimes, inducing labor is the safest thing to do. If a baby is showing signs of poor growth or distress or is more than a week or two overdue, he may be healthier if delivered quickly. For mothers with high blood pressure, preeclampsia, uncontrolled diabetes or certain other health conditions, a medically indicated induction may mean the difference between a healthy delivery and a catastrophe.

"Inductions are getting a bad rap because we're doing too many for no reason, but many times they're an appropriate medical tool," says Kim Gregory, M.D., vice-chair of the Department of OB-GYN Women's Health Care Quality and Performance Improvement at Cedars Sinai Medical Center in Los Angeles.

Elective inductions, on the other hand, are scheduled for convenience—to >>

Birth day?
Weigh the options before you decide.

did you know? Inducing labor if the pregnancy goes 42 weeks or longer, rather than waiting for labor to start, is safer for mom and baby and reduces the C-section risk.

eliminate messy schedules, middle-of-the-night deliveries and late-pregnancy discomforts. Many experts speculate that up to 50 percent of inductions are elective.

Your body must be ready

Delivering a healthy newborn vaginally depends on having a cervix—as well as a baby—that's ready. The cervix is assessed by a Bishop Score—a point system of 0–3 on five factors, including how far open and thinned out it is. The higher the score, the greater the chance for a vaginal delivery, while totals under 5 are the biggest risk factor for a C-section (see box at right).

Inductions also can cause medical complications for the mom and baby as well as interfere with labor. Pitocin (a drug that stimulates contractions) requires almost continuous fetal monitoring, which decreases a mother's mobility (evidence suggests moving around can speed labor). If labor progresses slowly, her amniotic sac may be ruptured to accelerate the process, increasing the risk for maternal and fetal infection. Women who experience powerful, painful contractions caused by Pitocin often request an epidural, which, in turn, may affect blood pressure and circulation to the placenta.

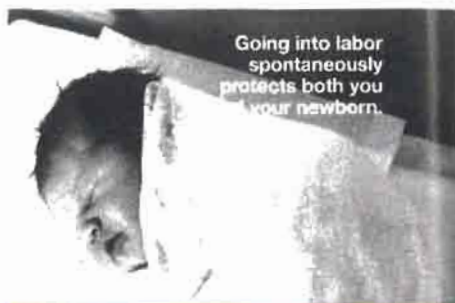
Weigh risks vs. rewards

Although many doctors schedule inductions at 38 weeks, the increase in failed inductions, maternal and newborn infections that result from the membranes being ruptured prematurely, C-sections and NICU admissions has led to stricter guidelines. ACOG states that elective inductions shouldn't happen before 39 weeks unless the baby's lung maturity is determined by amniocentesis. Regardless, elective inductions often happen earlier.

Making the decision to induce requires thoughtful consideration. Sometimes, it's just not worth tak-

ing a shortcut. "If there's a medical indication, that's a no-brainer," says Karen Parker-Linn, a certified nurse midwife in Portland, Ore. "The benefit outweighs the risk. But if a woman's not ready, I won't induce. I'll ask, 'If your baby's in the NICU and they're poking him with yet another IV, was your discomfort more important than preventing that?'" *

Jeanne Faulkner, R.N., is a labor and delivery nurse and mother of four in Portland, Ore.



Going into labor spontaneously protects both you and your newborn.

Want a shorter labor and a healthier baby?

Let nature run its course. Babies delivered before 39 weeks have more complications. So in 2001, Intermountain Healthcare, Utah, whose 21 hospitals handle 30,000 births a year, began to eliminate elective inductions for first-time mothers before 39 weeks. They found that those with a low (0–2) Bishop Score (a measure of how "ripe" the cervix is), even at 39 weeks, had labors that averaged 21 hours and C-section rates of almost 50 percent. With a score of 10, labor lasted 9½ hours and C-sections dropped to 8 percent. The result: Inappropriate elective inductions declined by more than 50 percent.