

The Truth About Pitocin

By Elaine Stillerman, LMT

There is a little publicly known law in New York (Public Health Law, Section 2503), passed in 1978, that requires all physicians and midwives to fully disclose and require informed consent from laboring women regarding the use of all drugs during labor and delivery.

Unfortunately, many care providers fail to tell their patients about the potential side-effects and possible risks involved in administering one of the most common drugs used during labor, pitocin. Pitocin is a synthetic form of oxytocin, the natural hormone that stimulates the onset of labor, promotes a sense of well-being and enhances maternal bonding, given to women to induce or augment labor. It's manufactured from the pituitary extract of various animals, and combined with acetic acid for pH adjustment and less than one percent of chlorotone as a preservative.

The routine use of pitocin is not backed by any scientific data, and the side-effects of pitocin during labor (and sometimes during the third stage of labor to assist the expulsion of the placenta) rarely are discussed with the laboring woman. Regardless of how many labors are induced with pitocin, most of them are not medically necessary.

During the 1980s, Dr. Roberto Caldreyo-Barcia, a former president of the International Federation of Obstetricians and Gynecologists and a renowned researcher into the effects of obstetrical interventions commented, "Pitocin is the most abused drug in the world today." He claimed its use was medically necessary in only about 3% of labors, yet estimates of its use range from 12% to 60%. Often, the drug is administered without the woman's knowledge and she never is told of its potential harmful risk factors.

The *Physician's Desk Reference* supports the use of pitocin only when medically necessary and advises to begin with a minimum dosage to see how the laboring mother tolerates it. The mother should receive oxygen and continuous electronic fetal monitoring, since fetal distress is more common with pitocin use and

needs to be carefully watched.

The natural rhythm of labor is supported by the release of oxytocin in bursts as needed, whereas pitocin is administered as a constant IV drip that confines most women to bed. This decreases their ability to control the escalating pain caused by drug-induced uterine activity, and laboring women are more likely to require pain medication that slows labor. Think of the dichotomy: pitocin is administered to speed up labor, but the increased level of pain requires medication that slows it down. In addition, pitocin often has no effect on cervical dilation even though the contractions are much stronger.

Pitocin might cause a tumultuous, difficult labor and tetanic contractions, rupture of the uterus and dehiscence of a uterine scar, lacerations of the cervix, retained placenta or postpartum hemorrhage. Postpartum perineal and pelvic floor pain is increased as a result of augmented uterine contractions. Fetal complications might include fetal asphyxia and neonatal hypoxia, physical injury and neonatal jaundice. The use of pitocin also might be a factor in cerebral palsy from deprived oxygen and autism.

Dr. Eric Hollander of Mount Sinai Medical Center in New York presented a theory at a 1996 annual meeting of the American Psychiatric Association that linked autism with pitocin-induced labors. He put forward the idea that pitocin interferes with the newborn's oxytocin system that results in the social disabilities of autism. When he gave autistic children oxytocin, it made them four times more talkative and twice as happy, although some patients did not respond.

(Author's note: consider how the heightened, augmented uterine contractions might impact the soft fetal cranium and its possible injurious affect on the cranio-sacral system.)

Pitocin was first synthesized in 1953, and became available for use two years later. By 1974, it was an established medical fact that its failure rate was 40% to 50%. In 1978, an FDA advisory committee removed its approval of pitocin for the elective induction of labor. Interestingly, the drug never was approved by the FDA for use in augmenting labor.

While not all women and their babies are harmed by the use of pitocin, there are natural ways to coax labor that are rather effective and have no potential risks. Orgasms cause the release of oxytocin that might initiate the onset of labor in late pregnancy. Sex always has been a recognized method of starting labor. Sperm contains prostaglandins that encourage the cervix to ripen. Spicy foods, long walks, nipple stimulation, certain herbs such as blue cohosh (Excessive amounts of blue cohosh might raise maternal blood pressure to

dangerous levels and might have an overdosing effect on the baby. A naturopath or herbalist should be consulted before recommending this or any herb to your pregnant clients), the use of castor oil, acupuncture, massage and general relaxation techniques might all be effective in initiating labor without the harmful side-effects of pitocin.

Labor is a complex physiological function that begins with the harmonious synchronicity of the fetus, mother and placenta. Any intervention of these essential participants offsets the balance and rhythm of labor. Babies, like fruit, ripen in their own time. The best way to promote a healthy pregnancy, labor and birth is to let the forces of nature work at their own pace.

Resources

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