

# IS THE PIT BULL?

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In one day's time I received two calls asking about the relationship between the administration of pitocin and neurologically compromised infants at birth and my intuitive antennas went off. Pitocin is a synthetic version of oxytocin the naturally produced hormone in the laboring woman. It is preferably administered through IV. As with all drugs, it does not come without its side effects, the most common being increased blood pressure in both the mother and child. Even the American Academy of Pediatrics agrees that no drug has been tested as safe for the baby in utero.

Pitocin is used for either labor induction or labor enhancement (what an inappropriate use of that term!) The use of pitocin does not, however, duplicate the natural progression of labor. Pit induced labors have longer, harder and more painful uterine contractions. Additional reported risks of induction are:

*For the mother:* higher rate of complicated labors and deliveries, greater need for analgesics and anesthetics, postpartum hemorrhage and a higher rate of placental rupture and separation life-threatening to both the mother and baby.

*For the baby:* induction causes fetal distress, a higher rate of jaundice, a greater chance of a prematurity, low apgar scores at 5 minutes, permanent central nervous system or brain damage and fetal death. <sup>1</sup>

In either induced or enhanced use of pitocin, the blood supply (and therefore the oxygen source) to the uterus is greatly reduced. With naturally paced contractions, there is a time interval between contractions allowing for the baby to be fully oxygenated before the next contraction. In induced or stimulated labor, the contractions are closer together and last for a longer time thus shortening the interval where the baby receives its oxygen supply. Reduced oxygen could have life-long consequences on the baby's brain.

It is the belief (not necessarily the practice) in the medical profession that induction should occur when the risk of continuing pregnancy presents a threat to the life of the mother or baby. These situations include: some severe diabetics, kidney disease, severe preclampsia, severe high blood pressure, kidney disease, and an overdue pregnancy where a danger to the fetus has been proven. If induction were carried out only when these conditions were present, at most, an estimate of 3% of births would be induced. <sup>2</sup>

In reality though, due date paranoia remains the most common reason for induction and the consequent use of pitocin. Surprisingly, studies on the due

date calculations revealed frightening evidence. Firstly, the due date varies significantly between first time pregnancies and subsequent pregnancies.<sup>3</sup> Also, maternal race has been shown to be a determining factor in gestation time.<sup>4</sup> Another variable to the accuracy of the due date is the recent dependence of ultrasound as a reliable criteria for infant size and gestational age. First trimester measurements have an error bar of  $\pm 5$  days, increasing to  $\pm 8$  days in the second trimester and are as high as  $\pm 25$  days in the third trimester!<sup>5</sup> Bigger fetuses are assumed to be older and in studies where the ovulation date was known 70% of women who were classified as postdates were incorrectly dated.<sup>6</sup>

Furthermore, studies on induction have shown that 30% of fetuses testing normal developed fetal distress when labor was electively induced and the cesarean rate was 15% verses 2% for spontaneous labor.<sup>7</sup>

Using pitocin to *enhance* labor leads to an increase in epidurals, and therefore obstetric intervention during birth adding additional risks to both the mother and baby. (See ICPA Newsletter Jan/Feb, 1999). And finally, a controlled randomized study showed that the use of pitocin to stimulate labor was not as productive for the progression of labor as allowing mothers to change positions during labor by walking, sitting or standing.<sup>8</sup> giving the mother back control of her body--what a novel idea and topic for a future newsletter.

As more and more interventions are added to the birth process, the cause of birth trauma is proportionately rising. It is our job as chiropractors to continue to educate mothers about the choices they have in birth and help reduce the devastating effects birth trauma is having on their babies' delicate nervous systems. It is a huge job ahead of us, yet I know chiropractors have the passion and the means to make it happen!

1. ["A Good Birth, A Safe Birth" Diana Korte and Roberta Scaer](#)
2. Caldeyro-Barcia R. "Some consequences of obstetrical interference. Birth Spring 1975; 2(2)
3. [Mittendorf R, Williams MA, Berkey CS, Cotter PF. The Length of uncomplicated human gestation. Obstet Gynecol 1990; 75\(6\): 929-932](#)
4. [ibid](#)
5. [Otto C, Platt LD. Fetal growth and development. Obstet Gynecol Clin North Am 1991; 18\(4\) 907-931](#)
6. [Nichols CW. Postdate pregnancy. Part I. A literature review. J Nurse Midwifery. 1985; 30\(4\):222-39](#)
7. [Devoe LD, Sholl JS. Postdates pregnancy. Assessment of fetal risk and obstetric management. J Reprod Med 1983; 28\(9\): 576-580](#)
8. [Read JA, Miller FC, Paul RH. Randomized trial of ambulation versus oxytocin for labor enhancement: a preliminary report. Am J Obstet Gynecol. 1981;139\(6\):669-72](#)