



Chiropractic Newsletter

Well-Being

Induction

The “ARRIVE” study was recently published in the New England Journal of Medicine, stating that being induced at 39 weeks lowers the risk of cesarean by 3 to 4%, compared with waiting until at least 40 weeks and 5 days to be induced. Here’s why the study may not apply to you:

You want to wait until your body goes into labor naturally. The ARRIVE study did not exclusively compare people who were induced with people who went into labor naturally. In many cases, it compared people being induced to other people being induced. Participants were either induced during the 39th week of pregnancy OR, if they did not go into labor naturally, they were typically STILL induced at 40 weeks and 5 days. The “expectant management” group included inductions.

You would not choose an elective induction before hearing about this study. Of 22,533 participants eligible to participate in the ARRIVE study, only 27%



(6,106) agreed to participate.

You are planning no epidural. ARRIVE participants were all planning medicalized births, most had epidurals. The study did NOT compare people who were planning to birth naturally who were induced with people who were planning to birth naturally who were not induced.

You are not birthing at a hospital that participated in the arrive study. The ARRIVE study focused exclusively on hospitals using the latest, progressive, long induction protocols, which have a significantly lower risk of cesarean. These protocols are not standard at many hospitals. Other protocols carry a

significantly higher risk of cesarean.

You plan to choose your own birthing position. The vast majority of ARRIVE participants probably birthed on the bed on their backs, most likely in lithotomy position based on the general finding that the majority of planned hospital births occur in this position.

You do not want continuous monitoring. Being induced required continuous fetal monitoring.

Freedom of movement is important to you. Choosing induction required continuous fetal monitoring, which can restrict freedom of movement.

You don't want an IV. You must have an IV if you are induced with Pitocin.

You're not in your early 20's. The average age of ARRIVE participants were 23–24 years of age.

You have given birth before. The ARRIVE study only included participants who have never given birth before.

You are focused on lowering your risk of cesarean by more than 3-4%. The following factors can lower the risk of cesarean by as much as 60%.

1. Hiring a doula
2. Having an out-of-hospital birth
3. Choosing a midwife as your provider
4. Laboring or birthing in water

Are there benefits to waiting for labor to start on its own? Yes. Inducing labor disrupts a complex set of hormonal interactions that prepare the baby for life in the outside world, orchestrate the birth process, help mother and baby cope with the stress of labor, promote successful breastfeeding, and foster attachment between mother and child.

How likely are babies to outgrow their mothers' ability to birth them? Not very. The percentage of macrosomic babies ($\geq 4,000$ g) changes very little over the last few weeks, and even so, woman are quite capable of birthing large babies.

— Caitlin Clarke, D.C., PW Issue 60

