There is a little-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 healthcare 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, a registered trademark of JHP Pharmaceuticals, 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. Pitocin is given to women to induce or augment labor. It is manufactured from the pituitary extract of various animals, combined with acetic acid for pH adjustment and less than 1 percent chloretone as a preservative.
The routine use of Pitocin is not backed by any scientific data, and the side effects of its use 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, former president of the International Federation of Obstetricians and Gynecologists and a renowned researcher into the effects of obstetrical interventions, declared that “Pitocin is the most abused drug in the world today.” He claimed its use was medically necessary in only about 3 percent of labors, yet estimates of its use range from 12 to 60 percent. 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. Pitocin, in contrast, 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 on Pitocin 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 it induces are much stronger.

Dangerous Consequences

Pitocin can 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, due to oxygen deprivation, and autism in the child.

At the 1996 annual meeting of the American Psychiatric Association, Dr. Eric Hollander of Mount Sinai Medical Center in New York presented a theory 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 some of them four times more talkative and twice as happy, although some patients did not respond.

Consider how the heightened, augmented uterine contractions associated with Pitocin might impact the soft fetal cranium, and the possible injurious effect on the cranio-sacral system that could result.

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 percent. 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.

Safe Alternatives for Labor While not all women and their babies are harmed by the use of Pitocin, there are effective, natural ways to coax labor without risk. Sex always has been a recognized method of starting labor. Orgasms cause the release of oxytocin that might initiate the onset of labor in late pregnancy. Sperm contains prostaglandins that encourage the cervix to ripen. There are numerous other ways to induce labor, as well. Spicy foods, long walks, nipple stimulation, the use of certain herbs (including blue cohosh*), 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.
* Excessive amounts of blue cohosh can 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 pregnant clients.

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