Method	Reason for Use	Downsides	Benefits	Implementation
Natural Methods -Herbal Supplements -Castor Oil	-No need for medical induction -Easy to implement -Low risks	-Herbal supplements carry risks of their own and should be taken under direction of a medical caregiver. Other natural methods have few or no risks. Side effects are mainly increased discomfort. -Castor oil may be linked to intestinal discomfort in baby and mom and has been shown to produce meconium in baby prior to birth.	-Can bring labor sooner if the body and baby are ready for birth. -No/low risks -No need for hospitalization to implement -Does not require birth to take place within a certain time frame.	Self implemented at home but should be done under the direction of a caregiver
-Sex -Walking/exercise -Massage/Accupuncture	-No need for medical induction -Easy to implement -Low/no risks	-Risks only appear to exist if mother is on limited activity or bed rest	-Beneficial even without intention of labor induction -Can bring labor sooner if the body and baby are ready for birth. -No/low risks -No need for hospitalization or monitoring of any kind to implement -Does not require birth to take place within a certain time frame.	Self directed
External Methods -Nipple Stimulation -Sweeping of membranes	-Little or no need for medical induction -Easy to implement -Risks lower than other artificial induction means	-Discomfort/contractions with no labor progress -**Nipple Stim**--hyperstimulated uterus and lowered blood flow to baby -**Sweeping of membranes**—infection and/or AROM -Implemented by/under the supervision of a caregiver.	-Can bring labor sooner if body and baby are ready for birth -Easy to implement—low tech -Does not require birth within a certain time frame if it is not effective. -Can sometimes be used as a more natural and less invasive alternative to start labor in a circumstance where medical induction is needed. -Nipple stim can be stopped if it is having undesired effects.	-Nipple Stim is self implemented, although under the instruction and/or supervision of a caregiver; some caregivers will give instructions for nipple stim to be done at home. Some caregivers may request nipple stim be done under monitoring to insure uterus is not overstimulated and baby is well oxygenated. -Sweeping of membranes is done by the caregiver, usually during a routine office appointment. The caregiver inserts a finger between the cervix and membranes and manually separates them, which releases prostaglandins.
Artificial Rupture of Membranes	-To augment labor that has stalled, to improve progress in an induction with other methods, or to trigger contractions if there is advanced dilation (usually 5 cm or more) but an ineffective or absent contraction pattern	-Risk of infection -May or may not start or help labor -Baby must be born within 24 hrs -Constant monitoring -Antibiotics given after 12-18 hours of rupture -Risk of rupture to placenta/placental veins	-Evidence shows that AROM may shorten labor by up approximately 45 minutes. -May reduce need for further induction interventions depending on the situation and stage/phase of labor -Easy to apply	-Caregiver inserts an amniotomy hook into the vagina/cervix and “hooks” the fetal membranes, rupturing the bag of water—usually in the hospital during already established labor/induction.

		-Risk of stress to baby -Heightened pain	-Does not restrict movement. -No need for IV/supplemental fluids.	
Prostaglandin Methods -Cytotec (misoprostol)	-To start labor process if bishop score is low (cervix is unready) usually less than 2 cm dilated and 50% effaced. -Cytotec is cheap, easy to obtain	-Not approved by the FDA for use in pregnant women. -Can cause hyperstimulated uterus, which increases risk for uterine rupture and postpartum hemorrhage as well as stress to the baby and risk for amniotic emboli. . -These methods may take quite some time and require application over a time period of hours or even days. -Implemented in the hospital under constant monitoring, at least during the initial hours after application -No way to "undo" dosage if undesired effect result.	-Evidence shows that prostaglandin application does soften and prepare the cervix for acceptance of Pitocin -Some women need no Pitocin after application of these methods -Easy to apply, although more invasive than other techniques. -Does not restrict movement after the initial application (most patients must lay down for an hour for optimal application) -No need for an IV or fluids	-Applied in pill form to the cervix –25 mg every four hours or until desired effects take place. Caregiver may allow the patient to return home after the initial application and 4 hours of monitoring if progress is not immediately taking place.
-Cervidil	-To start labor process if bishop score is low (cervix is unready) usually less than 2 cm dilated and 50% effaced.	-Has the same, although lower, risks of side effects as cytotec—in some women it may increase risk for DIC -Implemented in the hospital under constant monitoring, at least during the initial hours after application -No way to "undo" dosage if undesired effect result.	-Evidence shows that prostaglandin application does soften and prepare the cervix for acceptance of Pitocin. -Cervidil is approved for use for induction of labor. -Some women need no Pitocin after application of these methods -Easy to apply, although more invasive than other techniques. -Does not restrict movement after the initial application (most patients must lay down for an hour for optimal application) -No need for an IV or fluids	-Can be applied in several forms—pill, cream, or paper strip—applied directly to the cervix. Usually cervidil is gentler and takes a bit longer to work than cytotec.
Mechanical Methods -Foley Bulb -Manual Dilator (laminaria tent)	-To enhance an induction if the above methods are less than effective and cervix still needs to be dilated/softened in advance of Pitocin application. -Rarely to start the induction process	-Risk for infection -Limits mobility -Increases discomfort/pain -Progress made by these methods may regress once they are removed -Not widely used/available	-Non-pharmaceutical -Lower risks and side effects than other induction methods. -Some women may not require any other induction methods be used in combination with it as these methods can be effective in starting labor on their own.	-Foley Bulb: The balloon portion of a Foley catheter, used to keep the bladder empty, is inserted, deflated, into the uterus either by having your practitioner visual the cervix as in a speculum exam or with the fingers, feeling that the balloon is between the amniotic sac and the lower uterine segment (bottom of the uterus). The balloon is then inflated with saline solution and left in place. Sometimes other

				methods are used to apply pressure to the catheter. Sometimes this involves weights, like a liter of fluids or even pulling or tugging on the catheter 2-4 times per hour. -Laminaria Tent: Laminaria is a type of seaweed that is native to Japan. Laminaria seems to be able to form a thick, sticky gel when it comes into contact with water. This allows laminaria to work as a bulk laxative. It also allows laminaria "tents" that have been placed inside the cervix to expand the cervix for procedures or to "ripen" the cervix and speed up the onset of labor. These laminaria tents absorb water, gradually swelling to a diameter of 1/2 inch over 4-6 hours. This swelling causes the cervix to expand, and that can bring on labor
Pitocin	-To stimulate an active and effective contraction pattern in either an induction or stalled labor in conjunction with a higher bishop score usually a score of 5 or greater, (favorable cervix) that has either naturally or artificially (through the means above) begun to soften and dilate—usually >2 cm and 50% effaced.	-Increases pain -Maternal Risks: umultuous labor and tetanic contractions, which may cause premature separation of the placenta, rupture of the uterus, laceration of the cervix or postbirth hemorrhage -Fetal Risks: fetal asphyxia and neonatal hypoxia from too frequent and prolonged uterine contractions, physical injury and prematurity if the due date is not accurate. -Limits mobility -Increases risks for other interventions (i.e., epidural, csection) -Has been linked to autism	-Shown to be effective at starting and maintaining labor if cervix is prepared.	Implemented under caregiver supervision in the hospital in conjunction with continuous monitoring, IV fluids, and regular cervical exams. Administered in units with a minimum of 2 and a maximum of 20, usually increasing by 2 units every hour.