Standard Procedure - Nipple stimulation to induce/augment labour

Purpose: Nipple stimulation is a non-medical intervention allowing women greater control over the induction/augmentation process. It is not associated with adverse fetal reactions and may be attempted to decrease the need for an oxytocin induction or cervical ripening.

Important points to consider:

- Remember that breasts have cultural attitudes associated with them and that privacy/modesty should be considered in providing care
- Uterine tachysystole can easily be controlled by adjusting stimulation.
- Breast stimulation is economically beneficial as compared to other pharmacological agents; hence, it is useful in low resource settings
- Breast stimulation was not demonstrated effective for inducing labour when cervix is unfavourable (Bishop's score of 4 or less).

BISHOP PELVIC SCORE	0	1	2	3
Dilatation (cm)	0	1-2	3-4	5-6
Effacement (%)	0-30	40-50	60-70	80+
Station	-3	-2	-1/0	+1/+2
Consistency of Cervix	Firm	Med	Soft	------
Position of Os	Posterior	Mid	Anterior	------

Procedure:

1. Discuss with primary care provider prior to implementation
2. Monitor fetal heart tones as per Fetal Health Surveillance in Labour guideline. The requirement for nurse/midwife to remain in the room may be assessed individually.
3. Monitor maternal vitals as per Routine Care of the Laboring Patient guideline.
4. Instruct client to use unilateral or bilateral nipple stimulation by hand or by breast pump. Stimulation should be alternated between breasts for improvement of Bishop's Score. For labor augmentation, bilateral nipple stimulation as outlined below.
5. There is no standardization regarding length of stimulation and length of rest. There is agreement that stimulation should be paused/stopped if uterine tachysystole occurs. Rest periods should be alternated with periods of stimulation. Either of the following cycles may be used: up to
    - 15 minutes of stimulation, 15 minutes rest.
    - 10 minutes of stimulation, 5 minutes rest.
6. Consider other interventions if active 1st stage of labour has not occurred with 2 hours of stimulation.
7. Document the method of stimulation chosen, duration of both stimulation and rest. The resulting changes noted in contractions and cervix.
8. For hand stimulation, instruct the patient to gently roll or rub her nipples and areolas with her palm or fingers. This may be done through a thin layer of clothing.

Equipment:

Breast pump with bilateral/ unilateral attachment.

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