

5 Reasons Why Your Birth Can Affect Your Baby and Your Parenting

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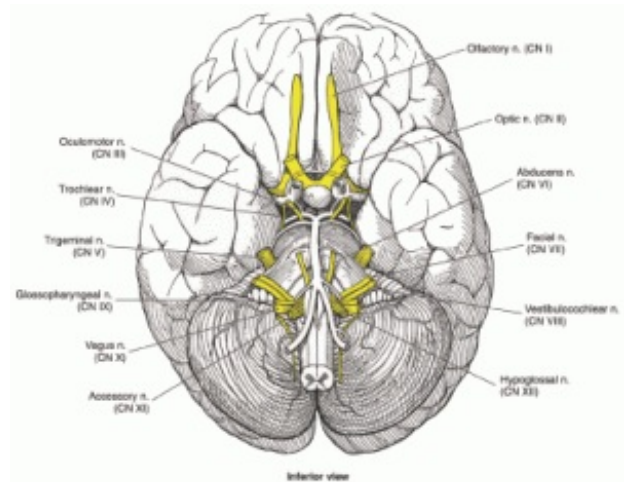
When I meet a new mum, dad and baby for the first time at a consultation for colic and sleep I always start with the same question:

“tell me about your birth”

Mostly it's met with confusion, wrinkled eyebrows and exchanged curious looks, very often they ask me “why?” straight back. After all they haven't come to see me to talk about their birth, they're here to see me to work out why their baby cries so much. To me though the two are so inextricably linked it is impossible to understand the issues they are having with their newborn unless we go back to the beginning (sometimes the cause goes even further back – I'm very aware of that!). So, here's why I ask that question and why I believe that any professional working with new parents **MUST** consider the baby's birth in order to really help:

1) The birth can have lasting physical consequences for the baby

If a baby is born by C-Section, ventouse or forceps my ears always prick up immediately, especially if the labour has been long and involved malpresentation. I work very closely with a local chiropractor who specialises in working with new babies and over the years I have learnt an awful lot from her. Imagine if your head had been crooked at an unusual angle for several weeks, then imagine that somebody was pushing your head into that position even harder for a whole day, you'd have a headache and neck ache right? I have seen babies in obvious discomfort, several with torticollis unable to turn their head – aside from the discomfort this can also have an effect on feeding – several mums have said “he just won't feed from that side and cries whenever we try” – they hadn't considered it might be painful for their baby to turn their head to do so. Also when you start delving into the world of cranial nerves even more the



whole issue becomes more complex. During labour the baby's cranial bones move and overlap (think of a cone headed newborn!), this is normal and the bones usually return to their normal position over a few days after the birth, mostly via the process of the baby sucking (and the movement of the upper and lower jaw) which stimulates the base of the skull via the palate. Sometimes however things don't return to normal and often abnormal skull compression becomes noticeable via the baby's feeding habits and need to suck much more than usual. If the baby's vagus nerve (the nerve directly linked to digestion) is compressed this can also have noticeable effects on a baby's digestive system causing pain. All of this is more likely to happen if the labour is long, the baby is malpresented (I often notice babies who laid in an asynclitic presentation during labour are more fussy) or is born via emergency section, forceps or ventouse. Visiting a good chiropractor or cranial osteopath can make a profound difference for some new parents and babies. I believe in this so passionately I believe it should be available on the NHS, after all we check a baby's hearing after birth – why not his skull and spine?



2) The birth can have lasting physical consequences for the mother.

Again, in my utopian world all new mothers would be visited by a chiropractor or osteopath. Having suffered from hideous SPD (now known as PGP) during pregnancies 1 and 2 it wasn't until no.3 I discovered that – hey pregnancy didn't have to hurt! I was literally changed woman. I was lucky in that I only suffered during pregnancy, but I have known plenty who continued to suffer after the birth, this affected their posture, but standing and seated and the constant discomfort slowly begins to erode into the psyche, along with the discomfort experienced whilst breastfeeding, often meaning babies are latched poorly – and we all know where that leads. It's not just the pelvis and spine that matter though. I have met too many women suffering with perineal trauma, poorly stitched episiotomies and the like which not only cause great physical discomfort, but emotional too – which naturally has a knock on effect long after the event.



3) The birth can have lasting psychological consequences for the baby

Even those that have gone supposedly “well” or have been “natural”. The two big culprits to look out for here are the use of exogenous oxytocin (aka syntocinon/pitocin depending on where you’re reading from!) and what happened immediately after birth. Let’s start with the artificial oxytocin. It’s impossible to talk about this without mentioning Michel Odent. In his article “If I were the baby: questioning the



widespread use of synthetic oxytocin” Michel discusses the blood flow from mother to baby via the placenta and states the permeability is higher in the mother-foetal direction than vice versa (i.e: blood travels from the mum to baby via the placenta easily – so too therefore does whatever substance is travelling in the mother’s blood), Michel’s concern is the “oxytocin-induced desensitization of the oxytocin receptors”. “In other words, it is probable that, at a quasi-global level, we routinely interfere with the development of the oxytocin system of human beings at a critical phase for gene-environment interaction”. What does this mean in reality? well we know that when artificial oxytocin is put into the maternal blood stream during labour so to it enters the babies and can have profound and lasting consequences on the neurophysiology of the baby for the rest of their life.

Michel goes on to say “we now have scientific evidence that explains how the capacity to love develops through a complex interaction of hormones, hormones that are secreted during many experiences of love and close human interaction including sexual intercourse and conception, birth, lactation, and even sharing a meal with loved ones. The role of oxytocin, the “love hormone,” is particularly important. Natural oxytocin delivered by human touch, but not synthetic oxytocin delivered by an intravenous drip, has important effects on many organs in the body, including the brain. “ Those important effects, Odent theorises, can cause the baby to grow with damaged oxytocin receptors which he links to raising levels of autism, anxiety, stress and disturbed ”self loving” – including higher levels of anorexia, drug and alcohol dependency.

Not to mention on another level how traumatising birth is for babies – and here I am not implying birth needs to be traumatic for babies, when I trained in baby massage with Peter Walker he said to us “what if the process of birth was the very first massage we receive? what if birth is a pleasurable experience for the baby?” this really made me think – it’s what they are born into that is more traumatic – bright lights, rough handling, scratchy towels, cold instruments, latex gloves, cord clamps, silly hats and scratch mits, injections or bitter tasting oral drops. It’s no wonder babies cry when born!



I was intrigued to learn of the importance of amniotic fluid in calming babies. When you think of this more deeply it's kind of obvious – a baby spends 9mths in amniotic fluid – it is what you might call “a constant”, naturally then the scent of the fluid on their skin (and that of their mother) after birth will be calming to them, reminding them of home you might say – yet, what do we do? we wipe it off, dry them and wrap them up in a rough towel – despite the fact there is sound scientific evidence to suggest this is the wrong thing to do – babies whose amniotic fluid is not wiped off after birth cry significantly less (ref: H. Varendi et al., “Soothing effect of amniotic fluid smell in newborn infants,” *Early Hum Dev* (Estonia) 51, no. 1 (Apr 1998): 47-55) – and this is without even discussing skin to skin to contact (which we'll do below).

4) The birth can have lasting psychological consequences for the mother.

On a continuation of the above theme. We know that the blood brain barrier prevents artificial oxytocin from entering the brain – this may not seem important when you are told that you need an oxytocin drip to “speed up” or even start your labour – or when you are told it's best you have an injection to deliver your placenta and prevent blood loss (all of which contain synthesised oxytocin) – but when you understand that this results in a direct lack of oxytocin circulating the maternal brain we begin to realise quite what catastrophic effects the usage off these supposedly “safe” chemicals can have upon the bonding of mother and child and the initiation (and even long term success) of breastfeeding. We know oxytocin is the hormone of love and if we are depriving mothers of this in their brain it doesn't take a rocket scientist to work out how we may be damaging the love process between mother and baby. So often I work with new mothers ashamed to admit that they still dont know if they really love their babies or that it took them a long time, that there was no instant “rush of love”. I have experienced it both ways. My first two births were syntocinontastic, the first one I had “failed to progress” (or they had failed to wait – you decide!) and thus it was deemed my failure of a body couldn't get my baby out without a drip to ramp up my contractions, I was then injected with syntometrine against my consent (i.e: I wasn't even asked for consent – “I'm just giving you the injection for the placenta now dear” – jab and in it went before I had a chance to say anything) – my second birth was an induction for pre-eclampsia and I was told I HAD to have syntometrine because I was ill/had been induced (yes I know – I was young and naive, I know a lot more know and only wish I could turn back the clock!). Did I get that instant rush of love with those babies? Was breastfeeding easy? No. My last two babies were dramatically different though. My third



son arrived at home, in a birth pool, in my dimly lit living room with an incredibly respectful midwife who didn't touch us at all. Nobody, but me, laid hands on him until he was 3 days old. Oh my goodness now I knew what they meant by "love at first sight". within 30 minutes of his birth (still in my arms in the pool) I would have died for him – it was as if I was a bubble of golden, warm love. I have never felt so high, drugged or drunk in my life. THIS is how it should be and this was how it was for my last baby too, a birth very similar to my third. The love was chemical and instant. I look at photos of my first two births and I can see shadows of the pain and indignity I had suffered, the trauma I had endured and the sheer relief it was over. Those same feelings of inadequacy, grief and confusion that lasted for years after the event. Is it any wonder why so many new mothers find it hard to bond with their baby? hard to interpret their cries? hard to hear their instinct? we strip so many mothers of the chemical euphoria they should experience and pay no attention to the after effects. If you can identify check out [THIS](#) article for some tips to help you to recover. You could also get in touch with [Birth Crisis](#) who are fantastic.

5) The birth can have lasting psychological consequences for the father.

All too often we forget about the dads, but birth can be – and is – an immensely emotional event for the father, both positively and negatively. Nobody seems to care about the dads though, nobody holds their hand and tells them they are doing well, nobody hugs them and listens to their worries or tells them "it's OK" to cry. We expect them to be a tower of strength and support – yet where is their support? the sooner we catch onto this the better. As a



doula I now firmly believe my role is 10% supporting the mum (if birthing women are left alone they pretty much don't need help from me or anyone else) and 90% support the dad, it's funny but a lot of expectant fathers are reluctant when it comes to the idea of employing a doula, the mothers are often much, much keener and the dads worry that they will feel left out. In reality it couldn't be further from the truth and research indicates at births with a doula present the partner is more supportive and more involved. Anyway, I'm starting to digress, my point here is that when birth goes well it can be an amazing high for the dad too – it can help him bond with his baby almost as instantly as the mum, but when it goes bad.....oh when it goes bad....I have been at a couple of ventouse births and episiotomies now, sitting at "the business end" and sometimes the visions and noises still haunt me – how must it feel to see your partner in distress – being cut or having a baby pulled out of her with great force? and then being sent home, alone, 2 hours later if your baby was born outside of visiting hours, yet we don't seem to understand how traumatic witnessing a birth such as that can be for a dad – and the impact that can have upon his

transition to fatherhood. Indeed we know when dads are supportive of breastfeeding the mother is much more likely to be successful and feed for longer, the birth can have a big impact on the dad and thus impact on the support he is able to give to his partner.

There is so much more I could write here, but I'm wary that I'm up to 2500 words already so I'll revisit this some other day.

What do I do with the information that is given to me about the birth from the new parents? most of the time, nothing (sometimes I'll suggest a visit to a chiropractor, breastfeeding counsellor or birth afterthoughts midwife or a telephone call to the birth trauma association but rarely) – I listen and I listen some more. For that mum or dad it may be the first time somebody has listened and never underestimate the impact that feeling listened to can have on somebody's state of mind.

Next time you meet a new mum with a colicky baby – think about asking her about her birth.

Sarah