Microbirth: Why 'Seeding Baby's Microbiome' Needs to Be on Every Birth Plan

huffingtonpost.co.uk/toni-harman/microbirth-babys-mircobiome_b_4947959.html

13 March 2014

Two amazing events happen during childbirth. There's the obvious main event which is the emergence of a new human into the world.

But then there's the non-human event that is taking place simultaneously, a crucial event that is not visible to the naked eye, an event that could determine the lifelong health of the baby. This is the seeding of the baby's microbiome.

Image supplied by Toni Harman

As the fetus grows in the womb, it develops in a near-sterile environment relying on its mother for protection. But when the baby emerges, it is entering a world of bacteria, some of which are bad (pathogens) but some of which are good.

In the weeks and days leading up to birth, specific species of good bacteria are migrating to key locations in the mother's body and are transferred to the baby during and immediately after birth via the birth canal, immediate skin-to-skin contact and breastfeeding. The role of these good bacteria is to train the baby's human cells to distinguish between what is "friend" and what is "foe" so that its immune system can fight off attack from pathogens. This process kickstarts the baby's immune system and helps to protect the infant from disease for its entire lifetime.

However, with interventions like use of synthetic oxytocin (Pitocin / Syntocinon), antibiotics, C-section and formula feeding, this microbial transfer from the mother to baby is interfered with or bypassed completely. For babies that enter the world by C-section, their first contact could be with bacteria that is resident in hospitals and from strangers, i.e. not with the special cocktail of bacteria from the mother.

The latest scientific research is now starting to indicate that if the baby is not properly seeded with the mother's own bacteria at birth, then the baby's microbiome, in the words of Rodney R Dietert, Professor of Immunotoxicology at Cornell University, is left

"incomplete". Consequently, that baby's immune system may never develop to its full potential, leaving that infant with an increased risk of developing one or more serious diseases later in life.

The discovery of the microbiome is an exciting moment in human history. The insight it gives into the existence of the trillions of bacteria that live on us and in us potentially offers the medical community a new way to treat disease. Even more importantly, it also offers the possibility of helping to prevent disease in the first place. And it all starts with birth.

This is the subject of our next feature-length documentary 'MicroBirth'. The film shows that what happens during childbirth has implications for the future health of our children and potentially for the whole of mankind.

This is why I believe all parents, healthcare providers, hospital administrators and even politicians need to be aware of the importance of seeding the baby's microbiome with the mother's own bacteria. Even if vaginal birth isn't possible, then immediate skin-to-skin contact and breastfeeding should be fully supported and encouraged by all healthcare providers to help ensure the baby's microbiome is still seeded with the mother's own bacteria.

Apart from the obvious gift of life, the seeding of the baby's microbiome is perhaps the second greatest "gift" a mother can give her baby.

And that's why I believe right now it should be on every birth plan.

With just a couple of days left of the 'MicroBirth' fundraising campaign, if like me, you believe increased global awareness of this issue could help improve the life-long health of our children, please think about contributing to this campaign or even consider holding one of what I hope will be thousands of simultaneous World Premiere screenings this September to create the biggest possible impact.

Perhaps, if we achieve our goal and everyone does become fully aware of the importance of seeding the baby's microbiome with the mother's own bacteria, then maybe it won't need to be on any birth plan in the future. It would just be something that is automatically assumed. After all, isn't protecting the future health of our children something that every mother and healthcare provider ultimately wants?