Five Reasons Your Birth Can Affect Your Baby and Your Parenting

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When I meet a new mom, dad, and baby for the first time at a consultation for colic and sleep, I always start by asking them to tell me about the birth. Mostly I’m met with confusion, wrinkled eyebrows, and curious looks. Very often they ask me why. After all, they haven’t come to see me to talk about their birth—they’re here 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!)

Here’s why I ask that question, and why I believe that any professional working with new parents must consider the baby’s birth 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, especially if the labor was long and involved malpresentation. I work closely with a chiropractor who specializes in working with new babies, and over the years I have learned 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 it into that position even harder for a whole day. You’d have a headache and neckache, right? I have seen babies in obvious discomfort, several with torticollis, unable to turn their heads. “He just won’t feed from that side, and cries whenever we try,” several moms have told me. They haven’t considered it might be painful for their baby to turn his head to do so.

The whole issue becomes more complex when you start delving into the world of cranial nerves. During labor, a baby’s cranial bones move and overlap (think of a cone-headed newborn). This is normal, and the bones usually return to their proper position over a few days, mostly thanks to the baby sucking—the movement of the upper and lower jaw stimulates the base of the skull through the palate. Sometimes, however, things don’t return to normal. Often abnormal skull compression becomes noticeable in a baby’s feeding habits, and he needs to suck much more than usual. If the baby’s vagus nerve is compressed, this can also have noticeable effects on his digestive system, causing pain.

All of this is more likely to happen if the labor is long, if the baby is malpresented, or if he is born via emergency C-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 think it should be available on the NHS. We check a baby’s hearing after birth, after all—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. During my first two pregnancies, I suffered from hideous pelvic girdle pain (PGP); it wasn’t until my third pregnancy that I discovered that pregnancy didn’t have to hurt. I was a changed woman. I was lucky in that I only suffered during pregnancy, but I have known plenty of women...
who continued to suffer after their births. It affected their posture, both standing and seated, and the constant discomfort slowly began to erode their psyches. This is compounded by the discomfort some women experience while breastfeeding (often a sign that a baby is latched poorly). 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 trouble, too. This naturally has a knock-on effect long after the event.

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

Even in births that have gone supposedly well, or have been natural, there are sometimes overlooked consequences. Two big culprits to look out for are the use of exogenous oxytocin (syntocinon/Pitocin), 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,” Odent discusses the blood flow from mother to baby via the placenta and states the permeability is higher in the mother-fetal direction (i.e.: blood travels from the mom to baby via the placenta more easily than vice versa; so, too, do any substances traveling in the mother’s blood). Odent’s concern is the “oxytocin-induced desensitization of the oxytocin receptors.” He writes, “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 practical terms? When artificial oxytocin is put into the maternal bloodstream during labor, it can have profound and lasting consequences on a baby’s neurophysiology.

“We now have scientific evidence that explains how the capacity to love develops through a complex interaction of hormones,” Odent continues, “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 is particularly important. Natural oxytocin, delivered by human touch, for example, has beneficial effects on many organs in the body, including the brain. But Odent theorizes that synthetic oxytocin delivered by an intravenous drip can cause a baby to grow with damaged oxytocin receptors. He links these to rising levels of autism, anxiety, stress, and detachment—including higher levels of anorexia, and drug or alcohol dependency.
Birth is often traumatizing for babies, and it doesn’t need to be. When I trained in baby massage, our class’s instructor, Peter Walker, asked, “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 consider that it is what they are born into that is traumatic—bright lights, rough handling, scratchy towels, cold instruments, latex gloves, cord clamps, silly hats and scratch mitts, injections, and bitter-tasting oral drops. It’s no wonder babies cry when they’re born!

I was intrigued to learn of the importance of amniotic fluid in calming babies. It’s kind of obvious when you think about it. A baby spends nine months in amniotic fluid; it’s what you might call a constant. Naturally, then, the scent of the fluid on their skin and the scent of their mother after birth will be calming to them, reminding them of home. Yet, what do we do? We wipe it off, dry them, and wrap them up in a rough towel despite the scientific evidence suggesting it’s the wrong thing to do. Babies whose amniotic fluid is not wiped off after birth cry significantly less 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.

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 to start your labor, or when you are told it’s best you have an injection to deliver your placenta and prevent blood loss. (These methods all rely on synthesized oxytocin.) This results in a direct lack of oxytocin circulating in the maternal brain, which makes it apparent what a catastrophic effect these supposedly “safe” chemicals can have upon the bonding of mother and child, and the initiation and long-term success of breastfeeding. Oxytocin is the hormone of love, and if we are depriving mothers’ brains of this, it doesn’t take a rocket scientist to recognize that we may be damaging the love process between mother and baby.

I often work with new mothers ashamed to admit that they still don’t know if they really love their babies, or that it took them a long time to do so, and there was no instant “rush of love.” I have experienced it both ways. My first two births were syntocinon-tastic. The first one I had “failed to progress” (or they had failed to wait—you decide!). They deemed my body to have failed because it couldn't get my baby out without a drip to ramp up my contractions. I was then injected with syntometrine against my consent (I wasn’t even asked; I was told “I’m just giving you the injection for the placenta now, dear” and jabbed 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. (I now know this wasn’t necessary, but I was young and
naive; I know a lot more now and only wish I could turn back the clock! Did I get that instant rush of love with those babies? No. Was breastfeeding easy? No.

My last two babies were dramatically different, however. 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 three days old. Oh my goodness! Now I knew what they meant by “love at first sight.” Within 30 minutes of his birth, when he was 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 was how it should be, and it 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 lasted for years after the event. Is it any wonder why so many new mothers find it hard to bond with their babies, or find it hard to interpret their cries, to hear their instincts? We strip so many mothers of the chemical euphoria they should experience and pay no attention to the aftereffects.

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 fathers as well. As a doula, I now firmly believe my role is 10 percent supporting the mom (if birthing women are left alone, they pretty much don’t need help from me or anyone else) and 90 percent support for the dad. It’s funny, but a lot of expectant fathers are reluctant when it comes to employing a doula. The mothers are often much, much keener, and the dads worry that they will feel left out. It couldn’t be further from the truth. Research indicates that at births with a doula present, the partner is more supported and more involved.

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 mom. But when it goes bad…oh, how must it feel to see your partner in distress and then to be sent home alone if your baby was born outside of visiting hours. We don’t seem to understand how traumatic that can be for a dad, and the impact that can have upon his transition to fatherhood.

Indeed, we know that 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 affect the support he can give his partner.
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 counselor, birth afterthoughts midwife, or (rarely) a telephone call to the Birth Trauma Association. I just listen, and listen some more. For that mom or dad it may be the first time somebody has listened. Never underestimate the effect feeling listened to can have on somebody’s state of mind.

Next time you meet a new mom with a colicky baby, think about asking her about her birth.

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