Birth today has become a technological experience where a natural process has been replaced with artificial procedures and schedules. Without the necessary vitalistic support during pregnancy, women enter the birth process with fear and are led to rely on drugs instead of their bodies’ own natural strengths. These drugs weaken the body’s ability to function and lead to even further interventions. The more interventions used in pregnancy and birth, the greater the risk of injury to both the mother and baby.

Autism Spectrum Disorders are diagnosed by a collection of symptoms that indicate neurological damage. The greatest causal relationship for neurological damage is oxygen deprivation in the fetus and newborn. This article will examine routine procedures in obstetrics that have significant adverse effects on the baby’s developing neurology. These neurological effects are considered contributing factors to the alarming rise in autism. Here are the most common, routine procedures in pregnancy and birth and the causes for concern.

**Ultrasound**

In more than 30 years of its use, the frequency of this procedure has increased significantly despite warning signs of danger. As early as 1979, studies questioned the use of ultrasound and its potential effects on DNA and growth patterns. In 1987, a published study reported diagnostic levels of ultrasound disrupted myelination. The ultrasound intensities used in this study were consistent with those used for human imaging.

Another study in 1993 concluded that children exposed to ultrasound in utero were twice as likely to develop delayed speech and advised physicians to caution their patients about the vulnerability of the fetus to noxious agents.

The use of ultrasound has dramatically increased in prenatal care. Its safety and efficacy remains highly questionable. Even the U.S. Food and Drug Administration (FDA) says, “While ultrasound has been around for many years, expectant women and their families need to know that the long-term effects of repeated ultrasound exposures on the fetus are not fully known.”

In 2005, researchers reported, “Obstetric ultrasound should only be done for medical reasons,
and exposure should be kept as low as reasonably achievable (ALARA) because of the potential for tissue heating. Temperature increases in utero have been shown to cause damage to the developing central nervous system of the fetus." One year later, a study warned exposure to ultrasound can affect fetal brain development.

The National Institutes of Health (NIH) Consensus Development Conference states, “Lack of risk has been assumed because no adverse effects have been demonstrated clearly in humans. However, other evidence dictates that a hypothetical risk must be presumed with ultrasound. Likewise, the efficacy of many uses of ultrasound in improving the management and outcome of pregnancy also has been assumed rather than demonstrated, especially its value as a routine screening procedure."

Research shows populations exposed to ultrasound have a quadrupled perinatal death rate, increased rates of brain damage, nerve cell demylenation, dyslexia, speech delays, epilepsy, and learning difficulties.

Beyond the neurological damage caused by ultrasonic waves, are the implications of the misdiagnosis associated with its use. Early in pregnancy, mothers may be given inaccurate information about fetal development. During pregnancy, mothers are already sensitive about the health of their unborn babies. When told there may be something wrong, their anxiety levels increase, directly affecting a rise in their stress hormone production. Research has determined the release of these hormones in pregnancy will have long-term effects on the infant’s neurological development and behavior. There is no consciousness in the practice of obstetrics concerning the mother’s stress level and its effects on baby development.

Baby’s weight and due dates are sometimes determined by ultrasound and very frequently, mothers are coerced into induction and even C-sections. The literature, however cautions the unreliability of ultrasound for this purpose. How many babies have been neurologically impaired by this careless practice?

Mercury in pregnancy
It has been known for a long time, that mercury is a toxic and dangerous substance adversely affecting fetal neurology. According to Web MD, “Mercury is very dangerous to children. Relatively low concentrations keep a child’s brain from developing normally. Kids with mercury-poisoning have problems with thinking, language, memory, motor skills, perception, and behavior.” Richard Weisman, MD, a toxicologist at the University of Miami School of Medicine and director of the Poison Control Center for South Florida tells us, “There is no doubt that mercury is one of the worst [toxins affecting the brain].”

There have been 4 primary sources of mercury exposure to pregnant women: The RHO(D) (Rhogam) shot, the flu shot, dental fillings, and fish. Although warnings of toxic mercury exposure by eating fish has gotten significant media press and acceptance, other forms of mercury exposure to pregnant women and infants has not.

**The Rhogam and Flu Shots:** The Centers for Disease Control and Prevention (CDC) tells us, “Two groups are most vulnerable to methyl mercury: the fetus and pregnant women.” I can only question, why then, were mercury-laden Rhogam shots ever recommended for women during pregnancy? It wasn’t until 2001 that the FDA issued a voluntary recall of thimerosal from the Rhogam shot. This showed apparent concern for mercury toxicity via vaccine injection in pregnancy. Strangely enough, the very next year, the FDA began recommending flu shots for pregnant women and infants. The flu shot has the highest levels of thimerosal of all vaccines—as much as 25 micrograms of mercury, more than 10 times the safe limit for an infant. Its package insert has this disclaimer, “It is also not known whether influenza virus vaccine can cause fetal harm when administered to a pregnant woman...” These blatant inconsistencies in our public “health” policies are frightening.

**Dental Amalgam Fillings:** For years there has been controversy about mercury-laden amalgam fillings and their potential risk. The American Dental Association has been defending their use for years, denying any potential harm from mercury leakage, however numerous studies have determined otherwise. After years of denial and questionable research, it finally took a law suit in 2008 to force the FDA to agree to alert consumers on its website about its potential risks.

It has become a sad state of affairs that the U.S. Government agencies support industry over individuals. It is so important that parents do not allow their practitioners to intimidate them by citing rhetoric and tainted data. Parents must actively seek providers that support and encourage their right to make informed health choices.
Induction

The use of Pitocin in labor has been associated with autism. Pitocin is a synthetic version of oxytocin, the naturally produced hormone in laboring women. Its use is wrought with side effects; the most common is increased blood pressure in both the mother and child. Pitocin is used for either labor induction or labor enhancement. The use of Pitocin does not, however, duplicate the natural progression of labor. Pitocin-induced labors have longer, harder, and more painful uterine contractions for the mother. More pain for the mother means greater fetal distress.

In either induced or enhanced use of Pitocin, the blood supply, and therefore the oxygen source to the uterus, is greatly reduced. With naturally-paced contractions, there is a time interval between contractions allowing for the baby to be fully oxygenated before the next contraction. In induced or enhanced labor, the contractions are closer together and last for a longer time, thus shortening the interval where the baby receives its oxygen supply. Reduced oxygen to the baby in labor has life-long consequences on the baby’s brain function.

Pitocin makes contractions unbearable, and almost every woman who has been given Pitocin will get an epidural to withstand the unnatural pain it causes. Once again we see how one intervention is the gateway to the next.

Epidurals

*The Physicians Desk Reference* cautions that “local anesthesia rapidly crosses the placenta...and when used for epidural blocks, anesthesia can cause varying degrees of maternal, fetal and neonatal toxicity.” It continues, “this toxicity can result in the following side effects: hypotension, urinary retention, fecal and urinary incontinence, paralysis of lower extremities, loss of feeling in the limbs, headache, backache, septic meningitis, slowing of labor, increased need for forceps and vacuum deliveries, cranial nerve palsies, allergic reactions, respiratory depression, nausea, vomiting, and seizures.” Many of these side effects result in multiple complications. For example, maternal hypotension causes bradycardia (decreased heart rate) in the fetus. This too decreases fetal oxygen supply resulting in brain dysfunction, fetal distress, and operative deliveries.
Additional side effects of epidurals relating to autism include: longer labors with slower progress, an increased use of Pitocin by more than 3 times, an increased use of forceps by as much 4 to 20 times, altered red blood cells that affect fetal oxygen levels, adverse behavioral effects of the neonate, and increased use of mechanically-assisted deliveries which lead to neurological damage from birth trauma.

Sarah Buckley, MD, cautions, “Epidural drugs can directly cause toxic effects to the fetus and newborn, whose drug levels may be even higher than the mother’s drug levels. It is also important to note that a newborn baby’s ability to process and excrete drugs is much less than an adult’s. Also, drug blood levels may not accurately reflect the baby’s toxic load because drugs may be taken up from the blood and stored in newborn tissues such as brain and liver, from where they are more slowly released.”

**Restricted Maternal Position**

In addition to the direct toxic side effects of epidurals, once given an epidural, the mother is confined to her bed, usually on her back. Restricted motion in labor interferes with normal pelvic biomechanics of the laboring mother. On her back, the normal pivotal action of her sacro-illiac joints becomes impaired, her sacrum becomes restricted, and the progress of labor can slow down and even stop. Difficult and halted labors due to controlled maternal positioning lead to further pain and nerve system stress for the mother and baby.

Electronic fetal monitoring (EFM) is used to determine fetal distress despite the lack of efficacy shown for its use. Research shows it does not improve birth outcome and may in fact hinder it. Again, restricted maternal position used with EFM may be the primary reason for increased birth complications and fetal injury.

Once fetal distress has been determined, mechanical interventions are implemented. Here is where the most neurological damage can occur. One medical researcher on birth trauma, Abraham Towbin, MD, tells us, “Mechanical stress imposed by obstetric manipulation—even the application of standard orthodox procedures—may prove intolerable to the fetus…Spinal cord and brain stem injuries often occur during the process of birth but frequently escape diagnosis. Respiratory depression in the neonate is a cardinal sign of much injury. In infants, there may be lasting neurological defects reflecting the primary injury.”
Injury from routine birthing procedures causes damage to the baby’s delicate brain and spinal cord. When there is damage to the respiratory centers in the brain stem, the baby’s oxygen intake is compromised. Impaired nerve function, however insidious it may be, can compromise all current and future aspects of the baby’s health and well-being.

**Forceps, Vacuum Extraction**

These 2 invasive procedures occur as a result of all preceding birth interventions discussed. They have grave effects on the baby’s future brain function. Abraham Towbin, MD, expert on birth trauma tells us, “Forceful pulling on the baby’s neck particularly when combined with stretching of the spine…has been considered the most important cause of infant spinal and brain stem injury.”

A recent study published in the The New England Journal of Medicine revealed startling data. It reported, “Difficult labor itself and the method of delivery may lead to brain injuries and deaths in babies.” In another study, Abraham Towbin, MD, reports, “Survival of the newborn is governed mainly by the integrity and function of the vital centers in the brain stem. Yet paradoxically, the importance of injury at birth to the brain stem and spinal cord are matters which have generally escaped lasting attention.”

**C-Sections**

As seen above, C-sections are frequently caused by the cascading effect of the numerous interventions and procedures of modern obstetrics. The current rise in C-sections is alarming. The World Health organization says our C-section rate should be about 12%, and yet we see the nation’s average C-section rate as high as 33%. A baby born by C-section is 3 to 4 times more likely to have autism says George Malcom Morley, a frequently published OB/Gyn. One hospital in Britain scheduled all mothers for elective C-sections 1 week prior to their due dates resulting in a 21 times higher rate of autism then neighboring hospitals.
Mothers are being erroneously convinced that cesareans could actually be better than a natural process! Unfortunately, they are not aware of the dangers and resulting injuries associated with them. During this surgical procedure, most women experience a great tugging sensation as the doctor is pulling on the baby. The struggle and pulling used to extract a baby out from the mother’s small incision is often not seen by the parents. Trauma to the baby’s spine and the resulting respiratory impairment is escalated. Is this the reason for the high correlation between C-sections and autism?

Another deficit that C-section babies experience is in their level of “friendly bacteria” in their gut. Because they do not pass through the vaginal canal, they are not exposed to these helpful bacteria at birth and their immune system development suffers from this deficit. With many indications that autism and immune system function are related, it is imperative we choose providers who will support our inherent ability to give birth naturally.

Finally, C-sections usually have immediate cord clamping. George Malcolm Morley, MB, ChB, FACOG, author of numerous papers on the dangers of immediate cord clamping reports, “C-section babies are four times more likely to be autistic than vaginal deliveries.”

Umbilical Cord Clamping

It is common obstetrical practice to cut and clamp the umbilical cord immediately after birth because over the last 20 years doctors have mistakenly believed this could reduce the risk of mothers bleeding to death. During this time, the cord is still pulsating, bringing all of the placenta blood to the baby. Cutting the cord before it stops pulsating can result in as much as a 40% decrease in blood volume and can lead to anemia. This anemia is proportional to the degree of childhood mental retardation.

David Hutchon, consultant obstetrician at Darlington Memorial Hospital who has studied the effects of cord clamping said, “Babies are being put at risk by clamping the cord too quickly.” He also said, “In susceptible infants, early cord clamping and the lack of blood to the baby increases the risk of brain hemorrhage and breathing problems. This could help explain the rise in autism. Why are we doing it?”
When a cord clamp is not used, the child receives a large transfusion of placental blood, after which the cord vessels close naturally. With natural, physiological cord closure, the child receives enough blood and enough iron to prevent anemia for the first year of life, and enough blood volume to prevent ischemic encephalopathy and mental retardation for the rest of his or her life.

In a letter to the British Medical Journal, obstetrician and author, George Malcom Morley writes, “I therefore conclude that Immediate Cord Clamping, especially when imposed on existing birth asphyxia, can cause mental impairment without obvious neurological impairment, and therefore may well be a significant contributory cause of the current autism epidemic.”

As with all obstetric interventions mentioned so far, early cord clamping is yet another that needs careful, unbiased examination. It is time that normal physiology is considered and the perpetuation of these routine interventions is weighed against very real risk factors associated with their use.

Conclusion

The importance of natural birthing cannot be underestimated in the future of our children’s health. Under the medical leadership of Mayer Eisenstein, MD, JD, MPH, doctors with Homefirst Health Services in the metropolitan Chicago area have delivered more than 15,000 babies at home. “We don’t have a single case of autism in an unvaccinated child,” said Eisenstein. The International Cesarean Awareness Network, (ICAN) advises: “Interview your care providers like your life depended on it. In order to have a healthy birth, trust is essential in a relationship. If your care provider gives you outlandish risk assessments or impossible criteria…then you know to go elsewhere because that physician isn’t giving you adequate information or choices that apply to healthy birthing women. Know your options. Explore midwives, homebirth, CNMs, OBs, family practitioners, and birth centers. Birth is not only in hospitals and not only with obstetricians. Remember that starting with low risk care and being assessed properly often encourages moms to stay low risk.”

Pregnancy and birth need our respect—not our intervention. We can no longer rely on failing systems, organizations, or authorities to determine our birth outcome. More and more mothers are committed to finding providers during pregnancy who support and encourage the natural process of birth. This team of providers include midwives, doulas, holistic obstetricians, doctors
of chiropractic, massage therapists, naturopaths, and practitioners of Chinese medicine to name a few. Their invaluable services are helping us regain trust in our inherent ability to function and be well.

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