Every decision we make has a direct impact on our lives or the life of another, whether we foresee that impact or not.

In our daily haste sometimes we don’t contemplate how these decisions impact our physical, mental and emotional well-being. With the escalation of autism, ADHD, allergies and obesity in children, more and more parents are questioning the impact of their choices and questioning our current orthodox health model. Parents would do well to consider that the quality of their family’s health is determined by the quality of questions that we ask.
Most of us are aware that a child’s health can be compromised well before they are born. Therefore, the objective of prenatal care in our modern world should be to arm parents with knowledge and confidence on not only how to strengthen their own health but how parents may be able to nurture and protect the health of their unborn child.

While there seems to be a smorgasbord of options available to couples on how to birth their baby, many couples are unfamiliar with the sequence of events that can unfold when requesting or agreeing to certain interventions and medical procedures. With this article I’ll be exploring the potential short- and long-term effects of cesarean births and epidurals.

**Can Cesarean Births Result in Chronic Disease?**

A 2013 article in the Canadian Medical Association Journal stated, “The disruption of the gut balance has been linked to an increasing number of diseases, including inflammatory bowel disease, diabetes, obesity, cancer, allergies and asthma.”

A great question to ask now is, “What lifestyle factors disrupt our gut balance?”

There are many modern-day choices we make that deplete our important microbial balance or microbial community. For example, it is now increasingly clear that antibiotics destroy the gut’s important bacterial balance by killing off not only harmful bacteria but beneficial flora that the body needs to thrive and that antibiotics are best left for emergency “crisis” scenarios.

Other studies also tell us that many pharmaceutical drugs, stress, refined and processed diets, alcohol, environmental chemicals and genetically modified ingredients all have adverse effects on our gut bacteria or flora leaving us vulnerable to a host of diseases.

Our microbiome, or our body’s microbial balance, is essential to human health because the gut, brain and immune systems work intricately together. Our understanding of the importance of this interplay between the gut and the brain is quickly evolving. It was only relatively recently
that we learned that 80 percent of our immune system is found in the gut. We’ve also discovered that there are as many neurons (nerve cells) in the gut as there are in the spinal cord, and that the gut or digestive tract acts as a completely independent site of neural processing, leading it to now be coined our “second brain.”

With this focus in mind, the last five years have given rise to a mountain of research that links dysbiosis (an imbalance of gut flora) with not only obesity, diabetes, inflammatory bowel disease, ulcerative colitis, Crohn’s disease, asthma and allergies, but also a host of mental and emotional disorders.

As scientists work to understand what offsets and depletes our foundation of health, many studies now also question the long-term impact that cesarean births and a lack of exclusive breastfeeding have on our developing microbiomes.

**How Can a C-Section Affect this Microbiome?**

Studies have shown that vaginal delivery exposes a baby to microbes that resemble the mother’s vaginal bacteria (e.g., lactobacillus, prevotella and sneathia); in contrast, C-section exposes the baby to microbes that resemble those found on the skin (e.g., staphylococcus, corynebacterium and propionibacterium). It is suggested that children born by C-section lack the benefit of protective vaginal bacteria, which may make them more susceptible to viruses, allergies and asthma later in life.

It is suggested that by not passing through the birth canal a C-section-delivered baby’s microbiome is not seeded in the same way it is with a vaginal birth. This deleterious effect is compounded further if the infant is not exclusively breastfed, as colostrum and breast milk help to further establish the diversity and richness of the microbiome.

Breastfeeding is often incredibly hard post C-section largely because both mothers and babies are drowsy from the medications used. Additionally, oxytocin, the hormone of love, does not act in the same way with a cesarean birth. Oxytocin is the initiator of the rhythmic contractions of early labor and it also mediates the “milk-ejection reflex,” which allows for successful breastfeeding and promotes the development of a strong bond between mother and baby. Typically with cesarean births it is some time before babies are placed with their mothers.
A recent meta-analysis of 20 studies worldwide reported that C-sections, independent of maternal age, birth weight and breastfeeding, contributed a 20 percent increase in the risk of type 1 diabetes. The journal Diabetes discusses how the development of type 1 diabetes may relate to the initial bacteria to which a baby is exposed, relating to the type of delivery and the development of a child’s immune system and in modulating its response to external agents later in life.

Another complication of cesareans can be the lack of molding of the cranial (skull) bones. Molding is important in the activation of the respiratory centers of the brain as well as in the expulsion of air from the lungs. Researchers at the American Academy of Allergy, Asthma and Immunology discovered that “a cesarean delivery may predispose an infant to atopic disease (allergies) and increased the risk of asthma.”

Infants born by elective cesarean delivery have been shown to have even lower bacterial richness and diversity than babies born via cesarean and vaginal birth. Studies indicate that elective cesarean babies are more likely to have breathing difficulties and increased risk of neonatal respiratory distress syndrome (RDS), a life-threatening condition, as well as other respiratory problems.

Clever obstetrics can indeed save the lives of women and babies in the event of an emergency, but it is the seemingly automatic classification of all labor as an emergency that is so concerning, leading to the increased medicalization of birth. Particularly alarming is the increase in cesarean, which is seen as a convenient and fast solution to many “problems,” including the expected time frames of parents, hospitals and medical staff.

The Spiraling Effect of an Epidural

Some couples plan to use a little anesthesia or pain-relieving drugs at some point during their labor. In this case, they should be aware of the spiraling effects that generally follow once these drugs are administered, not only during the birth but over subsequent weeks and months.

Medical practitioners frequently recommend epidurals as a means of quick and effective pain relief. Discussions with parents may include the information that epidurals can be used to lower
blood pressure during labor and that the risk of spinal cord injury is significantly low. In general, this type of procedure is made to sound safe and easy.

But parents may not be aware of countless studies, including studies by the International Health Care Research Group at the Cochrane Institute, which have linked epidurals with longer labors and an increased risk of an instrumental delivery (using forceps and vacuum) or cesarean birth. Parents are also not aware that babies born via intervention methods are at greater risk of subtle birth trauma, which tend to result in difficulty with breastfeeding, irritable baby syndrome or colic.

The “fine print” associated with epidurals is that other forms of intervention—such as an oxytocin drip (to keep contractions going), an episiotomy, forceps, vacuum extraction or caesarean—are all likely birth outcomes. Once administered, pain relief is gained but the anesthetic also affects the muscles responsible for guiding the baby into the correct birthing position, greatly increasing the probability of further intervention.

There is also an increased likelihood that the mother’s temperature will rise the longer an epidural is in place, and if this happens the baby’s temperature will also rise, increasing the risks of fetal distress and the need for intervention. If the newborn maintains a temperature post-birth, pediatricians will forcibly administer the baby with antibiotics.

Antibiotics are very caustic to a newborn’s small, developing intestines, and studies show that the incomplete protein breakdown associated with colic can be caused by the use of antibiotics, administered either to the baby at birth, or to the mother during labor or pregnancy.

Furthermore, research suggests that epidurals given during childbirth can result in breastfeeding difficulties. No one yet knows whether these drugs can override the mother’s own hormonal capacity to produce milk, but results have shown that women who have an epidural are less likely to fully breastfeed their infants in the few days following birth and are more likely to stop breastfeeding in the first 24 weeks.

One quick decision for short-term gain can have compounding effects on the health of a newborn infant, our relationship with that newborn, and our capacity to confidently begin the journey of parenting.
The Bittersweet Reality of Birth Intervention

Investigating Your Birth Options

Parenting for the first time requires patience and stamina; having to endure the toll of colic or irritable baby syndrome adds greatly to the burden, yet is not often considered when consenting to pain-relieving anesthesia in labor. Sometimes we make choices flippantly and dismiss the thought of a plausible effect.

Welcoming a child into the world can be one of life’s most enriching experiences and, like most events, requires careful planning and preparation. “Planning” involves knowing and understanding the impact of our consumer choice and helps to alleviate disappointment and lingering resentments but, most of all, allows us to learn about important topics like the human microbiome and how we can protect and preserve our child’s health.

Fully investigating a procedure or product helps us to identify the risks involved and to ascertain what our needs may be. Keep in mind that there are alternative ways to ease the pain of labor without the use of drugs.

Our microbiome is essential to human health and it is paramount that we realize that. How we birth our babies and whether we choose to breastfeed them or not are now being shown to have lasting effects on our children’s health.

Chiropractic adjustments help mothers move toward straightforward, natural births, and adjustments for both mothers and newborns after the birth encourage effective and enjoyable breastfeeding. Fortunately, more and more parents understand the integral role chiropractic plays in a healthy pregnancy, natural birth, and in helping to preserve and protect our children.