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Beyond the moment of birth

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Nadine Edwards looks at the potential long-term impacts of maternity care

Over very many decades, parents, health practitioners, researchers and others have worried about the impact of poverty of all kinds, pollution of various kinds, diet, stress and the use of drugs and procedures on pregnancy, birth and beyond.

There has been much outstanding work in this area, and too many extraordinary people to mention here: Alice Stewart comes to mind.1 It took 25 years before Alice's work on the devastating impact of X-rays on unborn babies was finally acted upon. Sandra Lane's carefully detailed work2 on how poverty and poor environments are intertwined and impact negatively on birth outcomes, is crucial to being able to provide excellent care for mothers and babies (see a review of this book at www.longwoods.com/content/19580). Doris Haire, who, very sadly for the birth activist community, died in June this year (her obituary is in our next issue), was another remarkable activist who worked tirelessly to bring much needed attention and research to some of the drugs and technologies most commonly used during pregnancy and birth. While she did a great deal to raise awareness about the possible negative impact of ultrasound on unborn babies, this remains an unevaluated technology: AIMS has recently published a paper on this which you can read on our websitewww.aims.org.uk. Doris also raised concerns about synthetic oxytocin, a drug which Michel Odent and Kirsten Uvnäs Moberg have also researched and written about extensively. Michel has examined the impacts of the environment, diet, drugs, procedures and more through his organisation Primal Health (www.primalhealthresearch.com) and Kirsten's books on oxytocin gather together much of the research in this area. Marsden Wagner, who also sadly died earlier this year (see page 23), unendingly supported good midwifery practice that reduces the likelihood of interventions and adverse outcomes.

Recent research has linked the use of synthetic oxytocin during labour to a range of potential side effects, including autism and ADHD3 - attention deficit disorder (see page 19). Synthetic oxytocin is frequently used at the end of pregnancy to induce labour, as well as during labour to speed it up. While drugs and procedures can be life saving for mothers and babies, Sara Wickham's article on page 6 discusses some of the potential disadvantages of induction that women may not know about.

Concerns are now growing that some drugs and procedures have longer-term impacts than we previously realised - on the individual and even on generations to come. This is an expanding and much needed field of research. In 2013, an international interdisciplinary group of researchers, including midwives, published a detailed paper that covers a great deal of ground and research findings4 Its main

hypothesis is that although labour and birth takes a relatively short time, it might be critical to our future health, and that the use of synthetic oxytocin, antibiotics and caesarean section might be particularly implicated in a range of conditions and diseases in later life:

'Events around childbirth are also formative, with the potential for lifelong and even transgenerational health consequences' and 'physiological labor and birth is finely tuned to generate optimal epigenetic effects for later wellbeing.' The authors conclude that 'Many questions remain unanswered concerning epigenetic remodeling during the intrapartum period.'

The producers of the human rights of childbirth film Freedom for Birth, shown across the globe last year, have been working on a second film, Microbirth, due to be shown on 20 September. This film focuses on the potential for long-term, negative health outcomes relating to the use of synthetic oxytocin, antibiotics, caesarean section and formula feeding. Drawing on cutting edge research from leading scientists in the field, it makes an important contribution to the argument that physiological birth has many long term benefits to mothers, babies, families and future generations, and that we continue to medicalise birth at our peril.

In fact, as the Lancet series on midwifery[5] - published in June - and countless other papers and experiences show us, physiological birth is increased by thoughtful and skilled midwifery care from known and trusted midwives. These midwives need to be well supported themselves by a wider network of appropriate and well-resourced health and social care. Midwives working in this way should be applauded and encouraged, and not victimised as is sadly sometimes the case (see page 9). Let us hope that good midwifery practice and models, including properly resourced midwifery caseloading, will be increasingly and quickly introduced (see page 21).

References

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