



Precious.

## Keep your precious little one safe.

Did you know that some diseases<sup>1</sup> including certain cancers and blood disorders may be treated with stem cells found in your baby's cord blood?

Saving your baby's cord blood may be one of the best protection you can give to your child. Find out how Cordlife can help you keep your precious little one safe and protected with our Cordlife Care360° Safeguard Programme.

Call **6238 0808** or visit [www.cordlife.com/sg](http://www.cordlife.com/sg) to find out more.

Reference : 1. List of diseases treated can be found at [www.cordlife.com/sg/treatablediseases](http://www.cordlife.com/sg/treatablediseases)  
2. Lee, HC. 2010, "The stem-cell hope", The Straits Times, 2 December, p.12.



## Did you know?

“ Stem cells, which have the potential to develop into some or all of the specialised cells in tissues and organs provide hope that they can replace damaged cells<sup>2</sup>. ”

Singapore's first AABB accredited private cord blood bank.



Cordlife Singapore is  
**AABB Accredited**



[www.cordlife.com](http://www.cordlife.com)

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# baby talk

THE NEWSLETTER  
FOR MOTHERS  
2012 ISSUE 01  
MICA/P 245/07/2011



**SOCIALLY  
INDUCED  
DELIVERY**



**EATING SAFE  
DURING  
PREGNANCY**

**WHY CORD BLOOD  
STEM CELLS**



# EDITOR'S *NOTE*



NOWADAYS, PREGNANT MOMS ARE ASKED A QUESTION BARELY HEARD A DECADE AGO; DO YOU WANT TO SAVE YOUR BABY'S CORD BLOOD?

If you begin to research on cord blood banking, the first decision you should make is what are you planning to do with your baby's precious cord blood.

One major benefit is, you can definitely capitalize on its potential medical uses later, for your child and maybe for your family as well.

It might just turn out to be an investment worth looking into as it safeguards the family's health and well-being, ultimately instilling hope for a brighter future ahead.

BabyTalk is a resource dedicated to providing you answers to questions that expectant parents would have and have asked. From topics on tips to follow when carrying a pregnancy to knowing how precious your baby's cord blood is or getting to know and compare childbirth the ancient and new way. **bt**

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**C**ongratulations! You're finally pregnant, and you want to stay in tip-top shape and eat right to ensure a healthy pregnancy, birth, and a happy healthy baby. Well, here are some tips to help you be as healthy as you can possibly be.

### DO'S

**1** Prefer to eat complex carbohydrates over simple sugars and starches. Complex carbohydrates take longer to burn, will make you feel fuller for longer, and contain more nutrients compared to simple sugars. Complex carbohydrates are the following: brown/red rice, whole wheat bread, sweet potatoes (*camote*), beans, and durum wheat noodles. These are preferred over white rice, white bread, pastries, sweets, soda and juice that are very rich in simple sugars.



Raw sardines.

**2** Regularly eat fish coming from the sea (around 2 times a week) that are low in mercury, and rich in omega 3 fatty acids. Sea fish have higher concentrations of omega 3 fatty acid. Omega 3 fatty acids are important for fetal brain development. Fish with bones (ex. sardines and *dilis*) are very good since these are rich in calcium. Limit big fish (ex. Tuna including canned tuna, *tanigue*, swordfish) to ¼ kg a week since these contain higher levels of mercury. Limit eating farmed salmon to only once a week since these may contain high levels of PCB's (polychlorinated biphenyls), a pollutant that persists for a long time in the environment. PCBs raise the risk of cancer.

# HOW TO EAT AND BE SAFE DURING PREGNANCY

**3** If possible, eat fruits and vegetables that are organic, locally sourced, and in season. Growing your own vegetables ensures a really organic source. Prefer to eat in organic form those foods that are highly laden with chemicals (celery, cauliflower, grapes, strawberries, apples, peaches, cherries, potatoes, blueberries, kale, spinach, nectarine). Our local rice, bananas and pineapples are also heavily dependent on the use of pesticides. It is better to buy organic milk that are free from hormones and antibiotics. Buying local will help the local farmers and will reduce the carbon footprint. Less energy and precious gasoline will be spent on transporting foodstuff. Food coming from faraway places and food not in season may no longer be very fresh and are more likely to contain preservatives in order to prevent spoilage. Food not in season is more expensive too. Meat that is organic, antibiotic-free, and free range may have less antibiotics and hormones.

**4** Eat food rich in folic acid (found in green leafy vegetables, nuts and eggs). Folic acid is important in pregnancy to help prevent the incidence of neural tube defects (abnormalities in the spinal cord), and to a certain extent, cleft lip and palate.



**5** Eat meat that is well cooked. Raw meat and fish (ex. steak cooked rare, *kilawin na isda*, raw fish sashimi not coming from a reputable source) may contain parasites, salmonella, and *toxoplasma*. These organisms might give the pregnant mom gastroenteritis. Diarrhea and vomiting are harder to treat in a pregnant woman. If the pregnant woman becomes dehydrated, her baby may get dehydrated too.

**6** Wash hands with soap and water after gardening, taking care of cats, cleaning the litter box, and washing fruits and vegetables. Make sure that the uncooked fruits and vegetables are washed well and free of soil. Soil particles, cat litter boxes, unwashed fruits and vegetables may contain *Toxoplasma*, a bacterium commonly found in the feces of cats. A healthy person will not suffer ill effects if she gets *toxoplasma* infection. However, a pregnant woman who gets infected with *toxoplasma* during her pregnancy might pass on the bacteria to the unborn child. A fetus who gets *toxoplasma* infection might develop congenital abnormalities such as hydrocephaly.

**7** After taking care of toddlers and small children, and if you get exposed to their saliva, urine, or fecal material, wash yourself with soap and water. Toddlers and small children may harbor a virus called cytomegalovirus. Cytomegalovirus is a generally harmless organism. Most

people don't suffer ill effects when they get infected with cytomegalovirus, or CMV. But if a pregnant woman gets the CMV infection for the first time during pregnancy, she may unknowingly pass on this infection to her fetus and the baby may be born with congenital anomalies or may be miscarried. However, it is very easy to prevent this infection. Just wash frequently with soap and water!

**8** Before getting pregnant, it is better to be prepared for it by getting your MMR (measles-mumps-rubella), Varicella and Tdap vaccination. In this way, you will be secure in the fact that you are already protected against rubella (german measles), chickenpox, tetanus, diphtheria and pertussis infection once you get pregnant. These infections, you see, can lead to severe consequences to your unborn child in case you acquire these illnesses when you are pregnant. Anyway, what's a jab as compared to the risk of illness? **bt**

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# SOCIAL INDUCTION

## DEFINITION OF SOCIAL INDUCTION

Social induction — an induction for the convenience of either the pregnant mother and her family or the care giver and the medical team. It is when labour is induced 'electively', and there is no clear medical reason for the induction.

The World Health Organisation (WHO) recommends that induction rates should not exceed 10% (15% at most). However, despite the possible risks of induction, many people will still desire to select the birth date of a baby.

## REASONS FOR SOCIAL INDUCTION

Individual opinions of pregnant women often vary, depending on how they perceive induction. Many welcome the intervention happily. Possibly reasons are:

- Choosing a date to fit in with the woman's work or study schedule or with the partner's work or leave arrangements or with sibling's childcare; also for visiting relatives.
- Feeling tired of being pregnant and wanting the pregnancy to end. Having pregnancy complaints, (such as heartburn or varicose veins) can cause the pregnancy to be uncomfortable.
- Being due around a holiday season. Some women choose to be induced before Christmas, Easter or school holidays.
- Living a long distance from the hospital, especially in isolated rural areas may consider

induction to avoid living away from home for weeks, awaiting labour or travelling long distances to birth.

- Anxiety about the baby due to a previous complication e.g. a previous stillborn baby.
- The labour needs to be under controlled conditions. For example, the caregiver may suggest that a woman, who experiences a psychiatric disorder, would be better managed if the labour was planned for, and the woman was cared for, during periods of peak staffing at the hospital.



whole family happy and adding a sense of confidence to the baby the rest of his /her life.

## POSSIBLE RISKS OF SOCIAL INDUCTION

However, several possible risks have been identified and documented. For these reasons, many birth centres, hospitals, teaching institutions highly discourage social induction of labor.

- Premature baby, even if you believe your baby is term
- Failed induction and resorted to C-section
- Prolonged difficult labour



“ Social induction — an induction for the convenience of either the pregnant mother and her family or the care giver and the medical team. It is when labour is induced 'electively', and there is no clear medical reason for the induction.”

- Mother and father are ready; planned & completed their work and social schedules. This is preferred in a society where most activities are planned & scheduled. How nice when an impending child birth does not come unexpectedly and interfere abruptly your work & social schedules.
- To ensure the child is borne at a 'decent' time of the day when the labour & neonatal wards are well staffed and urgent laboratory, imaging and other support services are easily available.
- Allow the child to be borne on an auspicious day; making the

- Fetal distress (e.g. cord prolapse; hyperstimulation; long labour)
- Uterine Rupture (in the presence of previous C-section)
- Placental Abruption (sudden artificial rupture of membrane)
- Amniotic fluid embolism & Post Partum Hemorrhage

## PREMATURITY

Ensure correct dating of the pregnancy by:

- Taking a good menstrual history.
- Early dating with an ultrasound dating scan in the first half of pregnancy, especially in the first trimester.
- Perform an ultrasound assessment of the maturity of the placenta, prior to induction.

## HOW TO AVOID THESE RISKS

However, several possible risks have been identified and documented. For these reasons, many birth centres, hospitals, teaching institutions highly discourage social induction of labor.

Whenever there is a doubt on the dates of a pregnancy, avoid social induction.







**C-SECTION**

Ensure a favourable cervix and absence of disproportion:-

- Prior to induction, assess the cervix for favourability to induced dilatation. Cervical priming by prostaglins could help in cervices that are less favourable. However, time should be allowed for safe, gradual, monitored priming and patient’s prior agreement to call off the process when necessary.
- Baby should be assessed to be not disproportion to mother’s pelvis. Avoid inducing presentations other than cephalic and the head is fully engaged.

**PROLONGED DIFFICULT LABOUR**

To avoid this risk, ensure the following:

- A Cervix should be assessed to be favourable or easily primed.
- Use of oxytocin drip early to ensure good regular uterine contractions.
- Continuous monitoring of labour with CTG.
- Artificial rupture of membranes only when uterine contractions are established, so that labour induction could be called off.

**FETAL DISTRESS**

Avoid this by ensuring:

- CTG assessment of baby prior to induction, including and not limited to an admission CTG test.
- Artificial rupture of membrane only when the head is well applied to avoid cord prolapse.
- Continuous CTG monitoring of labour.
- Prior agreement to call off induction and/or accept intervention by C section.

**UTERINE RUPTURE**

Ensure the following:

- Avoid social induction for previous C-section and other significant uterine surgery especially myomectomy and major corrective surgery for uterine malformation.
- Continuous CTG monitoring of labour.
- Avoid hyperstimulation with oxytocics.

**PLACENTAL ABRUPTION**

This is a rare complication of induction, however, the presence of excessive amniotic fluid and

history of hypertension in pregnancy may likely to increase this risk.

Avoid artificial rupture of membranes as far as possible till very close to the second stage, especially in the presence of excessive amniotic fluid and maternal hypertension.

Use of continuous CTG monitoring the unregulated uterine contraction the moment the membrane is artificially ruptured.

Patient and family are prepared for emergency C section.

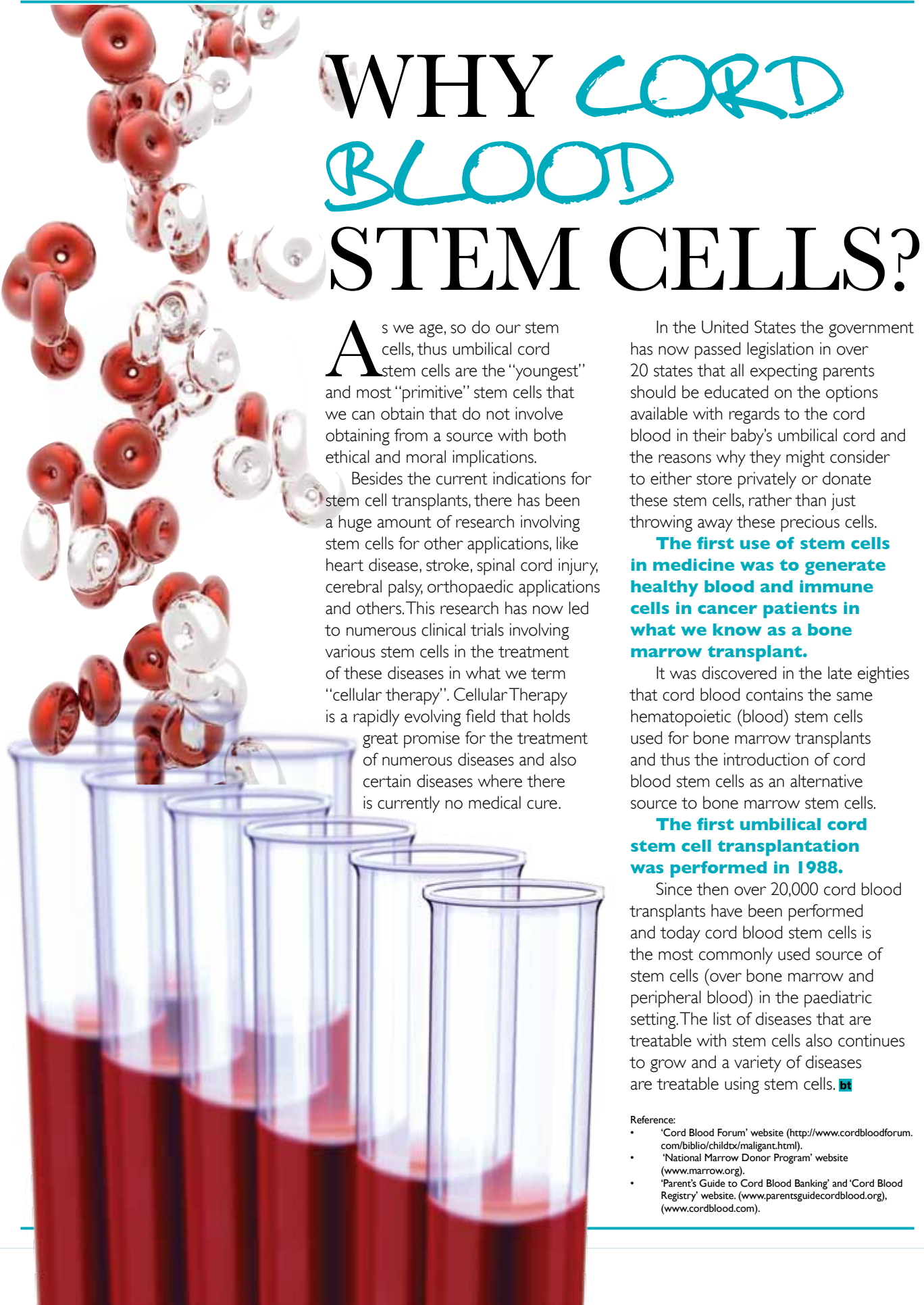
**AMNIOTIC FLUID EMBOLISATION & PPH**

Many obstetricians believe that these complications are increase in induced deliveries in some ways related to the use of prostaglandins to prime the cervix plus oxytocics to enhance the uterine contraction plus artificial rupture of membranes and the rapid speed of labour due to these agents.

There is very little preventive measure but just to be prepared to treat these complications.

We could start a syntocynon infusion immediately after the baby is delivered.

Close monitoring of the patient even up to 12 hours after delivery. Start breast feeding immediately. Keep a intravenous line for 6 hrs after delivery. May need to have blood grouped and X matched ready.



WHY CORD BLOOD STEM CELLS?

As we age, so do our stem cells, thus umbilical cord stem cells are the “youngest” and most “primitive” stem cells that we can obtain that do not involve obtaining from a source with both ethical and moral implications.

Besides the current indications for stem cell transplants, there has been a huge amount of research involving stem cells for other applications, like heart disease, stroke, spinal cord injury, cerebral palsy, orthopaedic applications and others. This research has now led to numerous clinical trials involving various stem cells in the treatment of these diseases in what we term “cellular therapy”. Cellular Therapy is a rapidly evolving field that holds great promise for the treatment of numerous diseases and also certain diseases where there is currently no medical cure.

In the United States the government has now passed legislation in over 20 states that all expecting parents should be educated on the options available with regards to the cord blood in their baby’s umbilical cord and the reasons why they might consider to either store privately or donate these stem cells, rather than just throwing away these precious cells.

The first use of stem cells in medicine was to generate healthy blood and immune cells in cancer patients in what we know as a bone marrow transplant.

It was discovered in the late eighties that cord blood contains the same hematopoietic (blood) stem cells used for bone marrow transplants and thus the introduction of cord blood stem cells as an alternative source to bone marrow stem cells.

The first umbilical cord stem cell transplantation was performed in 1988.

Since then over 20,000 cord blood transplants have been performed and today cord blood stem cells is the most commonly used source of stem cells (over bone marrow and peripheral blood) in the paediatric setting. The list of diseases that are treatable with stem cells also continues to grow and a variety of diseases are treatable using stem cells.

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# DO PREGNANT WOMAN NEED FISH OIL SUPPLEMENTATION?

**I**t is important that a pregnant woman should not consume any medication, herbal product or health care supplement unnecessarily or in excess, unless there is strong evidence that she needs it to improve the health of the pregnancy and/or the fetus inside her womb.

The use of fish oil during pregnancy and breastfeeding remains contentious. Pregnant women are advised to understand the potential benefits and ills when they decide to take fish oil supplement.

## WHAT IS FISH OIL?

Fishes that flourish in cold "temperate" oceans have generally higher content of oil in their muscles and organs. Fish oil comprises mainly omega-3 fatty acids, and DHA and EPA are the two most important omega-3 fatty acids. Omega-3 fatty acids are important building blocks of fatty tissues in human, such as the gray matter of the brain, the light receiving layer (retina) of the eyes and the extensive nerve network.

## WHY IS OMEGA-3 FATTY ACIDS IMPORTANT DURING PREGNANCY & BREASTFEEDING?

The critical window when DHA is taken up into these tissues is between the second half of pregnancy and the first two years of life. When



animals were fed with diet deficient in DHA, the studies found that the vital nerve organs formed had a different fatty acid composition (with higher omega-6 fatty acids). These changes in fatty acid composition gave lasting negative effects on learning behaviour, brain metabolism, nerve formation and visual functions. These neural changes could not be reversed even when subsequent omega-3 fatty acid treatment successfully return the composition to what it should be. We cannot ignore the significance of adequate omega-3 fatty acid accretion into neural tissue during this window period.

Optimizing neural tissue development is by far the most important function of omega-3 FAs in the perinatal period. Nevertheless, omega-3 FA deficiency in pregnancy has been associated with preterm labor, increased risk of postnatal depression, increased tendency of the offspring to develop asthma and other allergic conditions.

## WHAT ARE THE NATURAL SOURCE OF OMEGA-3 FA?

The basic omega-3 FA is ALA (alpha-linolenic acid), from which the functionally important omega-3 fatty acids like DHA and EPA are derived. In nature, DHA and EPA are mostly found in fatty fish such as salmon, tuna, sardines and trout. ALA, on the other hand, is a major component of some plant oil, such as canola oil and flaxseed oil. The idea of consuming ALA in large amount of plant oil, so that the body can make DHA and EPA to incorporate them into the brain, is possible, but highly inefficient. The conversion process demands a lot of chemical energy in the body and is extremely slow. Consuming pre-formed DHA and EPA is the better option.

## PREGNANT WOMEN ARE ADVISED NOT TO EAT TOO MUCH FISH!

Years of industrialization have polluted the oceans, by pumping industrial chemicals and toxic wastes directly into the ocean, or by first polluting the atmosphere before poisoning the seas via the rain. Significant levels of mercury, polychlorinated biphenyls (PCBs) and dioxin have been found

concentrated in oily ocean fishes. The bigger fishes that survived years of ocean living are more contaminated. These pollutants are toxic to the nerve tissues, especially while the nerves are maturing, and the growing fetus is therefore extremely vulnerable. The pregnant women are to stay away from eating large oily fish, such as shark, swordfish, marlin and king mackerel. In fact, UK and US authorities



“Significant levels of mercury, polychlorinated biphenyls (PCBs) and dioxin have been found concentrated in oily ocean fishes. The bigger fishes that survived years of ocean living are more contaminated.”



have advocated restricting their pregnant women to two fish meals a week (i.e. about 340gm a week). Fishes that are bred in the tropics are usually are less contaminated.

On the other hand, the adequate consumption of omega-3 fatty acid is essential for fetal brain growth. On weighing all sides, most authorities proselytise that the health benefits of pregnant women eating fish with low level of mercury contamination outweigh the risks of the pollutants. Pregnant women are encouraged to eat fish with low mercury contamination, to remove the skin and fat prior to cooking. They are advised against eating raw fish or shellfish, instead, baking, broiling, steaming the fish will reduce the industrial pollutant level.

#### IF NOT FROM FISH, WHERE ELSE CAN I GET ENOUGH OMEGA-3S?

Pregnant women who do not eat fish, who are not keen to take them while pregnant, or are eating mainly non-oily fish (tropical species), may obtain their omega-3 fatty acids by fish oil pill. The fish oil supplements should be packaged with purified fish oil, so that the PCBs and dioxin contaminants are removed. There are many formulations of fish oil supplements, their characteristics may affect their efficacy, although to date, the claims are not sufficiently researched. The consensus however is to take between 200mg and 300mg of omega-3 fatty acids a day.

“Pregnant women are encouraged to eat fish with low mercury contamination, to remove the skin and fat prior to cooking.”

#### WHAT ABOUT FISH LIVER OIL?

Pregnant women ought not to consume fish liver oil, such as cod liver oil. Fish liver is the main organ where mercury is detoxified and therefore has the highest concentration of the pollutant. Besides, vitamin A (which is fat soluble) is largely stored in the liver, and thus the liver has the highest level of vitamin A in the body. Excessive vitamin A usage in pregnancy is associated with fetal malformation.

#### DOES FISH OIL SUPPLEMENTATION MAKE BETTER BABIES?

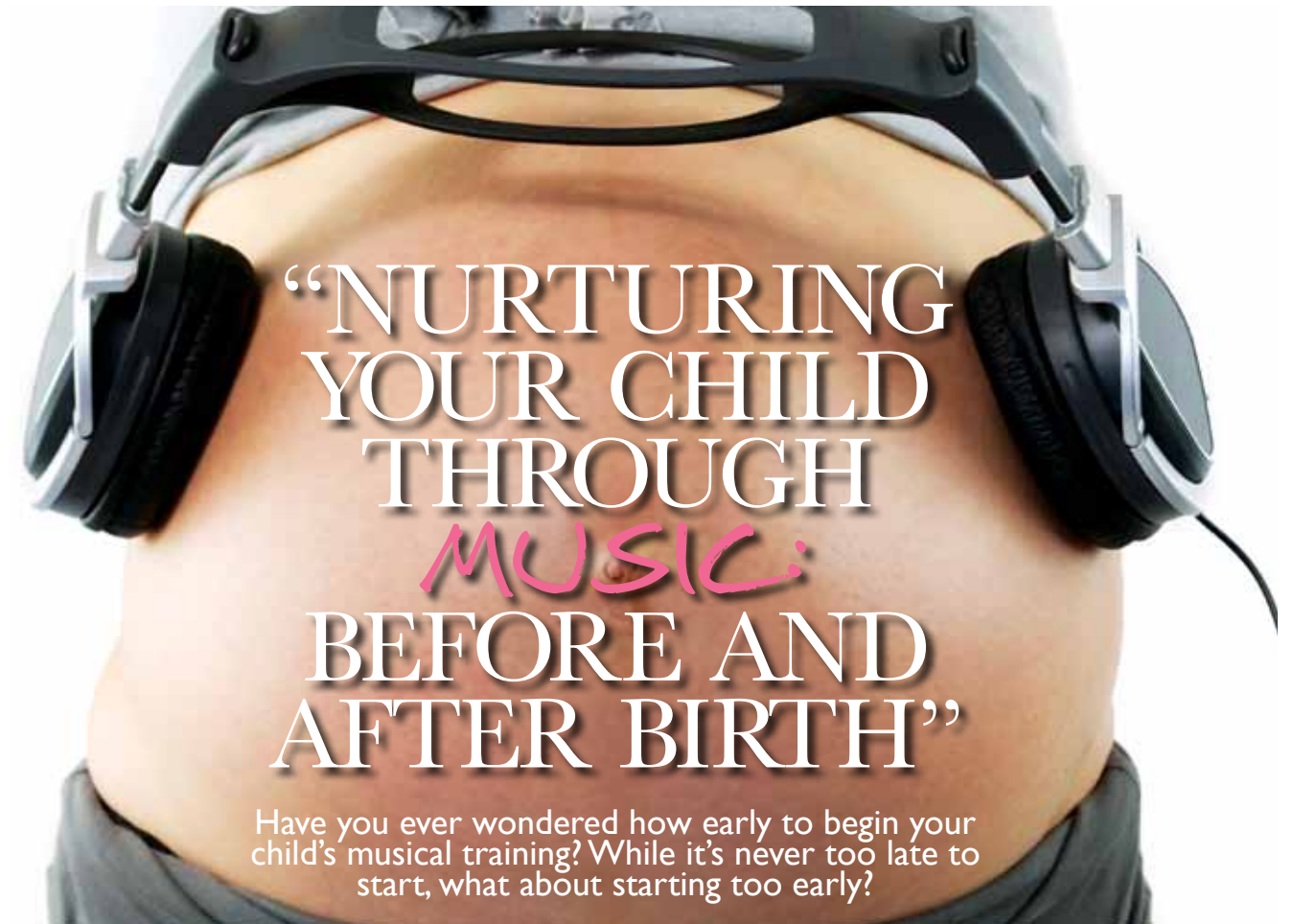
The potential effects of DHA supplementation in pregnancy on early childhood development are promising. Evidence from animal studies and observational surveys has

found improved visual response, brain functioning and childhood intelligence scores. Increased DHA in baby's blood at birth has also been correlated with reduced incidence of childhood allergic diseases such as asthma, atopic dermatitis and allergic rhinitis.

Several interventional randomized controlled trials have been organized to verify these benefits. Some of them have been going on for several years, and their interim results published. To date, the conclusions have been inconsistent; some studies showed beneficial outcomes with DHA supplementation, whereas others found no advantage. This is not unexpected as the study design and the result analysis have to consider many confounding factors that affect the baby's development and functioning.

Unfortunately we have as yet no consistent proof that fish oil supplementation will give clinical benefits to the children as they grow older. What has been established is the safety of using fish oil supplementation in pregnancy and during breastfeeding. We look

forward to more evidence of its clinical effectiveness in the coming years. **bt**



According to Hungarian music educator Zoltan Kodaly, the best time to start music training is “nine months before the birth of the child”. In other words, music classes can actually start inside the womb!

Research has shown evidence that even within the womb, a baby is not only developing the capability to see, hear, feel, and learn, but also personally exploring these areas as well. During the fifth month of pregnancy, the baby has begun to develop his aural receptivity and by the seventh month onwards, he is able to record a sound, relate that sound with one previously heard, and interpret its importance. Since this affords a unique window of developmental opportunity, pediatricians encourage parents to read, sing or talk to their babies while they are still in the womb since studies have shown that this enhances the babies' growth in

lingual ability and future development.

One method of interaction is through musical stimulation, which comes through simply listening to music. This can be achieved either through passive listening, in which the mother listens to music, or through active participation, in which the mother sings or plays an instrument. Musical stimulation promotes the baby's development in the areas of memory, attention, thought, perceptual awareness, language and consciousness. Furthermore, music stimulates various parts of the brain that actually assist in building connectors and receptors, which process information.

Out of all the musical instruments to choose from, perhaps the most effective one is the human voice, simply because the voice is one of the most significant carriers of emotion and thought. When a mother sings to her child, she is not

only preparing her baby for sound and language comprehension, but is also soothing and reassuring her baby at the same time. In addition, she is also helping shape her child's personality and ability. When infants hear these beautiful melodies, their personalities begin to be influenced by them, and this, in turn aids in the cultivation of creativity, coordination and concentration.

Because the voice is such an eloquent conveyor of thoughts and feelings, the mother's voice is an influential way to soothe and pacify her child. As the unborn infant grows and develops, he learns to recognize voices, in particular his mother's. This early communication actually enables the unborn child to recognize his mother's voice at birth. All babies love their mother's voice, and the sooner they recognize it, the more they can enjoy hearing it! **bt**



# CHILDBIRTH: THE ANCIENT, NEW WAY

A growing number of women want to return back to nature.



In the olden days, women delivered at home with other women as midwives in attendance. Then with the evolution of medicine, and because of the high rate of maternal and child morbidity and mortality, women started giving birth in a hospital set-up. This has resulted in more babies and more mommies being saved from childbirth-related complications. However, this has also resulted in the “medicalization” of childbirth. It has reached the point where women relinquish their maternal instincts to obstetricians and in the process, feel disempowered, fearful, inadequate and deprived of the ecstasy of the birth experience.

Women were separated from their support systems, in the interest of hygiene, placed in labor rooms with strangers of the medical community to monitor her labor. They were drugged to alleviate the pain and put to sleep right at the moment of their last push to bring forth their creation to this new life. As a result, the mother was deprived of the most glorious moment of seeing her baby on the first few seconds of its existence. If she was lucky to be in a hospital that offered epidural anesthesia, she was at least accorded the privilege of seeing her baby take its first breath. But the baby, being drugged as well from the sedation the mother received, loses its instinct to latch on to the mother’s breast to receive its precious colostrum, loaded with antibodies to protect the baby from a multitude of diseases during its vulnerable existence. Nature being so intelligent, created another purpose for this early latching: as the baby sucks on its mother’s breast to receive its first “vaccination” against illness, it



The mother is almost never sedated whether she opts for natural childbirth or epidural anesthesia, or ends up with a Cesarean section because doing so can undermine the breastfeeding process in the first hour of life. Immediately after childbirth, the baby is dried and wrapped and brought soon after to the mother’s breast, allowing skin-to-skin contact, and latching within minutes from birth. This facilitates the contraction of the uterus the natural way. The mother and baby are considered as one unit, as they ought to be, and are never separated unless there is a critical reason to do so. The mother feels empowered as she participates in the decision-making process, breastfeeding is more successful because latching

also causes the release of oxytocin, a hormone which acts on the uterus to cause it to contract, closing the large venous sinuses, thus preventing the mother from hemorrhaging to death immediately after giving birth. Each time the baby sucks, the process is to be repeated over the next six weeks until the uterus is back to the pear shaped tiny organ it was prior to childbirth.

Alas, with civilization, nurseries were invented and it became the practice to separate the baby from the mother soon after childbirth. The baby was fed with formula until the mother is strong enough to breastfeed, or should we say, until the mother is no longer groggy from all the drugs she had received during labor. This provided the perfect set-up for breastfeeding to fail because by the time the nurse responds after the baby cries, and by the time the mom comes over to respond to that call, it’s all too late. Sometimes the baby is already fed with formula so by the time the mother comes to the nursery, the baby refuses to breastfeed or is asleep because it is no longer hungry.

“A growing number of women want to return back to nature, to emancipate themselves and their babies by giving birth the natural way, keeping themselves and their babies free from drugs and chemicals.”

A growing number of women want to return back to nature, to emancipate themselves and their babies by giving birth the natural way, keeping themselves and their babies free from drugs and chemicals. Thus Lamaze and Bradley techniques are growing in popularity especially among empowered mothers. No longer do they want to resort to any artificial intervention during their birth experience.

on is allowed in the first hour of life, thus, facilitating the infant’s instinct to breastfeed. Every staff, from receptionist to nurse to the Obstetric and Pediatric specialists themselves, is aware of his or her role in giving the mother the best childbirth memories she can possible have. The outcome is a truly satisfactory and above all, a safe birthing experience for mother and baby- the ancient, yet new way. **bt**