During the month of August, Sensitive Midwifery presented a talk by Dr Michel Odent at the Indaba Hotel, in Johannesburg. Dr Michel Odent is an 84-year-old Frenchman who now resides in the UK. He is well known as an obstetrician, pioneering childbirth researcher, prolific author and, most impressively in my opinion, a student of human nature. I first heard about his work during BabyGym Instructor Training, where Dr Melodie de Jager (founder of BabyGym Institute SA) frequently quoted his work while talking about natural childbirth. Although it took some time to tune our ears to his heavy French accent, we did our utmost to hear every word and were rewarded with a valuable and most interesting presentation.

After the talk, I read a bit more about the issues he had raised, and I also read his book The Scientification of Love. What Dr Odent spoke and wrote about made so much sense in terms of what we teach at BabyGym that I am eager to share some of the concepts with interested BabyGym Instructors and parents.

In the foreword of his book, Dr Michel Odent refers to the work of the South African poet, Eugene Marais:

**Eugene Marais on Pain**

Around 1920 - prehistoric times as far as this subject is concerned - Eugene Marais was making experiments to confirm his intuition as a poet that a connection exists between the pain of birth and maternal love. He studied a group of 60 Kaffir Bucks, knowing that there had not been a single instance of a buck mother in the herd rejecting her young in the previous fifteen years. He proceeded to give the birthing females a few puffs of chloroform and ether, and noticed that the mothers refused to accept their new-born lambs afterwards. Of course, at that time Marais was not in a position to interpret the nature of the links between pain and childbirth and maternal behaviour. However, he had established a simple rule by comparing the behaviour of different species - when new-borns are immature and reliant upon a living and nurturing mother, there is a correlation with painful birthing. Excerpt from The Scientification of Love (Odent, 1999).

**Where birth pain is negligible, mother love is feeble - Eugene Marais**

About the author of The Scientification of Love

For several decades, Michel Odent has played multiple and complementary roles in influencing the history of childbirth and health research. As a practitioner, he developed the maternity unit at Pithiviers Hospital (France) in the 1960's and 1970's. He is familiarly known as the obstetrician who introduced the concept of birthing pools and home-like birthing rooms. His approach has been featured in eminent medical journals such as Lancet, and in TV documentaries such as the BBC film Birth Reborn. After his hospital career, he specialized in home birth practices. As a researcher, he founded the Primal Health Research Centre in London, whose objective is to study the long-term consequences of early experiences. An overview of the Primal Health Research data bank (available on the internet at www.birthworks.org) clearly indicates that our health is shaped during the primal period (from conception until the first birthday). It also suggests that the way we are born has long-term consequences in terms of our sociability, our aggressiveness or, in other words, our capacity to love. Michel Odent has developed a preconceptional programme (the 'accordian method') in order to minimize the effects of intra-uterine and milk pollution by synthetic, fat-soluble chemicals such as dioxins, PCBs, etc. He is currently conducting research into the non-specific, long-term effects of early multiple vaccinations on health. He is the author of approximately 50 scientific papers and has published 12 books in 22 languages. In his books, he developed the art of reversing traditional questions: “How do we develop good health?” instead of how to prevent diseases; and “How do we develop the capacity to love?” instead of how to prevent violence.
In his book, *The Scientification of Love*, Dr Odent describes the role of *A Certain Cocktail of Hormones*. He says: To give birth, a woman needs to release a certain cocktail of hormones. Let us forget the names of these various hormones (oxytocin, endorphins, prolactin, ACTH, catecholamines, etc.). The crucial thing is to realize that they all originate in the same gland - the brain. Today the traditional perceived separation between the nervous system and the endocrine system is obsolete. There is only one network and the brain is also an endocrine gland. But it is not the whole brain which is active as an endocrine gland, only its deepest part. We might say that when a woman is in labour the most active part of her body is her primitive brain - those very old structures of the brain (the hypothalamus, pituitary gland, etc.) that we share with all other mammals.

Modern scientific language can also explain that when there are inhibitions during the birth process (or any other sexual experience) they originate in that other brain, the new brain, that part of the brain which is so highly developed among humans - the neocortex.

Physiologists might also interpret a phenomenon which is familiar to midwives and some mothers – or at least to those who have experienced unmanaged and unmedicated births. During the birth process, there is a period when the mother behaves as if she were ‘on another planet’, cutting herself off from the everyday world and going on an inner journey. This change in her level of consciousness can be interpreted as a reduction in the activity in the part of the brain that controls the intellect – the neocortex.

Birth attendants, who understand this essential aspect of the physiology of labour and delivery, will not make the mistake of trying to ‘bring her back to her senses’. They would really appreciate that any neocortical stimulation in general, and any stimulation of the intellect in particular, may interfere with the progress of labour (Odent, 2001).

In BabyGym we are taught that, as the pregnancy progresses, it is important for Mom to slow down so that her body can be free of stress and so that Mommy’s brain relies less on the critical-thinking neocortex and more on the primitive brain that we refer to as the “mommy brain” (De Jager adopted the term ‘mommy brain’ from Childbirth Educator, Tina Otte). Dr Melodie de Jager describes this beautifully in her book *brain development MILESTONES and learning*: “All you need is time and the urge to succeed, because that triggers something inside you, mom, something that will guide you and prompt you to do what is best for your little one. This internal guide is your instinct or mommy brain – an innate wisdom that doesn’t know everything, but will lead you in the right direction on behalf of your little one. Mom, you may not fully realise (although deep down you probably know) that for more or less 9 months you and your baby have developed a language all of your own – a language that nobody else can hear or understand” (de Jager, 2011). And the wonderful thing is that when Mommy slows down her pace, and trusts her body and baby to prompt the onset of labour, the right cocktail of hormones is released. Not surprisingly, the *Certain Cocktail of Hormones*, referred to by Dr Odent, contains the hormone oxytocin, also called the love/bonding hormone.

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Unfortunately, the demands of a fast lifestyle often require Mommy to use her critical-thinking brain, the neocortex, right up until her due date; and then we often find that the body needs artificial hormones to aid the onset of labour. The artificial form of oxytocin is called Syntocinon or Pitocin.

According to Netdoctor.co.uk, “a Syntocinon injection contains a synthetic version of the naturally-occurring hormone oxytocin. It works in the same way as the natural hormone. Oxytocin is normally released by the pituitary gland in the brain towards the end of pregnancy to stimulate the smooth muscle of the uterus (womb). The oxytocin causes the muscle of the uterus to contract during labour so that the baby can be pushed out. Synthetic oxytocin is used to induce labour for medical reasons, or if labour has not started naturally. The dose of the medicine is adjusted until the contractions produced are in a similar pattern to that of normal labour. Synthetic oxytocin can also be used to stimulate labour that has started naturally, but is considered too weak to push out the baby. In this case the medicine strengthens the contractions of the uterus. After the baby has been born, Syntocinon may be given to stimulate contractions that help push out the placenta and prevent heavy bleeding. Syntocinon is given as a drip into a vein.”

However, many scholars believe that naturally produced oxytocin and its synthetic form, Syntocinon or Pitocin, do not work in the same way.

In his article Natural childbirth VI: Pitocin side effects and risks, author Chris Kresser says there is absolutely no doubt that induction using synthetic oxytocin (Pitocin) can be a lifesaving intervention, and is necessary in some circumstances to protect the health and well-being of both mother and baby. The question he likes to explore is not whether induction using Pitocin is sometimes necessary – he believes it is – but whether the frequency of its use in hospital birth today is justified.
As is the case with all medical interventions, it’s important to critically examine the balance between benefit and risk – especially when we’re talking about the use of powerful drugs with otherwise healthy pregnant mothers and their babies. Here follows an excerpt from the article:

Is speeding up labor with synthetic oxytocin justified?

Official U.S. figures state a 22.3% induction rate in 2005, which is more than double the rate in 1990. In Australia rates were 25.6% in 2005, and close to 20% in England (2005) and Canada (2002).

The problem with augmentation is that it produces an abnormal labor. Synthetic oxytocin can interfere with the delicate orchestration of the mother’s natural hormones during birth, and according to some research, with the baby’s brain and hormones as well. It’s crucial to understand that the effect of synthetic oxytocin is not the same as that of natural oxytocin produced by a laboring woman.

The uterine contractions produced by synthetic oxytocin (Pitocin) are different than the contractions which are stimulated by natural oxytocin – probably because Pitocin is administered continuously via IV whereas natural oxytocin is released in pulses. Pitocin-induced contractions will be longer, more forceful and much closer together than a woman’s natural contractions. This can cause significant stress to the baby, because there’s not enough time to recover from the reduced blood flow that happens when the placenta is compressed with each contraction. The net effect of this is to deprive the baby of necessary supplies of blood and oxygen, which can in turn lead to abnormal fetal heart rate patterns and fetal distress.

The U.S. Pitocin package insert is painfully clear about the risks of the drug, warning that it can cause:

- fetal heart abnormalities (slow heartbeat, PVCs and arrhythmias)
- low APGAR scores
- neonatal jaundice
- neonatal retinal hemorrhage
- permanent central nervous system or brain damage
- fetal death

Hormonal disruption may also explain the reduced rate of breastfeeding following labor that was induced with Pitocin - Chris Kresser

The reason why I am eager to share this information is not to cause alarm regarding drugs and the risks involved, but to emphasise how extremely important it is to slow down during the final stages of pregnancy, making it easy for your body to prepare for the birth.

In BabyGym 1, De Jager says: “To be a good mom, you need to feel a lot (and think a little) to stay in contact with your mommy brain. Your hormones are your willing assistants which keep you relaxed and functioning from your mommy brain, more than functioning from your thinking brain. That is why new moms often feel slow and a little out of control. It is exactly how you should feel to be able to get to know your baby. If Mom is fixing Dad’s breakfast, cleaning the house and completing her normal daily routine like before Baby was born, there is no place for Baby.

Sometimes a mom and baby have no choice and are dependent on medical intervention, which is understandable. However, you should understand how the procedure and medication will affect both your body and your baby's; this includes hormonal changes, milk production, baby’s feeding and, probably the most important long-term factor, bonding between Mom and Baby. Unfortunately, what starts out as a simple procedure often escalates into something bigger, making it very difficult for Mom and Baby to adjust after birth.

BabyGym 1 was created to understand the purpose of the natural birth process, to aid bonding between Mom and Baby, to ensure healthy feeding, and enable Baby to sleep better. If you would like to know what you can do to benefit OPTIMALLY from the birthing process, contact the BabyGym Instructor closest to you. Till then, slow down...
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