CAESAREAN SECTION
The Heart of the Matter

This article is linked to and can in many aspects be seen to follow on from the first two articles that featured in the March 2009 issue of the MSCC Newsletter. The first article, written by Jennie Valgre, was a report on the Centre for Attachment's "*conversation*" on the meaning of motherhood that she attended at the end of last year, and the second article was a summary of the Childbirth Connection's report on evidence-based maternity care. The issues that are a part of most conversations, reports and books on maternity care and becoming a mother inevitably include some reference to the rising rates of intervention in pregnancy and birth. But despite a growing body of evidence that reveals significant and long-lasting changes and harms to both mother and baby caused by the overuse of interventions such as electronic foetal monitoring, inductions, epidural anaesthesia and caesarean sections, the full story is still in the process of being documented. It is at one and the same time both a personal individual story of a woman giving birth in the 21st century as well a story of how what is happening during birth is changing societies in ways that have the potential to threaten the very fabric of our society and the future for humanity.

It is an inconvenient truth that many of those involved in the provision of maternity care would probably rather not face. It was a sentence in a book I was reading that led me to this new and uncomfortable awareness of another dimension to the epidemic of caesarean sections.

"*It is noticeable that the greater the need a society has to develop aggression and the ability to destroy life, the more intrusive the rituals and cultural beliefs are in the period around birth*." (1)

The book, "*The Caesarean,"* was written by Michel Odent, and I was reading it and a number of other books and research papers in preparation for writing a leaflet on caesarean section for the MSCC. One of the many questions obstetrician and author Michel Odent posed in the book was, in the age of the safe caesarean as a consumer good "*what is the future of a civilisation born by caesarean?*"

Noting that other mammalian species do not take care of their babies after a caesarean, he commented that while human behaviour is more complex and is less influenced by the balance of hormones, "the spectacular and immediate behavioural responses of animals indicate the questions we should raise about ourselves." He then raises three basic questions:

- How does the capacity to love develop?
- What are the links between the many facets of love?
- Why do all societies ritually disturb the first contact between mother and baby?

Referring to recent developments in an area of scientific study that he refers to as 'the scientification of love,' Michel Odent draws first on the findings of ethologists whose field of study is the behaviours of animals and human beings:

"Since the emergence of their discipline ethologists have traditionally had a particular interest in mother-baby attachment. Whatever the species of mammals they are studying, they always confirm that there is a short yet crucial period immediately after birth that will never be repeated."

He points out that there is growing evidence from several disciplines that in humans the short phase of labour between the birth of the baby and the delivery of the placenta is also critical and maybe extremely important to the development of the capacity to love.

In humans the entire process of giving birth is determined by a complex cocktail of love hormones, one of which is the hormone oxytocin. As a result of many studies in other mammals, it is now believed that in women brain receptors to oxytocin develop during labour and birth. This amazing hormone is not only responsible for the contraction of the uterus during labour and birth, and for the delivery of the placenta, as well as for the contraction of special cells in the breast which makes "the milk ejection reflex" possible, it is also involved in the contraction of the prostate and seminal vesicles during the sperm ejection reflex, and the contraction of the uterus during the female orgasm.

However oxytocin is just one of the hormones involved in the process of giving birth. As well as oxytocin, there are endorphins, prolactin, vasopressin (a hormone that regulates the body's retention of water and also has been shown to have a variety of neurological effects on the brain), hormones from the adrenaline family otherwise known as 'catecholamines,' and even melatonin, the 'darkness hormone' which is released at night to reduce the activity of our neocortex and help us fall asleep. This incredibly complex balance of hormones are all essential components of the process of giving birth and they are released by both the mother and the baby at various stages during labour and birth. They do not disappear immediately after the birth as each hormone has a specific role to play in the interaction that occurs between the mother and her newborn baby immediately after birth.

For example, a high level of prolactin (Michel Odent refers to prolactin as "the typical motherhood hormone") results in the mother directing the effects of the cocktail of love hormones circulating in her body towards her baby. He writes:

"This is exactly what is happening immediately after a birth in physiological conditions, at a time when the peak of oxytocin can be extremely high (if the place is warm enough, if the eye-to-eye and skin-to-skin contacts between mother and baby are not disturbed, and if the sense of smell of both of them is not distracted by aggressive odours)." (1)

He notes that these concepts are supported by studies looking at the background of those who have expressed some form of impaired capacity to love – the love of oneself and the love of others.

In looking for an answer to the question of why all societies interfere in some form or another in the interaction between mother and baby at birth, he points to the fact that for thousands of years the basic strategy for survival of most human groups has been to dominate nature and to dominate other human groups, and that there was an evolutionary advantage in developing the human potential for aggression rather than the capacity to love.

However, we are now living at time when we need to develop radical new strategies for survival. "Today we are in the process of realizing the limits of traditional strategies. We must raise new questions such as 'How do we develop this form of love which is respect for Mother Earth?' In order to stop destroying the planet we need a sort of unification of the planetary village. We need love more than ever before. All the beliefs and rituals which challenge the maternal protective and aggressive instinct are losing their evolutionary advantages."

This is just part of the story of what is happening as a result of the increasing rate of caesarean sections being preformed around the world. There are an increasing number of studies that show that caesarean sections often result in both short and long term harms to both mother and baby and increase the risk of a number of untoward events. The full extent of these risks is rarely known by mothers prior to giving birth which is why the MSCC decided to produce a pamphlet based on the research that is currently available.

For the mother these include the increased risk of uterine infection, surgical injury, blood clots, pneumonia, haemorrhage and the need for a blood transfusion, emergency hysterectomy, anaesthesia complications, urinary tract infection, difficulties with getting breastfeeding established, intense and longer-lasting pain, postpartum readmission to hospital, and prolonged recovery time.

Long-term harms include scar tissue or adhesions (endometriosis) causing long-term pelvic pain, feeling fatigued for several years afterwards, increased risk of bowel obstruction, decreased fertility, increased risk for ectopic pregnancy (fertilised egg gets stuck in the fallopian tube), increased risk of uterine rupture during subsequent birth, placenta previa (the placenta lies across the cervix) in subsequent pregnancies, placenta accreta, placenta increta and placenta percreta (where the placenta attaches itself too deeply into the wall of the uterus) in subsequent pregnancies, and the increased risk of miscarriage or stillbirth in a subsequent pregnancy. (1) (2)

For the baby these include the increased risk of being born prematurely, breathing problems, including Respiratory Distress Syndrome (RDS) – labour and birth help clear the baby's lungs of fluid, asphyxia, surgical cuts to the baby during the operation – around 2%, hypoglycaemia, increased rate of admission to neonatal intensive care units, and difficulty getting breastfeeding established. The long-term risks to the baby include the increased risk of respiratory infections during childhood, increased risk of developing asthma, increased risk of obesity, and the increased risk of developing type 1 diabetes. (1) (2)

Links to other disorders such as autism are also being raised in the literature. Further research is needed to confirm or clarify the connection between such disorders and the various interventions during labour and birth that have now become almost routine. There are many pieces of this particular jigsaw still to be discovered and it may be some time before the full picture is available.

The studies have been done often raise a number of complex questions that involve different areas of scientific enquiry. Some of these studies have been shunned by the medical community and the media, despite being published in authoritative medical and scientific journals. Some of them have not been replicated, not even by the original investigators, and they are rarely quoted after publication. Deemed to be politically incorrect, they have been consigned to what Michel Odent refers to as an "epidemiological cul-de-sac." (1) Researchers looking at how people were born often face extreme bureaucratic and funding difficulties. Maybe because the results of their research have the potential to shake the very foundations of our society by revealing the long-term consequences of how we as a society interfere with labour and birth.

The MSCC's latest leaflet "*Caesarean Section: The Facts*" is now available. The information in the leaflet is based on the large amount of research that is now being done around the world – research that has been rescued from the epidemiological cul-de-sac and published in a number of excellent books.

Unfortunately, the MSCC is going to have to charge for this leaflet. We are now in a new economic climate where some funding agencies have had to suspend grant application rounds and/or reduced the amount they can afford to give to community groups that rely on them to fund some of the work of such groups. However, we do want the information to get out to women and their caregivers.

References

1. M. Odent. "The Caesarean." Free Association Books 2004.
2. Sarah J. Buckley. "Gentle birth, gentle mothering" Chapter 9 *Caesarean Surgery: The Whole Story* Celestial Arts 2009.

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