

Lotus Birth... Asking The Next Question

*-by Robin Lim. Originally appearing in Midwifery Today Magazine, **Issue 58**, Summer 2001.*

We midwives are widely known for asking questions. As embryonic midwives we read Niles Newton, Lester Hazell, Sheila Kitzinger. When our own bellies grew rich with child we had Jeannine Parvati Baker's "Prenatal Yoga" to guide us. Raven Lang's "Birth Book" and Suzanne Arms' book, "Immaculate Deception" inspired us and we asked the obstetrical world: Why? Why so many routine vaginal exams? Why stirrups? Why the shave? Why the high rate of cesarean birth? Why should I consider epidural anesthesia? Why ultrasound?

When we were not satisfied with the answers, or lack of explanation we naturally asked: Why must a healthy, low-risk woman have her healthy baby in the hospital, a place set aside for people who are seriously ill? The next logical question was: Why not home birth?

Receiving babies at home midwives continued to ask why. They listened to expectant parents also asking why. Why do obstetricians practicing in hospitals cut the umbilical cord so soon? It was a quiet, yet profound revolution when midwives learned to wait. Obstetrical medicine may have viewed it as a giant step backwards in history. Back to a time of family centered, woman-helping-woman birth protocols. Indeed indigenous people of our planet are still allowing birth to unfold, naturally. The families we serve are pleased to experience birth without the interference of technology. Faith in Mother Nature and Father Time, in God's design for human reproduction is strong in the hearts of home birth families.

However what birthing women and their babies experience in most hospital settings, not only in the U.S., but in the medical protocols that western medicine has exported to the "developing world", are procedures and practices which do not have this "faith" as a foundation. Instead, the "Baby's House" became the "uterus". The uterus, from what I can tell, having worked in many hospitals, is perceived as the enemy, a dark and mysterious place from which doctors must rescue babies! Armed with induction and the pitocin drip, they are ready and able to move those babies out.

Once a woman in a hospital has reached full dilation (and with all the routine vaginal exams, that is quickly established), the vagina becomes the enemy. With or without expulsion contractions women are told (I've seen them forced) to push. If she does not bring the baby out quickly enough, fundal pressure is

applied. Next forceps or vacuum suction. PUSH! PUSH! Episiotomies are cut to hasten the exit of baby, accomplishing the rescue in less time. The cord is immediately clamped and cut. The baby is rushed away from the mother. To be washed (getting all the enemy slime and smells off), weighed, measured and evaluated as a survivor. Her temperature is taken anally. She's dressed and placed in a warmer.

What a contrast to the five home births I had and to the births of the many hundreds of babies I've been honored to receive in their homes. Homes with extravagant carpets, homes with bamboo walls and packed mud floors, all those loving homes in-between where birth took place without violence. Mother was never the enemy in these homes. We had no high-tech infant warmer. The babies were snug on mother's skin, in her arms, cradled on her soft belly, suckled at her breasts. Primitive? Perhaps. A step backwards? I wonder?

With your permission I'll take you to a family scene, 24 years after my first perfectly natural home birth... My now grown daughter Déjà is in a panic. "I've lost my purse! Mother help me. I'll die without my purse!" Déjà's purse is oval shaped, weighing about 1 1/2 lbs., is brown-red in color and has a long strap. Misplacing it causes her to panic, her breathing becomes labored. She cries for mother. Moments after Déjà cried, "I'll die without my purse!" Our eyes met in a moment of "a-ha". She laughed out loud and said, "This is all your fault mother, you never should have let my cord be cut." We hugged and one of Déjà's brothers unearthed the essential purse, the surrogate placenta.

Just the previous weekend Déjà had assisted while I served as midwife for her friend, Priya. The family had decided on Lotus birth, they chose not to cut baby Pranavkrshnan's umbilical cord. The glowing new father, Pradheep, a PHD in biochemistry, felt spiritually moved to choose a non-violent way. As a scientist he was curious to see for himself how nature would handle the relationship between his son and the placenta. We brought a bowl of warm water close and washed the excess blood away. We dusted the placenta with ground rosemary, turmeric and salt. Gingerly, respectfully we wrapped it in a diaper, while the baby remained naked, warm against his mother, still attached to his 'little brother'.

Over the course of the magical first week of Pranavkrshnan's life, the cord dried up, we changed the placenta's diaper and added herbs daily. There was no unpleasant odor. On day five the baby's grandmother made a discovery. She observed that when her grandson nursed, the placenta, lying approximately 14 inches away, would pulse. She pointed this out to her son-in-love, who was astounded.

When I arrived for a visit, Pradheep could not wait to demonstrate. I was witness to nothing short of a miraculous revelation: even five days after the birth, though the umbilical cord was dry, seemingly lifeless, the placenta was responsive to the baby being nourished at mother's breasts. In the words of the father-biochemist, "I am certain that something here is being communicated. I am not fooled by the dry appearance of the cord, deep in the center there is life. Something essential is being provided to my baby by his placenta."

Many, many years ago I read about Jeannine Parvati Baker's Lotus births. I was moved, yet I did not imagine that I could accomplish this kind of patience. When I mentioned it to my own midwife (now deceased), she laughed and assured me that it would be too inconvenient. I let the idea go, though I was to birth three more babies, I was not ready to look that deeply into my own process. Today it is the one thing I would change about the births of my children. Yes, my daughter laughed when she realized she would not 'die' without her purse. Yet I can't shake the memory of her recoiling when her cord was cut. Yes, it had stopped pulsing, or so we thought at the time.

Prior to 1995 hundreds of times I've cut cords. Too often I've heard the babies cry out at the moment, or flinch, or clutch their fists, sometimes I perceive no reaction. In Bali I learned to wait until the "Ari-ari" was born before ever cutting. This is the tradition, never to 'kill' the placenta, the little brother or sister, before it dies a natural death. This Ari-ari would die shortly after the birth but live on in spirit as the child's guardian angel, for the entirety of the baby's life. After death the Ari-ari would go with one to heaven and testify as to whether or not this human did his or her life's duty. A Balinese child greets her placenta when she rises in the morning. At night he prays and implores his placenta to protect him in the dark. Every new moon, full moon and on each Holy day offerings are placed at the burial site of one's placenta.

Here in Iowa I've received now ten babies whose cords were not cut. Only ten. The vast majority of families still choose to cut the cord. However since 1995 all of the babies I have received in Indonesia, the Philippines and Iowa (with the exception of one serious nuchal cord baby) have enjoyed the benefits of waiting until well after the birth of the placenta before their umbilical cord was cut. (Usually one to two hours) Another midwife who has moved out of State had also facilitated a few Lotus births.

In Asia I did notice that the women were in no hurry to cut the cord once the placenta had been born. It was the men who wished it done. They felt compelled to bathe and bury the Ari-ari quickly. Culturally it was the men's responsibility, and so the women accommodated them. More than a few grandmothers and

great-grandmothers rebuked the men for rushing the cord cutting, even an hour after the birth of the placenta.

I am now blessed to have a copy of Jeannine Parvati Baker's Lotus Birth Information Packet. Each of my home birth families reads it while expecting. Since Jeannine sent it to me, none of my families has chosen to cut the cord. Amazing how simple it is to begin a sweet revolution, just by providing honest answers to simple questions. Thank You Jeannine. Recently another gift from Jeannine landed in my mailbox: A book by Shivam Rachana called, Lotus Birth. (published in 2000 by Greenwood Press, P.O. Box 233 Yarra Glen, Victoria 3775 Australia) What a gift this author has given the world. I have hung on every word and highly recommend it.

Midwives are the guardians of normal birth. Yet in these times we may have forgotten what normal is. We are certain that a close bond between mother and child is normal. My experience is that Lotus birth facilitates that bond. Yes, it is inconvenient to move around with the baby attached to her placenta. So mother lays-in, close to the baby and placenta, breastfeeding is established in this sacred circle of quiet, restful seclusion. Yes, few visitors feel welcome while the placenta is still attached. It is during this space out of time that family may be invented, that the new mother reinvents herself.

Midwives, please ask yourselves the next question: Why are we buying into the medical ritual of cord cutting? When I see one of my Lotus birth babies gingerly holding her cord, I feel the goodness of leaving them intact. HER cord, HIS placenta, the baby's companion in the womb, who has sustained mother and child through pregnancy, has shared the baby's magical prenatal world...

We live in a world of MINE, of mountains of possessions. I wonder if the roots of consumerism are planted in the practice of taking babies' cord and placenta away, before they naturally let go. And, I ask myself: Why cut the cord?