Pregnancy and Childbirth

Jan de Vries



Books available by the same author

By Appointment Only series:

Arthritis, Rheumatism and Psoriasis
Asthma and Bronchitis
Cancer and Leukaemia
Heart and Blood Circulatory Problems
Migraine and Epilepsy
The Miracle of Life
Multiple Sclerosis
Neck and Back Problems
Realistic Weight Control
Skin Diseases
Stomach and Bowel Disorders
Stress and Nervous Disorders
Traditional Home and Herbal Remedies
Viruses, Allergies and the Immune System
Who's Next?

Nature's Gift Series:

Air - The Breath of Life Body Energy Food Water - Healer or Poison?

Well Woman series:

Menopause Menstrual and Pre-Menstrual Tension Pregnancy and Childbirth The Jan de Vries Healthcare series:

Questions and Answers on Family Health Life Without Arthritis – the Maori Way

PREGNANCY AND CHILDBIRTH

Jan de Vries



This eBook is copyright material and must not be copied, reproduced, transferred, distributed, leased, licenced or publicly performed or used in any way except as specifically permitted in writing by the publishers, as allowed under the terms and conditions under which it was purchased or as strictly permitted by applicable copyright law. Any unauthorised distribution or use of this text may be a direct infringement of the author's and publisher's rights and those responsible may be liable in law accordingly.

Epub ISBN: 9781780571966 Version 1.0 www.mainstreampublishing.com Copyright © Jan de Vries, 1995

All rights reserved

The moral right of the author has been asserted

First published in 1995 by MAINSTREAM PUBLISHING COMPANY (EDINBURGH) LTD 7 Albany Street Edinburgh EH1 3UG

ISBN 1 85158 658 X (cloth) ISBN 1 85158 657 1 (paper)

No part of this book may be reproduced or transmitted in any form or by any means without written permission from the publisher, except by a reviewer who wishes to quote brief passages in connection with a review written for insertion in a magazine, newspaper or broadcast

A catalogue record for this book is available from the British Library

Contents

- 1. STARTING A FAMILY
- 2. FOOD MANAGEMENT
- 3. VITAMINS, MINERALS AND TRACE ELEMENTS
- 4. HOMOEOPATHY
- 5. HERBAL MEDICINE
- 6. ACUPUNCTURE
- 7. CRANIAL OSTEOPATHY
- 8. NEW ARRIVAL
- 9. POST-NATAL DEPRESSION
- 10. TEETHING PROBLEMS
- 11. CONCEPTION AND CONTRACEPTION
- 12. COMPLICATIONS
- 13. INFERTILITY
- 14. ENDOMETRIOSIS
- 15. EXERCISES

USEFUL ADDRESSES

BIBLIOGRAPHY

A baby is God saying that the world should go on

Starting a Family

It is 35 years since my wife and I got married, and less than a year later our first child was born. At the time we never thought that this baby would later become a midwife and health visitor. It is hard to put into words the happiness and joy we felt when this baby was born and, when holding my newborn daughter in my arms, it suddenly dawned on me that, as a father, I too was responsible for the well-being of this helpless baby. Three more children were born to us over the years and with all of them we experienced a new happiness and joy that enriched our family.

Not so long ago I returned home from an exhausting series of lectures in the USA. I was very tired and ready to put my feet up, when the telephone rang. I answered it and was surprised to hear my eldest grandchild enquiring how I was. Suddenly it didn't matter how tired I was. What a lovely experience to hear the voice of a young member of the family asking how his grandfather was feeling, and it certainly filled me with joy. I always had a touch of the Peter Pan syndrome and was far from excited at the prospect of becoming a grandfather – until it happened. Indeed, it adds a new dimension to one's life. I remember the day my eldest daughter was born as clearly as I will remember the birth of my first grandchild.

With the greatest pride and joy, as a father to four children and a grandfather to six, I have embarked on writing this book. My eldest daughter, an experienced

midwife and herself mother of two children, has given me her support and some practical information for this book. Throughout her study and her career I have been interested in her work. I also decided to talk to one of my favourite patients who is not only a midwife but also a nun. As we had often talked about our work. I was interested to include her views on her work with mothers and babies and asked her to write down some of her experiences. Sister Maria McGuire, who belongs to the Sisters of Wisdom, La Sagesse, has very kindly written down some of her thoughts from the years that she has practised as a midwife, so that we can benefit from her valuable experience. Her balanced view on the subject is very worthwhile, because in her years as a midwife she has been involved in many births and has been closely involved with a great many mothers and babies. Though obviously not a mother herself, she is ideally placed to give us an insight into pregnancy and motherhood from the female point of view, which will complement some of the other views expressed in this book.

Sister Maria writes:

I am deeply interested, and at the same time fascinated, by this wonderfully unique bond of love. Some of the following are my own experiences from working with mostly young pregnant mothers and their 'little ones'. I have used techniques devised by Prof. Terry Dowling, for example:

- 1. Early bonding as soon as pregnancy was confirmed
- 2. Asking a two-year-old about who was present at her birth
- 3. Asking adults, 'Why do you love trees so much?'
- 4. Using the information and deeper understanding of the deeply intimate relationship of mother and baby to understand problems among young adults, such as rejection
- 5. Why adoption is such a horrendous decision to make

- 6. Why miscarriage and still-birth are so traumatic
- 7. Why post-abortion trauma can be devastating
- 8. Parenthood and the importance of a family

For the sake of brevity I will use one example for each of the above categories, and to preserve confidentiality I will use fictitious names.

1. Early Bonding

Judith was a young native African girl. She was unmarried and about five months pregnant. She was looking forward to the birth of her baby very much, so we discussed various ways of facilitating and deepening her bonding. This she eagerly took to. I encouraged her to talk to the little one about everything she would normally chat about, saying, 'It's a lovely day' and 'I love you very much', etc. I also encouraged her to caress the baby by gently stroking and massaging her fairly large tummy and then allowing her hand to rest on her tummy, so that the little one could snuggle into her hand. Also, doing this simple exercise in the comfort of a nice relaxing bath is very soothing to both mother and child.

Judith had a healthy baby boy. He was a very contented baby and his birth was quick and uncomplicated. Judith had a very short term of labour. She was delighted with her baby, was in good health and very happy.

With my own input in working in pregnancy care, every child has known my voice, but obviously their mum's voice was the favourite. Where possible I have included the fathers, but sadly only a very small number stayed by the side of their girlfriend.

2. Who was at your birth?

While on a home visit to assess and observe mother and daughter, the subject of Jane's birth was introduced by her mother. I felt this was a good opportunity to ask two-year-old Jane some questions. She was an intelligent and very articulate child, so I asked, 'Jane, who was with you when you were born?' Jane, without hesitation, replied, 'My Gran.' Then her mother said, 'No Jane, that was my gran, your great-grandmother.' Well, two-year-old Jane became very annoyed and was adamant, 'No, she is my gran.' Mum soothed her and said, 'Okay Jane, she is your gran.' I asked Jane if there was anyone else there and shyly she looked at her mother and said, 'My mum.'

3. I love to ask people 'Why do we love trees so much?'

Personally, I feel delighted to be among trees. They are so strong, yet gentle; they make me feel secure and protected. I love to stand gazing at the sky through the branches, especially if the tree is a big sturdy oak. I know I was loved and cherished from conception. My two older brothers wanted a baby sister, so they prayed to God for me. There is a theory that babies can actually see before birth, and another about what it is they actually see *first*. In my personal experience, and perhaps in many other people's, I am sure it was a tree. That is one reason why so many beautiful things have been written about trees.

4. Relationship in the womb between mother and baby to understand problems which people express and manifest in later life

I have worked with approximately 400 young women during their pregnancies. Many were in residential care due to concealed pregnancies where the baby was to go for adoption or difficult family situations which made it necessary for the girls to go into residential care during the remainder of their pregnancy. For the majority, the problems eventually evaporated and their families gave their support in varying degrees.

I found that those girls who had the most problems had themselves been rejected by one or both parents. Their ability to trust people was sadly shattered. When love and care was given, this was tested, usually by the girl being more demanding and causing more problems. Those who tested the carers without being rejected (as they expected to be) actually began to trust them. However, there were a number of girls who did not know what ordinary family life was, as they had been in care since infancy and, although they learned good parenting skills, they needed ongoing affirmation and support to help them to rear their own children.

I could not resolve their situation, or rather their experience of life, but I could assist them to look at the various reasons why they experienced parental rejection. This was done by looking at the lifestyles of their own parents prior to marriage, and studying their own family network and history. Often spouses work out marital problems through 'scapegoating' their children. Explaining this can give young girls an informed knowledge of what had been happening to them and raise their confidence, self-esteem and understanding.

Girls who had experienced the trauma of rejection by their mother or father, but especially by their mother, would seek love and affection from any man who appeared to offer this. However, the majority of these relationships ended in tragedy and violence. The girl would be left alone and pregnant. She would consequently seek love for herself in her baby.

5. Adoption

I have seen about sixty girls agonise over whether or not to choose adoption for their child. It is not a decision lightly made. A great deal of counselling is given to assist the girl in making the best decision for her baby. This is because she is caring for her little one and wants only the very best family, where this child will be loved, wanted and given a good start in life.

Carol and Philip were two students, each with their future mapped out. Although Carol was pregnant, they decided that they were too young to take on the responsibility of a child, so they both wanted adoption. Their attitude to the baby, however, was saying, 'We really want this child.' This baby was loved in the womb by both his mum and dad, but they both remained adamant that adoption was the only choice as they both planned to go to university.

Sadly, prior to the baby's birth, the young father became very ill. He was suffering from leukaemia and he was dying. Eventually Carol took her baby son out of foster care (incidentally, no one knew of this baby's existence in either family) and went to see Philip in hospital. Philip was delighted to see his son and managed to smile. He was so weak that he was no longer able to talk. Carol was a very courageous girl and had great inner strength. She took her son to meet both families – what a reunion this was. Tears of delight were shed and families rallied round. Sadly, Philip did not survive his illness, but his mother, though grief-stricken, rejoiced in her grandson. God's ways are not our ways.

6. Miscarriage and still-birth

Society in Britain expects parents, especially mothers, to wash their faces, put on fresh make-up and carry on as

normal when tragedies such as miscarriage occur. Our society cannot cope with this kind of grief, so people's advice is, 'Just forget it ever happened – you can always have another baby.' Another baby – yes. This little one – no! This one is irreplaceable and parents know this. Mothers need to share their deep hurt and work through their grief. Otherwise, if left in isolation, depression can set in, or they begin to think that what they are feeling is abnormal and that they are really going mad. This child was living with them and was a person, loved and wanted, no matter how little he or she was.

A few mothers I knew miscarried around the same time, so they welcomed the opportunity to come together to share their grief. They were angry at the insensitive way they and their miscarried children were treated by the medical profession. Even their husbands refused to discuss the babies. Fathers feel very deeply for their little ones too, but often cannot bring themselves to talk about how they feel. I think this is because society demands that men be strong – they cannot afford to cry, and this is really what would do them a power of good. In the group we talked together, we cried together; all feelings were freely expressed.

7. Abortion

I feel very deeply for mothers subjected to this devastating trauma. It is a known fact that at approximately 12 weeks' gestation the mother usually suffers from depression, and it is precisely at this stage that she has to make an unenviable decision. No one else can share such a horrendous decision – only the mother. Studies have shown that many women suffer at some time in their lives from post-abortion trauma. This devastates that person and can ruin her life utterly and entirely if she is not given the right help and compassion.

The psychological and physical effects can be devastating. Yes, many women receive counselling and psychological assessment prior to abortion, but it is important who is there that they receive sympathetic care afterwards. Some women who have suffered from the aftermath of abortion feel the void left by someone who has lived with them for a short time. Their grief is sometimes harrowing; guilt weighs heavily, and who, they wonder, could forgive them. God is all compassion and love, slow to anger and rich in mercy. He alone knows the depths of the suffering of these mothers – He forgives. Their child, who is with God, also forgives, and the mother has to come to accept forgiveness and to forgive herself.

8. Parenthood

The roles of mothers and fathers are of prime importance to their children. Children are the fruit of the love each has for the other, and children thrive, grow and learn from this. The dignity and rights of the family are the roots of any country. Sadly, many countries throughout the world have eroded the status of parents making it meaningless, and outdated. Career hunting and social status have become the rule for many. However, there is much hope to be gained from seeing parents actively taking on their roles in a responsible manner, seriously and in love.

Fathers are often left out in the cold during pregnancy. Their bonding and relationship with their child is also crucial, and they must work together with their wives to achieve this. This intimate bond of union is so beautiful, but needs to be communicated, protected and nurtured.

The thoughts of Sister Maria are reflected in the Ten Child Care Commandments in the book *The Needs of Children* by Dr Mia Pringle:

- 1. Give loving care
- 2. Give time and talk to your child
- 3. Encourage play
- 4. Praise effort
- 5. Give responsibility
- 6. Remember your child is unique
- 7. Let your disapproval of your child's temperament be positive
- 8. Don't make him/her feel pushed aside
- 9. Never threaten to stop loving
- Don't expect gratitude your child did not ask to be born

'When one cannot feel safe in the mother's bosom, there is no place left to feel safe.' I was reminded of this quotation when I read the book *The Magical Child* written by Joseph Shilton Pierce. This book was given to me by the owner of a healthfood store who attended one of my lectures with her child. She told me that she had been very impressed with this book and I too have read it with great pleasure. Certainly nothing can equal or replace the safety of a mother's bosom, and growing up in the knowledge that our mother is there when we are in need of advice, develops a secure bond. Age does not come into it - a mother will always hold that position in the life of her child. This bond or rapport between a mother and her child depends on the development of their relationship over the years and generally a mother will intuitively know how to deal with her child's insecurities.

Exceptions or excesses are possible if this relationship is handled incorrectly and as a result I have seen many instances of the so-called 'Oedipus complex'. This is a situation where the child is very attached to the parent of the opposite sex and is frequently hostile towards the other parent. Very often such a relationship remains unresolved even in adulthood. In *The Magical Child* the writer claims

that such feelings are usually based on a monstrous misunderstanding which remains significant in the future relationship of the child towards others.

Back in the 1940s, two researchers, Bernard and Sontag, found that the infant *in utero* immediately responded with body movement to sounds from its mother and to sounds in her immediate environment. In 1970, researchers Brody and Axelwort stated categorically that there were no random movements in the newborn or uterine infant. Every movement, they insisted, has meaning, purpose and design. Within minutes of birth the newborn baby begins almost continuous movements of its limbs, body and head.

I once heard an interesting story about a woman whose husband practised medicine. They worked in Uganda many years ago, and when the local mothers brought their infants to see the doctor they had to wait patiently in line for hours. The women carried these tiny infants in a sling next to their bare breast and no diapers or nappies were used. Yet, it seemed that none of the infants was soiled when it was their time to be examined by the doctor. The doctor's wife wondered how these women could manage to keep their infants so clean. The women explained that they just temporarily left the queue and disappeared into the bushes, but this still left the doctor's wife wondering how they knew when it was time for the infant to relieve itself. She was then told that a mother knew instinctively when her infant was going to urinate or defecate. The psychologist Karl Jung said that the child lives in the unconscious of the parent and, when we look at the above, it seems that Jung was correct in this theory. A conscious parent encompasses the psychological state of the child - the intuition is highly tuned.

It was noted by the researcher Blurton Jones that breastfed infants cry more than bottle-fed infants, but only during the first year of their lives. Thereafter, the breast-fed infants cry far less than those who are bottle-fed. This shows that