

Lotus Birth

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Abstract

Lotus Birth or umbilical nonseverance is the practice of leaving the umbilical cord uncut, so that the baby remains attached to the placenta until the cord naturally separates at the navel, exactly as a cut cord does 3-10 days after birth. After the baby is born, the cord is not clamped and after the placenta is born, the baby and its cord/placenta are kept intact - i.e., the cord is not cut. When the placenta is born, it is kept at the same level as the baby to allow for full transfusion of nutrient rich blood & hormones and full expansion and function of the baby's new breathing apparatus, optimized on a deep internal level when there is no additional stress on their system. The placenta is wrapped in absorbent material, a nappy or cloth and put in into a placenta bag. The covering is changed daily or more often if seepage occurs. Alternatively, the placenta may be laid on a bed of sea salt (which is changed daily) and liberally covered with salt. It ensures that an average of 100mL of precious red blood cells will transfer gently to the baby at its most critical time of need, to contribute towards the amazing exponential brain development of the first year



Lotus Birth or umbilical nonseverance is the practice of leaving the umbilical cord uncut, so that the baby remains attached to the placenta until the cord naturally separates at the navel, exactly as a cut cord does 3-10 days after birth.^[1]

History : Lotus Birth is a new ritual, having only been described in chimpanzees before 1974, when Clair Lotus Day- pregnant and living in California- began to question the routine cutting of the cord. Her searching led her to an obstetrician who was sympathetic to her wishes, and her son Trimurti was born in hospital and taken home with his cord uncut. Lotus Birth was named by, and seeded through Clair to Jeannine Parvati Baker in the US and Shivam Rachana in Australia, who have both been strong advocates for this gentle practice.^[2]

This informed choice practice requests healthcare providers to follow the protocols of "Passive Management" of Third Stage Labor, and also forego invasive cord clamping. The baby is born and remains attached to its cord while the placenta is birthed. The baby's placenta-cord is kept in-situ with the baby, gently wrapped in cloth or kept in an uncovered bowl near the mother, and the cord is sometimes wrapped in silk ribbon up to the baby's belly. The cord quickly dries and shrinks in diameter, similar to sinew, and detaches often by the 3rd Postpartum day (but up to a week in certain humid indoor air conditions) leaving a perfect navel. Interestingly, extended-delayed cord clamping & severing (just waiting more than an hour after the baby's birth), results in quicker cord stump healing, with an average of only one week for detachment of the stump, which makes a big difference for diaper changing!^[3]

Articles required for lotus birth

- 1) A larger bowl to birth the placenta in
- 2) A larger sieve to stain the placenta for first 24 hours
- 3) A bunny rug, tiny cloth nappy or other fabric to use as a placenta cloth
- 4) Sea salt, dried flowers, dried herbs or essential oils
- 5) A placenta bag if desired^[4]

Practice of Lotus Birth : After the baby is born, the cord is not clamped and after the placenta is born, the baby and its cord/placenta are kept intact - i.e., the cord is not cut. When the placenta is born, it is kept at the same level as the baby to allow for full transfusion of nutrient rich blood & hormones and full expansion and function of the baby's new breathing apparatus, optimized on a deep internal level when there is no additional stress on their system. There is no rush to do anything with the placenta - it is often just wrapped in a soft cloth near the mother during the precious first hours of bonding (the 'Primal-adaptive' period as named by Michel Odent M. D.) after the completed birth. Then, at some point the placenta is placed in a special bowl or wrapped in a ceremonial cloth (it is helpful to rinse it first, and remove clots). Powdered herbs such as Lavender, Goldenseal, Rosemary or Tulsi

may applied for preservation during the drying process, and re-applied daily. Sea salt is also applied generously on both sides to aid drying and minimize scent. This small pillow and its cord are easily kept with the baby, and some women even use the Lotus pillow as an elbow prop during nursing. Some mothers prefer to leave the placenta in a special bowl, near them in the bed, with the sturdy, flexible cord mostly dried just a few hours after birth.^[3]



Care of the Placenta : When the baby is born, leave the umbilical cord intact. If the cord is around the baby's neck, simply lift it over.

- Wait for the natural delivery of the placenta. Do not use oxytocin - this forces too much too soon into the infant and compromises the placenta delivery.
- When the placenta delivers, place it into a receiving bowl beside the mother.
- Wait for full transfusion of the umbilical blood into the baby before handling the placenta.
- Gently wash the placenta with warm water and pat dry.
- Place the placenta into a sieve or colander for 24hrs to allow drainage.
- Wrap the placenta in absorbent material, a nappy or cloth and put in into a placenta bag. The covering is changed daily or more often if seepage occurs. Alternatively, the placenta may be laid on a bed of sea salt (which is changed daily) and liberally covered with salt.
- The baby is held and fed as the mother wishes.
- The baby is clothed loosely.
- The baby can be bathed as usual - keep the placenta with it.
- Keep movement to a minimum.^[5]

How does it protect newborn health?

It ensures that an average of 100mL of precious red blood cells will transfer gently to the baby at its most critical time of need, to contribute towards the amazing exponential brain development of the first year, and not be disposed of or harvested due to adult well-intentioned mistrust of the infant's physiological integrity.

Emotional health of the newborn and family is facilitated by focusing on the phenomenal baby as a whole, with no attention diverted away through adult traditions of separation. Rather than focus on cutting the cord, fathers are able to support an uninterrupted, quality bonding with the child who is still transitioning from 9 months of gestation and gain trust in the organic rhythms of their child. For full nonseverance families, the early days postpartum are spent simply resting and grounding, as the mother & father and Lotus babe experience the fullness of relationship, secluded and secure at home, in fact rarely leaving the bedroom.^[3]

Leaving the cord intact & cord blood banking

'Banking' cord blood involves immediate, very early cord clamping to take a significant amount of blood (100mL on average) from the newborn who is greatly in need of it at that exact time.

Cord blood banks receive from 80 ml to 180 ml of blood on the average amount of blood taken for CBC harvesting. The blood bank interests do acknowledge more blood is received if the cord is clamped "quickly", meaning in 30-seconds, or less. Early cord clamping protocols are part of the ACOG's 'active management' practices of anesthetized delivery popularized in the 1950s and continuing to dictate medical training today.

The amount of blood deprived the newborn child by early cord clamping can be understood by the fact that a 9-pound baby only creates 10 ounces of blood (300 ml). Therefore 180 ml is actually more than half this baby's blood supply and taking half of one's blood supply will weaken any child, or any adult that loses blood. And child advocates point out that the neonate has a right to their own blood when they most need it: in the vulnerable hours and days of the first 4-6 weeks of neonatal life, from which we measure infant mortality.

Lotus birth stands for the birth of the baby and placenta as one unit. The wait for the birth of the placenta ensures that all the cord blood (which is around 1/3rd of the total newborn's blood volume) is transferred to the baby and that the baby gets the crucial skin-to-skin contact on mother's body or gets breastfed immediately after birth. The cord blood gives an extra boost to the baby's

immunity and the early skin-to-skin contact cuts down the baby's anxiety and regulates its glucose level and body temperature. It also ensures closeness of the mother and baby and completely bypasses the harshness of the sudden whisking away of the baby minutes after the birth.

Lotus birth might not be a popular choice but it is the birth of the baby-placenta with the aim of keeping them together as long as our supporting conditions permit.^[6]

Lotus birth & Medicine

The Royal College of Obstetricians and Gynaecologists (RCOG) has stated, "If left for a period of time after the birth, there is a risk of infection in the placenta which can consequently spread to the baby. The placenta is particularly prone to infection as it contains blood. At the post-delivery stage, it has no circulation and is essentially dead tissue," and the RCOG strongly recommends that any baby that undergoes lotus birthing be monitored closely for infection.^[7]

References :

- 1) Lotus Birth- a natural birthing practice. 2011.
- 2) Dr. Sarah J Buckley. Lotus Birth. 2009
- 3) Common Questions about Neonatal Umbilical Integrity (Lotus Birth): A Resource. 2013 .
- 4) Mrs. A. Rajarajeswari. Lotus birth- Newer trend in Obstetrics & Gynaecology Nursing. TNC JOGN 2016 Jul-Dec;III(2):26-28
- 5) Lotus Birth- a natural birthing practice. 2011
- 6) Shivani Sharma. Hypno Birthing, Water Birthing and Lotus Birth – 3 natural childbirth options. 2015
- 7) RCOG statement on umbilical non-severance or "Lotus birth. 2008 .