The Hidden Dangers of Hospital Births and How...

A MIDWESTERN DOCTOR FEB 16 448 64 74

Unmasking the Business of Being Born

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Rosie Cotton Rosie Cotton Feb 16
Liked by A Midwestern Doctor

I've birthed 10 children vaginally:

First one at a military hospital where they "stripped my membranes" - absolutely the worst experience of the 10. It's a miracle I was willing to try again, in my naïveté.

2,3 and 4 - traditional hospital birth with epidural. Had weird symptoms after pitocin and hard time dealing with an episiotomy. (or two?)

5, 6, 7, 8 - home births with a midwife. Wonderful, excellent experiences. Sometimes tearing, but no problem stitching up without anesthesia if done quickly - all the blood has been "pushed away" so there is little feeling in the perineum. Baby 8 had a undiagnosed heart defect (only one sono done at 8 weeks) and Down Syndrome, and had to be rushed to ER, but I believe the vaginal home birth saved her life. It is certain, if I had had her in a hospital, they would've required a c-section.

9, 10, - had at a birthing center, water births. Absolutely lovely option - most comfortable way I birthed. I was 47 years old with the last one, and was considered "high risk" solely because of age.

Experienced midwives are picky about their clients and I believe that is another reason why homebirths are so safe. If there is an issue with baby's or mother's health, they will recommend hospital birth.

Thank you for another fabulous, informative article AMD. You are doing an amazing job!

LIKED (15) REPLY (1) SHARE

A Midwestern Doctor Feb 17
Author

Thank you, I really hope this information gets out there.

LIKE (4) REPLY SHARE

Obcwcvh Obcwcvh's Substack Feb 17
Liked by A Midwestern Doctor

It makes me viscerally sad to see how many people are turning towards surrogate pregnancies, as if the child birthing journey is just a "nuisance" of no importance. I feel like this trend is eroding away at what it means to be human; as the human birthing process, and even more so the human parent-child relationship, is quite unique within the animal kingdom.

LIKED (10) REPLY (3) SHARE

A Midwestern Doctor Feb 17
Author

:(

LIKE (1) REPLY SHARE

Taelor Feb 18

Renting a woman's body (that is typically in desperate need of funds = exploitation) because pregnancy is too inconvenient is abominable. If you are unwilling to undergo the first most innate sacrifice in which you come out the other end a mother, then just don't.

LIKE REPLY (1) SHARE

SleeplessInMichigan 4d

Do people use surrogacy for these reasons frequently? I thought that surrogacy is typically used by people who can't have babies naturally.

LIKE REPLY SHARE

KM KM Feb 18

It absolutely is. Part of modernity's view of the body as a nuisance and barrier to autonomy (with credit to Michael B Crawford - I came across this idea and this expression of it in his work).

I have always had the most visceral whole body feeling of opposition to surrogacy. You articulate some of the reasons behind my feelings.

LIKED (1) REPLY SHARE

Danielle J. Duperret, ND/PhD Beacons of Light: Health, Heali... Feb 17
Liked by A Midwestern Doctor

I've home-birthed my 7 children, with the assistance of midwives, no drugs and had no problem. That was before giving birth in water was popular. I would have liked to try it.

LIKE (8) REPLY SHARE

Jason Feb 16

Fantastic article. When we were planning to start our family, we researched this subject extensively after watching The Business of Being Born, and came to nearly all of the same conclusions as MWD. Home birth was the only way for us to stay off the centralized medical grid and accommodate our wishes for zero drugs, zero ultrasounds, delayed cord clamping, natural birth of the placenta, skin-to-skin immediately after birth, no newborn shots, etc.

We did our home birth in an inflatable pool in the bedroom, with a midwife and doula present. The childbirth experience was a first for both of us, but I could tell that the progression of the birth process reflected the much lower-stress enviornment than we would have had at a hospital. Active labor was only about two hours, the baby was out in 3-4 pushes, and there was no tearing or blood whatsoever, with a 10/10 apgar baby. The midwife (who almost didn't arrive in time since the labor progressed so quickly) said it was one of the best first-time birth experiences she'd ever seen, and the smoothest birth overall that she'd seen in the previous year. In contrast to the screaming and wailing you see on television portrayals of births, there was minimal drama or obvious intense discomfort. I sometimes joke with my wife that "It didn't look like that big of a deal," which always gets an eye-roll but has a kernel of truth to it.

We also attribute Klenner's Vitamin C protocol (https://www.orthomolecular.org/resources/omns/v16n35.shtml) to helping keep her tissues fleixble and maintaining the strength of the collagen in the amniotic sac. Our daughter was born fully en-caul, which seems to happen in only about 1 in 100,000 births, but apparently is much more common on the vitamin C protocol. I'm not sure if MWD has written about the work done by Pauling and Klenner with high-dose Vitamin C, but it might be worth an article as another forgotten side of medicine.

I firmly believe the lack of interventions during birth has contributed to our daughter being a well-adjusted, social 2 year old with a strong bond to both of her parents.

I've heard many horror stories from our friends who have had hospital births, but they discuss it with an air of resignation that there is no alternative. There is, and I can't recommend it highly enough for women with low-risk pregnancies. There's nothing like going to sleep in your own bed with a new member of your family. We're planning on the exact same setup for #2 on the way.

LIKE (12) REPLY SHARE

SashaSue Feb 17
Liked by A Midwestern Doctor

Great article that all women should read and share. I have always said that pregnancy and birth is a natural process and mainstream medicine tends to see natural processes as a "dis-ease" and it is most deifintely not. I hope many more women look to have home births with Mid-wives or a doula present. M.D, only in emergencies and still be careful.

LIKE (5) REPLY SHARE

St. Mudphud St. Mudphud Feb 17
Liked by A Midwestern Doctor

I'll also mention two other things:

1) it's often possible for women to pursue a "vaginal birth after c-section" (VBAC). Unfortunately, not every Ob is open to that, but it's wonderful when a woman can be supported to achieve this. For more info: https://vbac.com

2) there a few organizations that do hormonal support for infertility and pregnancy. All of them do progesterone IM shots rather than suppositories (as I understand it, they found the IM shot more effective with clear evidence of any harms when done appropriately), with lab monitoring. NaPro (https://naprotechnology.com) and FEMM Health (https://femmhealth.org) operate in the US (as well as abroad) and have a public list of trained practitioners. NeoFertility (https://neofertility.ie) operates in Ireland; although it also trains other providers, its list is not public as far as I know.

Most of these providers are what I would call "conventional adjacent" meaning that they may or may not be familiar with or open to the other modalities discussed here. But I hope

it's a starting point for helping people identify a local provider if someone is struggling with infertility or miscarriages.

LIKE (5) REPLY (1) SHARE

Taelor Feb 17

I had my third baby in my living room after two csections I never needed. She turns two tomorrow. ❤️

LIKE (5) REPLY SHARE

Sandra Joyce Feb 17
Liked by A Midwestern Doctor

Wonderful article. There was a brief mention about Zeta potential, something I am only familiar with thanks to MWD -- makes so much sense that the mother's Zeta potential in pregnancy is the baby's Zeta potential at birth.

I have been wondering if practicing yoga might be a way to improve Zeta potential. This seems intuitively true to me. I have two children, and did (fairly rigorous) yoga during both pregnancies. Both were delivered by midwife, beautifully and without complication, and are both thriving young girls as of this writing.

I would also suggest that pelvic floor physiotherapy should be offered to every woman after birth. Heck, even before birth! In my second pregnancy I saw a pelvic floor physio as a pre-emptive measure. She helped me strengthen the pelvic floor muscles in a targeted way - think Kegels, except with a personal coach who can advise you exactly which muscles to target and how. Pretty amazing actually.

My second was born insanely quickly - it was a good thing we planned on a home both because there's no way I would have made it to the hospital. The midwives actually arrived just a couple minutes before the baby was born, and I only made it that long because my doula instructed me on how to "breathe through a straw" to hold the baby in. It's not even that I felt an overwhelming need to push -- more like my body was basically "pushing itself." I was just there along for the ride. (This was unbelievable to me, as I spent about 2 hrs in the pushing phase with my first daughter).

Sorry for rambling, but it's really so sad to me that this knowledge needs to be surfaced and disseminated - so sad it's not just the default standard of care in North America. I'm so fortunate (up in Alberta, Canada) that midwives are a licensed profession and can oversee a low risk pregnancy, and home birth, all at no cost to the woman. All this knowledge (and more) is something that midwifery and doula communities already have. I just wish our culture prioritized midwifery care, instead of the barbaric "pathological" mainstream medicine model of birth.

LIKE (5) REPLY (1) SHARE

A Midwestern Doctor Feb 17
Author

That's why I felt I was obligated to get it out there as I have a large platform.

LIKE (3) REPLY SHARE

Penny Carrier Penny Carrier Feb 17
Liked by A Midwestern Doctor

My grandmother had a home birth with twins roundabout 1920, one was a robust heavy boy, the other an underweight scrawny girl who the midwife put to one side and said "that one won't survive". My great grandmother picked her up, and put her next to her skin, took her away and kept her there for days, feeding her as needed. My aunt grew up to be a normal child and lived into her 80's longer than her brother (my uncle). That's the power of skin to skin contact!

LIKE (4) REPLY SHARE

Mina Cate Feb 17
Liked by A Midwestern Doctor

Learning about what you wrote here prompted me to train to become a volunteer doula about 15 years ago. My first birth was in a birthing center and the labor was everything you hope for ... until she started to push. The nurse midwife forced her onto her back (I'll never forget the terror in the mother's eyes), gave her an episiotomy, and once the baby was out, actually pulled out the placenta. I was so traumatized I couldn't doula again. Another experienced doula just shrugged her shoulders and told me, "It's easy to advocate for change in labor, but almost impossible in the actual birth." Knowing I couldn't psychologically survive how they treat birth is a large part of why I chose not to have kids. I'm very happy to see you bringing these issues to a broad audience because even today I hear the same stories of unnecessary interventions that sparked my desire to be a doula.

LIKE (4) REPLY (1) SHARE

A Midwestern Doctor Feb 17
Author

Thank you. What you touched on is another reason why I do not like hospital births.

LIKE (2) REPLY SHARE

Kelly Ludwig Feb 16
Liked by A Midwestern Doctor

My oldest was born in 93, NJ didn't recognize midwives at all then. Natural delivery but he was a 9.8lb/24" 41week monster. His head was delivered & he still kicked the nurse pushing at my sternum. Even with everything else, I ripped badly. He was just that big. (Yeah, lifelong complications from that).

My younger son was born 25 months later & NJ recognized nurse-midwives then. On exam when I got to the hospital he was breech (my membranes ruptured at home & I was miserable with back labor). My nurse was still new to the US (she was an experienced midwife in Ireland) & asked me if she could try to externally rotate the baby. I've never felt so much like a rotisserie chicken! She spent the next couple of hours moving me, sometimes by what felt miniscule movements. The MD was dismissive but on the next exam my son was perfectly positioned! By that point the back labor was kicking my ass & I asked for an epidural. It was needed. He was 7.15 & 1/2 (JUST under 8lbs!) & 21".

My daughter was 2 years later & my MD did an internal manipulation that started labor later that day (something about his schedule is what I remembered). Most miserable labor of my life. I had wooden bedrails & I CHEWED them waiting for the anesthesiologist (only 1 at the hospital was in the OR with an emergency). I only realized I chewed up the rails after I finally got the epidural. I could feel the contractions, they just didn't hurt. Nurse came in for exam & I told her I was ready to push. Baby basically fell out. She was 7.4oz & 19". Babies got smaller, labors got worse.

My oldest has a heart condition & nearly died (not found until he crashed after birth), middle kid had tachypnea 100+/minute for his first 6 hours. Like you, I'm of a mixed opinion on hospital vs home births. Centers are a great middle ground.

Can you elaborate on the ultrasound issues? Fetal echos identified the potential issues my younger two had after the cluster with my oldest. I know of multiple people who those helped but haven't heard negatives.

Sorry for the book here but I always feel like I learn a lot from you.

LIKE (4) REPLY (1) SHARE

A Midwestern Doctor Feb 16
Author

https://www.midwesterndoctor.com/p/the-forgotten-dangers-of-ultrasound

LIKE (2) REPLY (1) SHARE

Kelly Ludwig Feb 18

I read the US dangers and was stunned. My oldest had severe Coarctation of the aorta (through the aortic arch & a palpable VSD). It was diagnosed as idiopathic. I had severe cramping & spotting from about 12 weeks & I definitely had more US done then the average as I was hospitalized for almost 2 weeks with daily US & repeated fetal monitoring (and no one picked up on the CoA.) I'm starting to think that I might have a beginning of understanding of how this happens to my kid.

LIKE (1) REPLY SHARE

Melanie Feb 16

We professional homeopaths find that the prenatal experience - including a frightening birth experience - can have a lasting effect on the child and throughout life. Imagine the baby yanked untimely from the heaven of perfect temperature, 24/7 nourishment, mom's heartbeat, mom's voice - the shock means the baby is born in terror and is prone to being hyperalert.

I highly recommend Your Baby Remembers: Parenting with a Deep Heart from the Start by my fellow RN Rita Kluny, a Healing Touch practitioner and neonatal nurse.

When I treat adults with emotional problems, I often find myself having to go back and undo the emotional trauma of birth (and yes, homeopathy can heal and release old emotional trauma more quickly and easily than other modalitiesi).

Also I wonder if A Midwestern Doctor would comment on this: in nursing school we learned that babies born drugged had a hard time rooting, finding the breast and nursing, thus delayed in initial bonding with the mother.

And a midwife colleague had a theory that pitocin, being a synthetic version of oxytocin, blocked the oxytocin receptors or pathways to such an extent that she felt / observed that it seemed to set the infant up for autism.

Sent with enormous respect and gratitude to you, A Midwestern Doctor. I have been studying and working in the field of holistic health for more than 50 years, since my undergraduate days at Harvard; amongst voluminous reading in natural healing you are my favorite and most admired expert - not only for the quality (and quantity!) of information you provide, but even more so for your gentle, compassionate, nonjudgmental and nondivisive tone. Thank you so much! from Begabati Lennihan RN CCH author of Your Natural Medicine Cabinet.

LIKE (8) REPLY SHARE

Carol Hoon Carol Hoon Feb 16

Both of our boys were born at home with a midwife. It was the most beautiful experience of my life. They were born in 1999 and 2001. Sadly, when I went to Mommy and Me classes, another home birther and I were the only ones with happy birth stories. I went on to teach Bradley Method classes and could always tell right away, who would succeed with no drugs and who would take the drugs. Anyway, everything you point out is absolutely true. I had so many friends whose births were scheduled on Friday morning to avoid the possibility of a weekend callout for the OB. A truly sick system for one of the most precious times of your life. I quit teaching because it seemed to me that some women simply didn't believe they couldn't handle the pain of contractions without drugs. No amount of education was going to change that for them. The brainwashing is pretty deep.

LIKE (8) REPLY (3) SHARE

Julie Stander Writing from the Heart Jewel Feb 16

I gave birth twice without drugs. I understood the pain as different from an illness or injury,

It was necessary to deliver my child, so there was joy even in the pain. Sadly, I wasn't able to influence my daughter's fear when she was pregnant.

LIKED (4) REPLY SHARE

Sky2A2 Sky2A2 Feb 16

Oh please keep trying to teach it. Keep trying. It is so worth it. And.to be upright as possible when in labor. Walk around if you want. Squat if you want. Even for.the birth if you want. Take homeopathics and Raspberry tea. Etc.

LIKE (3) REPLY SHARE

sadie sadie Feb 16

Bradley was good, even though the husband slept through quite a few of them.:) It seemed to boil down to - "figure out how you deal with pain and practice it". I think most people don't allow themselves to be in pain and reach for drugs at the first sign of discomfort so that the practice of pain tolerance has been lost. Visualization, hypnosis, meditation.... all need practice but they work.

I'm still very glad we have hospitals though, for those life threatening times. Maybe rent an RV and park outside the hospital for that just in case need.

LIKE (3) REPLY SHARE

shasta Feb 17
Liked by A Midwestern Doctor

I did extensive research for our last delivery (2023). We, the parents, agreed oral vitK. The data I got was that the risk is 1:10,000 and it affects essentially malnourished mothers. So you must be the worst nourished mother among 10000 mothers for your baby to be at risk.

Also should have decline eye antibiotic.

LIKE (3) REPLY SHARE

A Consultant Anaesthetist Feb 16

I am most welcoming this article because my first awakening step into alternative medicine was to become a DOULA (a professional birthing partner).

After a couple of successful natural manouvers I used as a guerilla experiment I realised that it is a massive lie what we tell our women.

It should be highlighted that in TCM there are 4 types of births which can be used to predict and successfully support births.

Qi, Yang, Yin and Blood deficient births. Claudia Citkovitz's book is the reference for that and simple manoeuvers such as moving, massage, breathing techniques and optimising the environment should be used to keep the birth normal.

The spiritual side of birth eg rite of passage or coming of age ritual needs to be mentioned. Unresolved emotional trauma often hinders the normal birth process.

The baby's cooperation with birth also needs to be mentioned. With medical birth induction this aspect is completely ignored. Often the baby is not cooperating with the birth process because they do not want to get born yet. They are causing complications such as shoulder dystochia and asynclitic head engagement.

The story is long to be continued...

LIKE (6) REPLY SHARE

Tennislady82 Feb 18
Liked by A Midwestern Doctor

I was way ahead of the curve on this one. I used a nurse midwife for all 3 of my babies and my youngest is 21 😊 I wanted to use a birthing center but my husband wasn't comfortable with a delivery outside of the hospital. But we left 24 hours later. No drugs, no episiotomy...just had a baby. It was so empowering.

LIKE (1) REPLY SHARE

Taelor Feb 17
Liked by A Midwestern Doctor

Thank you for writing this. I gave birth at home after two unnecessary csections & and an unnecessary abdominal surgery whilst pregnant to biopsy a tumor deep in my mesentery (behind my intestines).

I have been a skeptical person my entire life, but would have never imagined I would be led to believe I needed surgery while I was pregnant by oncologists, when I in fact did not as they were aware that I had a desmoid tumor. Without going into too much further detail as to how wrong each and every element of all of these experiences were, I was severely injured in that third surgery I had while pregnant with my third child. I went on to give birth to her at home and she has never been medicalized. She turns two tomorrow. ❤️

LIKE (1) REPLY SHARE

Stephanie Welch Recivilized Woman Feb 16

I'm so glad you mentioned routine infant male circumcision in this article! This profitable but harmful practice is falsely claimed to confer prophylactic medical "benefits." Not only are none of the American Academy of Pediatrics claims regarding UTIs, penile cancer, and STI risk reduction adequately scientifically supported, they fail to meet common sense criteria, and even if they did, this would not justify preemptive amputation of a healthy, specialized, highly functional organ. In addition to inherent trauma and potential complications from this unwarranted surgery, it causes unavoidable long-term damage and denies the individual access to natural function in ways few people recognize and that are not addressed in any informed consent conversations. I attempted to summarize these harms in a CME lecture to a group of ancestral physicians, Not So Vestigial: The Anatomy and Functions of Male Foreskin, at https://youtu.be/IpBTp45bfxs. Since then, I've discovered even more ways it impedes both male and female sexual function and satisfaction. It would be incredible if MAHA could ultimately address this.

LIKE (4) REPLY (1) SHARE

Jacob99 Jacob99 Feb 17

"It would be incredible if MAHA could ultimately address this." How?

"The practice of circumcision dates back at least 6,000 years to ancient Egypt and other cultures. It's one of the oldest surgical procedures still performed today. " Given number of people living today, "both male and female sexual function and satisfaction." are doing just fine. In any case, it's incredible that after 6000 years, we still don't have enough data to have retrospective observation study to tell concussively of benefits of such surgical procedure. and we still don't know how to make such procedure 100 % safe for parents who choose it for religious reasons.

LIKE REPLY (1) SHARE

Stephanie Welch Recivilized Woman Feb 17

Far preceding 6000 years of this intervention, whose original purpose was likely to reduce pleasure without impeding reproductive capacity, millions of years of evolution have produced a highly specialized prepuce in both male and female humans, as well as countless other animals, which warrants our consideration. In female humans, it's called the clitoral hood, and is well understood to contain different nerve endings which produce different sensations than the clitoris itself. You can also observe the prepuce in many animals, such as male dogs -- the protective covering over the mucosal tissue of the penis that retracts during arousal.

We should avoid hubris and assume that removing a functional, specialized organ may cause harm and reduced function, and identify what these could be (in addition to trauma and unintended complications from an unnecessary surgical intervention).

Most of the time, male reproductive function is not impeded, in that he can normally still achieve erection, penetration, and fertilization. Sometimes, sufficient unintentional damage is done, like complete penile amputation, to prevent this. (Death from hemorrhage is also sometimes a result, which would clearly prevent long-term reproductive function.) Given the modern prevalence of ED, the role of stretch receptors in the foreskin contributing to erectile function should be

considered as one possible contributing factor that also has an impact on function.

Suggesting that "both male and female sexual...satisfaction" are "doing just fine" is a highly subjective and unsupported claim, and reports of this being relevant should be evaluated. We should study factors beyond ED which could conceivably contribute to reports of low satisfaction in either partner, such as reduced lubrication (because the mucosal secretions of the penis are reduced when the tissue keratinizes outside of its protective foreskin, and because greater pressure is required and friction is created when the rolling action of the foreskin is not present to facilitate intromission), as well as change in male movement habits due to an absence of certain types of nerve endings in certain locations that would typically be present in the intact genitalia, potentially leading to less intuitively successful stimulation for a female partner.

In other words, MAHA's goals for gold-standard science and informed consent should be applied, starting with the knowledge that any intervention has consequences, and considering anecdotal reports and communities which claim to have experienced harm (for example, Bloodstained Men) to inform potential research avenues and ensure that the standard of "first, do no harm" is upheld.

LIKE · REPLY (1) · SHARE

Jacob99 Jacob99 Feb 17

"standard of "first, do no harm" is upheld." Are you suggesting outlawing such procedure or providing better information for parents to make informed decision and improving safety of such procedure for parents who decided to do this?

LIKE (1) · REPLY (1) · SHARE

Stephanie Welch Recivilized Woman Feb 17

If real A) informed B) consent were provided, rates would go down dramatically. Many parents choose it because they are encouraged to, thinking it's in the best interest of the child. Explaining to them otherwise would be better than outlawing it.

A) Informed:

1. Correct false claims that the procedure significantly reduces risks of UTIs, STIs, and penile cancer.

2. Advise that, even if those claims were accurate, there are many less invasive ways to address those conditions besides amputating healthy genital tissue.

3. Educate recipients that it is not simply "extra skin," but a specialized, protective, mechanically active, lubricative tissue with different types of nerve endings than the rest of the penis.

4. Advise about downsides, such as reduced penis size (the average difference in lost erect volume could be estimated by measuring healthy intact subjects), reduced lubrication due to mucosal tissue keratinization, potential impacts of removing fine-touch sensing nerves (Meissner's corpuscles) while leaving only free nerve endings, etc.

5. Clarify the real extent of potential risks, such as accidental penile amputation or death (this will require improved tracking -- for example, circumcision deaths are sometimes recorded as hemorrhage, not associated with the surgical intervention).

B) Consent:

1. Instead of being a default procedure requiring parents to sometimes take extraordinary steps to opt out of and prevent being carried out automatically, it should only be discussed if the parents request it.

2. It should be discouraged from being covered by insurance so that those who choose it also have to consider the burden of cost.

LIKE · REPLY (2) · SHARE

Jacob99 Jacob99 Feb 17

As long as you are NOT trying to outlaw such procedure for Jews and Muslims, I'm OK. However, I hope that RFK is not going start with study to measure sizes of circumcised and un-circumcised erected penises.

"Instead of being a default procedure requiring parents to sometimes take extraordinary steps to opt out" 100% agree for any medical procedure.

LIKE · REPLY · SHARE

Stephanie Welch Recivilized Woman Feb 17

And to bring it back to the original intent of the post about the process surrounding birth, I forgot to reiterate the downside of the trauma of both the procedure itself (rarely adequately anesthetized) and the resulting substantial open wound on an extremely sensitive body part that will be constantly aggravated with every bladder and bowel movement, diaper change, and interfere with the infant's comfort, sense of safety, and bonding during that time, and so on.

LIKE · REPLY · SHARE

St. Mudphud St. Mudphud Feb 17

I'm not sure if you referenced this group in your article, but the excellent organization Evidence Based Birth (https://evidencebasedbirth.com) is dedicated to helping both families and practitioners navigate the research and decision making around birth practices. It's how I learned much of what is discussed in this article about conventional interventions.

LIKE (3) · REPLY (1) · SHARE

A Midwestern Doctor Feb 17
Author

I used their materials on birthing positions

LIKE (2) · REPLY · SHARE

Michelle Goldstein Feb 16

Resourceful and comprehensive article! There seem to be more hospitals available now with birthing centers geared toward a more natural birthing experience which local doulas will recommend. We've had recent experiences in 2 cities. (in case of emergencies they are already at the hospital with the regular maternity floor nearby / adjoining) If new parents have doulas to help them advocate, support, prepare for childbirth and provide important resources it can be very helpful. Parents can write a plan choosing to decline the hepatitis B vaccine, k shots (natural oral K instead or skip) request delayed clamping (more routine now) ...Sally Fallon's / Dr Thomas Cowan's book The Nourishing Traditions Book of Baby and Childcare is an excellent resource for prenatal, delivery and baby care, including what to avoid at hospital deliveries and why (much of what you covered)

LIKE (3) · REPLY · SHARE

Barbara Charis Barbara's Newsletter - Journey ... Feb 16

In 1979. I wrote a 300 page manuscript How to Raise an Organic Baby: Based on 22 years of a mother's experience raising 4 children.. I found a publisher in NYC who was interested...and he sat on it over 2 months, before he said that he would like to publish it, but the AMA would not approve, because I didn't have a doctorate. I covered info related to my children's births.. I was 22 years old, when my first child was born. .My son and I could have died. After 26 hours of labor, the doctor used forceps to birth him. The baby had bloody scratches along both sides of his head. . My second labor was another 26 hour labor, but no forceps were used. The third childbirth was another 26 hours of labor...all three entailed the use of drugs to put me out. I had no nutritional knowledge and my diet for my first 21 years was abysmal. Then, in 1961, when i got into the study of nutrition I followed Adele Davis's high protein diet with liver info. The 3rd birth was not any better. However, i made sure to go to an OB who was not adverse to nursing, after the first ONB gave me dry-up pills. In 1973, I came across a health book,, which inspired me to become a vegetarian...and i gave up coffee and cigarettes, too. My energy level really changed and I felt better than I had ever felt. In 1976, at 42 I had my 4th child who was my largest and healthiest baby. I never expected such an easy labor, I could have had the baby at home. I was sitting in the sun, sunbathing, and felt some little twinges and when i stood up, the baby was ready to be born. A friend drove me to the hospital...and I was kept waiting in the lobby for 40 minutes. Then I was taken upstairs to lie on a.gurney in a hallway... undressed with medical personnel running past me... with nurses telling me, "Hold back! Wait for the doctor!" It was a total nightmare. My regular OB was out of town; and the substitute that showed up was a mindless flake! It didn't take long; and I told my doctor I didn't want any anesthetic and just wanted a quiet natural birth. The doctor that arrived babbled incessantly about automobiles, during what I wanted to be a. sacred moment. if i had a midwife, it would have only take 45 minutes at the max, but I was told in the hospital.. not to breathe... to slow the birth down...and it worried me later on that I could have harmed the baby. I never saw a child that was as strong as this fourth one of mine..He did not need his head to be supported...and he was creeping up the bed and turning around in his crib at 4 days of age. I learned that eliminating the cigarettes; and eating an abundance of fruit and vegetables for the three years preceding this birth...made all the difference. Years later, i gave my advice to a gal who came to me for a nutritional consultation, before she got pregnant. She and her husband followed my nutritional information. . They opted for.a home birth and had a healthy 8-1/2 pound baby girl... in a no problem home birth.

LIKE (3) · REPLY (2) · SHARE

Jason Feb 16

I agree with the previous commenter, I would happily read this if you have it laying around somewhere.

LIKE (2) · REPLY · SHARE

Sky2A2 Sky2A2 Feb 16

Barbara. Can you get that book printed now??? 😊

LIKE (1) · REPLY (1) · SHARE

Barbara Charis Barbara's Newsletter - Journey ... Feb 16

In 1995, my book...Sharing from the heart was published. The title was a bit nebulous. I should have called it Dates are for Camels! However, I am a researcher-writer...not particularly interested in sales. From 2010-2022 I had a website and published 360 pages...giving people information I researched. In 2022, my website was inadvertently shut down...and then I had an opportunity to do a FREE substack in 2022.. It is entitled Journey to Wellness. barbaracharis.substack.com There are 60 subjects on it relating to holistic health...I just printed the list within the last week..

LIKE (2) · REPLY (1) · SHARE

Sky2A2 Sky2A2 Feb 16

Thank you! Will look it up!

LIKE (2) · REPLY · SHARE

Tim Lundeen Tim Lundeen Feb 16

Another risk is excessive use of ultrasound, see the collection 50 Human Studies, in Utero, Conducted in Modern China, Indicate Extreme Risk for Prenatal Ultrasound: A New Bibliography -- https://www.amazon.com/gp/product/1941719031

LIKE (2) · REPLY (1) · SHARE

A Midwestern Doctor Feb 16
Author

https://www.midwesterndoctor.com/p/the-forgotten-dangers-of-ultrasound

LIKE (2) · REPLY · SHARE

Anna Feb 16

we had unmedicated birth with midwifes and honestly it wasn't that painful 🤪 also, placenta encapsulation was an option too

LIKE (2) · REPLY · SHARE

KM KM Feb 18

May I humbly ask, if there is anything you would suggest or recommend Dr AMD for those parents who come to this valuable information too late.... anything that can be done to try and address damage done via c-sections if the children are still youngish, eg 5 and under?

I would do things very different if I had my time over.

I did at least manage to breastfeed for several years and co-sleep.

LIKE (1) · REPLY · SHARE

Clare Goldsberry Clare's Substack Feb 17

With stillbirths at what some reports say are at an all-time high, it may be only the unjabbed who have these natural home births. Lately, I've seen experiences of young women whose babies are in terrible shape with severe problems -- likely due to the mother being jabbed thanks to doctors who lied to them to believe that a jab during pregnancy is a good thing and will protect their baby from Covid. Horrible! Let's go back to the old days (I'm 77) when they told us NEVER put anything into our bodies while pregnant! No coffee, no alcohol, no aspirin, NOTHING but vitamins and good food. And then to wait until our children were two years old before giving them any type of vaccine to allow their immune systems to develop.

Read Mark Crispin-Miller's obituary site every week. Two weeks ago he posted the obits of 77 infants who'd died the previous week. The power elites are killing off an entire generation of people with these murders.

LIKE (1) · REPLY (1) · SHARE

A Midwestern Doctor Feb 17
Author

:(

LIKE · REPLY · SHARE

Paula Paula Feb 16

I had two. of my four at home, both boys and no problems while father supervised and. made comments like he had seen the face of god. My worry to promote. at home births involves the health of the mother. I loved my experience but do not promote it to everyone.

LIKE (1) · REPLY · SHARE

Sky2A2 Sky2A2 Feb 16

When you have a baby at home . You can insist on the noise level. Quietness rather. Planned all ahead. And what doctor or midwife comes. But if not weep enough or too nervous you can also Chose a sort of birthing room right in a hospital. In some places there are birthing clinics.

Ahhhh. The sweet and precious memories!!

LIKE (1) · REPLY · SHARE

DUANE HAYES DUANE HAYES Feb 16

Wow, every family expecting children should have this article to review.

LIKE (1) · REPLY · SHARE

SleeplessInMichigan 4d

You mention the emotion code book. I looked into some of the Amazon book reviews and the recurrent theme of low ratings was "scam" and "reminiscent of Scientology". Could you expand a bit on your experience with this method and possibly comment on those characterizations. Thank you so much!

LIKE · REPLY · SHARE

Jenga 6d

Is 'gas and air' (nitrous oxide and oxygen) safe?

LIKE · REPLY · SHARE

Erin 7d

I had a hospital birth in October. I did have an epidural and they broke my water at 9cm. No pitocin or anything else. But I stopped dilating at 9cm and the nurse midwife told me after 2 hrs of pushing that baby was stuck in the OP position and wasn't coming out without a vacuum or c section. I ultimately had to have a c-section and thankfully my recovery went very well and baby was very healthy. The thing I get caught up on is that fact that not once in my pregnancy did the nurses or dr mention baby's OP positioning. I remember once asking if she was in breech position during one of my regular visits, but I didn't even know what a sunny side up baby was until it happened. After my birth, I did more research and also learned my having an anterior placenta meant I had a greater potential for having an OP baby. I know hindsight is 20-20, but I wish I would have been told earlier in the labor process what position baby was in because I would have done everything to try to flip her and refuse the epidural. That being said, I really don't know at what point she became OP, or if there was anything I could have done about it. Ultimately, even though my birth wasn't a great experience, I am grateful I have a healthy baby and have had a great breastfeeding journey. I just wish my providers would have discussed baby positioning more with me because I realize now how incredibly important it is for the success of a vaginal birth.

LIKE · REPLY · SHARE

Christy Trust Jesus Substack 7d

I strongly recommend that all women write a birth plan with what you want and don't want and give copies to your doctor and ghe hospital and have them sign off on it well before you are due. It saved me a ton of difficulty getting what I wanted. Any time they tried something I didn't want (I requested a heparin lock rather than a typical IV and intermittent rather than continuous monitoring), we just said, "See the birthplace signed by the doctor and filed with the hospital). It also saved me from a c-section due to a difficult, long labor and a posterior baby. I did finally have to agree to the evil, torture drug, pitching, to avoid the c-section.

LIKE · REPLY · SHARE

A.L.Schroeder Stewarding Soil Among the Dirt Feb 20

I've had two hospital births, one with epidural, one without. And one homebirth. My homebirth with midwives was by far the best decision I made. Midwife care is far superior than Obgyn's. I am now pregnant with my 4th and one prenatal appointment with my midwives was more educational than all my Obgyn appointments combined. I highly encourage any woman to look into midwifery care and birth at home.

LIKE · REPLY · SHARE

Kate Feb 18

Thank you for a most informative article - as are all of your articles, can't thank you enough for the DMSO ones.

Can I add one area, that whilst not strictly medical, if of immense support during labour and delivery. That of understanding the relationship between body and mind. I'm a hypnobirthing practitioner based in the UK and spend time teaching women (and their birth partners) the importance of the role that relaxation, breathing and state of mind have on their oxytocin levels and endorphins. Giving women the tools to learn how to relax, how to manage labour and delivery, how to communicate with their birth partner and medical staff can make all the difference, even during what might be considered to be a 'high risk' delivery.

I've worked with women who were terrified by the birth stories they've heard; who'd had traumatic birth experiences or appalling treatment at a prior delivery and supported them all to a positive labour and delivery.

Women can be encouraged and supported to understand that body and mind can work together; that the dramatic portrayal of labour and delivery in TV and movies is hardly representative of the reality and that they can help themselves through what is after all a natural process their body is designed to do.

In an ideal world, I'd love more doctors and midwives to be open to hypnobirthing and its benefits. One of my hypnobirthing mums told me her midwife said, 'oh you've done hypnobirthing have you - well you're in for a shock, it's not all scented candles and woo woo you know.' Grrr.

I delivered my son 34 years ago, no pain relief only breathing techniques and visualisations. I didn't know then I'd effectively hypnobirthed, nor that I would become so passionate about it in later years. It works. Body and mind working together, dare I say it a 'forgotten side of medicine.'

Thank you for all you do!

LIKE · REPLY (1) · SHARE

A Midwestern Doctor Feb 19
Author

I was back and forth on mentioning hypobirthing here because I found while it worked, it often ended up being a lot of work for people to do and in many cases not actually practical to do during the actual labor.

LIKE · REPLY · SHARE

M Palmer Feb 17

This is clearly a well researched article quoting statistics from reputable sources. People seem to get really wound up about pregnancy and childbirth.

My husband and I were married for 10 years before my son was born. We thought I could not get pregnant and didn't want to go through fertility treatments. We were content as a professional couple. I live in the southeast and was assigned to a job in Seattle (commuting every week) when I unexpectedly found out I was pregnant (at the age of 36). I had been drinking wine with dinner during the weeks and Jack Daniels on the weekends at ballgames. I ate sushi, medium rare steaks, and deli sandwiches. The saving grace was that I took a Flintstone vitamin every morning bc I liked the way they taste (I thought they helped with my travel fatique). I did all of that for the first 9 weeks of my pregnancy before I found out. My OBGYN said not to worry about it, but stop drinking alcohol and eating sushi and keep taking the Flintstone vitamin. I continued the weekly cross country commute until the end of my 7th month. Because of my work schedule, I did not attend the childbirth class until the end of my third trimester. I left in the middle of the class bc I knew I did not want to go through vaginal childbirth. At my next weekly Drs appt, I told my doctor about my realization at the class. She said that's fine, how about a c-sect on Friday. I said great. I showed up at 7 am. My son was born at 9:30 am. I was back in my room by noon. My doctor told me the sooner I got up and started walking, the better I would recuperate. I started walking the halls of the maternity floor the next morning, and we went home two days later. I nursed him for only six weeks. Maybe we were the exception, but I had no complications nor did my son. In fact, he was one of the healthiest kids we knew. In his childhood, he had two ear infections, but no strep, no flu, no URIs, no asthma, no allergies, no ADHD, no cognitive issues, nothing. I took him for his annual check ups and that was it. He didn't get the flu until he went to college a few years ago, and he will graduate with honors in May.

All that to say, you do you. If you want a natural birth in a hot tub, do it. If you want a vaginal delivery in the hospital with an epidural, do it. If you want a scheduled c-section, do it. If you want to nurse the baby, do it. If nursing is difficult and you want to stop, stop. Pregnancy and childbirth should not be stressful. Every scenario has a horror story and a success story. Figure out what is best for you and your baby, and do it your way.

LIKE · REPLY (1) · SHARE

A Midwestern Doctor Feb 17
Author

I have strong feelings on this but I wanted it to be accurate and useful rather than a soap box. If C-sections were bad for everyone, they wouldn't be done. The issue is more just that they increase the risk of a lot of things, so they should not be the default unless the patient wants it.

LIKE · REPLY · SHARE

LIKE · REPLY · SHARE

SteveBC Feb 16

AMWDr, please look into what I think is by far the best chelator. Made by EmeraMed and called Emeramide or OSR or (I think) NMBI or Irminix. It is able to get inside cells because it is not charged and get back out because it neutralizes the charge on whatever heavy metal it collects, then sheds from the body without incident.

EmeraMed has been trying to get their chelator approved by the FDA for ten or more years, but as you would expect the FDA has given them the run-around to the point that potential investors can no longer justify investing.

EmeraMide is nontoxic, orally given, highly bioavailable, extremely effective on all heavy metals as well as free iron and free copper but leaves normal elements entirely alone. It does not chelate aluminum, so you need silica water for that for a few months.

Please have MAHA look into this and help the company obtain the support that it needs to get this excellent chelator up and running. It has already been extensively tested over many years and is pretty much ready to go. Find the company here: https://emeramed.com

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