

OXYTOCIN UNDER THREAT

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Hormones, hormones everywhere—we are learning more and more about the hormones that initiate and support so many of our body functions, behaviours, feelings, social connections and health. Hormones are the living heritage of evolutionary mechanisms, part of our mammalian heritage that provides the evolutionary bedrock of our human nature.

Oxytocin is a big deal in this hormonal firmament, a big deal in the expression of human nature. Oxytocin is known as the hormone of love; the hormone of calm, love and healing, of calm and connection, of tend and befriend; the empathy molecule; the moral molecule and the molecule of liquid peace. Oxytocin initiates and mediates many positive feeling states and effects in humans— increased social interaction, increased nurturing and bonding behaviours, lowered blood pressure, lowered pulse rate, raised pain threshold, decreased stress response, decreased depression—oxytocin the wonder molecule.

Oxytocin is also involved in birth, breastfeeding and the promotion of maternal behaviours. Oxytocin initiates the birth process, and then pulses of oxytocin continue to drive the intensifying contractions until the final surges release the baby. Multi-tasking oxytocin initiates and completes the birth process, while at the same time ensuring that the mother and baby are suffused with love hormones creating the love bomb bonding effect.

Well at least that is the evolutionary design; contemporary birthing practice is another story.

Where's the love bomb? Birthing without the love hormones.

An unintended consequence of our current birth culture is that many births do not end up relying on either the baby's or the mother's oxytocin input. Ideally in birth, the baby and mother share a connected hormonal dance of readiness and response. The baby triggers the birth, initiating its own birth timing; the mother responds, and their birth dance, choreographed by oxytocin begins.

In Australia, if we add together the births that use synthetic oxytocin to artificially kick-start them (induction, 28%) or get the hurry-up with synthetic oxytocin (augmentation, 19%) and the babies delivered by 'elective' caesarean with no labour, therefore no oxytocin at all (20%), then we have 67% of babies definitely not calling the shots on the timing of their births, or receiving the full flush of love bonding oxytocin.

Added to this is the 13% of emergency caesarean births and the huge number of vaginal births in which the final oxytocin surge or 'love bombing' in third stage is overridden by an injection of synthetic oxytocin. These intervention rates mean we have a majority of births occurring with neither baby nor mother fully following their own instinctive rhythms or being exposed to the full blast of our evolutionarily programmed love and bonding hormones.

Does this mean anything? Does this mean anything for the baby, that from the start of its life it is not in rhythm with itself? Does it mean anything that the mother and baby are not sharing the hormonal cocktail of normal physiological birth? Does it mean anything that at a societal level so many births occur without any love hormones, let alone the full 'love bomb' hormonal cocktail?

Does it matter that in such high numbers of births natural oxytocin is replaced by synthetic

oxytocin (which, while able to drive contractions, doesn't cross the blood-brain barrier and therefore doesn't initiate bonding behaviors)? Does it matter that in so many births medical pain relief options, pethidine and epidural anesthesia, replace oxytocin, natural endorphins and intense human support? That synthetic oxytocin delivers the placenta, replacing the surge of natural oxytocin that facilitates bonding and loving connections?

Well, social anthropologists, physiology researchers and neurobiologists say it means a lot. And so do many of the mothers who have unwittingly ended up with one of these 'no love hormone' births. Much of the new discipline of neurobiology takes as its basic premise the importance of our species' need for social connectedness and empathy (both underpinned by oxytocin), in other words—love. They don't specifically look at what happens during birth, but they do look at the earliest interactions of babies with their carers, generally mothers. They take as their starting point this early infant period and the absolute need for the human infant to be securely attached to nurturing caregivers for its ongoing physical, mental and relational 'thriving'. They know that the quality of our early interactions and nurturing (or not) affect our biology.

So if, in our era of highly interventionist births, we so regularly interfere with the physiological, biological basis of the capacity for early bonded interactions in both the mother and the baby ... what might be the implications?

A number of birth writers and researchers, including Michel Odent, are pondering these implications. He suggests that oxytocin mediates the central capacity to love—to love self, to love others, to love the environment. He also suggests, based on current research, that 'after 3 or 4 generations of highly technological childbirth, it seems our human oxytocin system is weakening'. Odent poses this as an 'unprecedented turning point in the history of mankind'.

Boosting oxytocin

Dr Kerstin Uvnas Moberg, in her book 'The Oxytocin Factor: Tapping the Hormone of Calm, Love, and Healing', says:

There is much about our modern lifestyle that limits the spontaneous release of natural oxytocin. We spend less time in close contact with others, either physically or psychologically, and we devote more time to work or other pursuits.

Without contact, we have less touch, and without touch, we have less oxytocin.

During pregnancy, birth and the early postnatal period women can, hopefully, choose from the oxytocin smorgasbord to boost their birth and breastfeeding potential.

Choosing from the oxytocin smorgasbord

Late Pregnancy - Boosting oxytocin

Nurturing social interactions

Spending time with people you like

Have fun and enjoy life

Nourishing food

Make love

Orgasm

Relax in nature, walks in nature



Warm baths
Massage, footbaths
Meditation, visualization
Communicate with your baby
Rhythmic motion—dance, yoga, exercise
Be creative
Minimizing exposure to adrenaline creating situations.

Birth - Boosting oxytocin

Feeling private, safe and unobserved (Dr Sarah Buckley)
Warmth, heat
Low lighting
Water immersion
Working with pain strategies - breath, rhythm, movement
Birth dancing and singing
Music
Sensual touch and stroking
Massage
Experienced support
Acupressure
Be creative
Minimizing adrenaline surges

Postnatal - Boosting oxytocin

Tending babies
Closeness, eye contact and skin-to-skin with baby
Breastfeeding
Baby wearing
Co-Sleeping
Touch, baby massage

Nurturing support for the mother
Rest and relaxation
Nourishing food
Warmth
Warm baths
Massage
Spend time with people you like
Fun and enjoyable activities
Time in nature
Be creative
Minimizing adrenaline surges

Birth is the primal transmission event for oxytocin and loving connection. Pregnant and birthing women, especially those who have a yearning for normal physiological birth, are challenged to be protectors of this primal oxytocin transmission. Their children, grandchildren and great grandchildren are calling them.