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Case report

Lotus birth, a holistic approach on physiological cord clamping

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ABSTRACT

Background: The positive effects of delayed cord clamping (DCC) has been extensively researched. DCC means: waiting at least one minute after birth before clamping and cutting the cord or till the pulsation has stopped. With physiological clamping and cutting (PCC) the clamping and cutting can happen at the earliest after the pulsation has stopped. With a Lotus birth, no clamping and cutting of the cord is done. A woman called Clair Lotus Day imitated the holistic approach of PCC from an anthropoid ape in 1974. The chimpanzee did not separate the placenta from the newborn.

Aim: The aim of this case report is to discuss and learn a different approach in the third stage of labour.

Method: Three cases of Lotus birth by human beings were observed. All three women gave birth in an out-of-hospital setting and had ambulant postnatal care.

Findings: The placenta was washed, salted and herbs were put on 2–3 h post partum. The placenta was wrapped in something that absorbs the moisture. The salting was repeated with a degreasing frequency depending on moistness of the placenta. On life day six all three Lotus babies experiences a natural separation of the cord. All three Lotus birth cases were unproblematic, no special incidence occurred.

Conclusions: One should differentiate between early cord clamping (ECC), delayed cord clamping (DCC) and physiological cord clamping (PCC). Lotus birth might lead to an optimisation of the bonding and attachment. Research is needed in the areas of both PCC and Lotus birth.

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Statement of significance

Problem or issue

Some pregnant women wish to let the umbilical cord uncut.

What is already known

Delayed cord clamping has a positive effect on the health of the baby, such as higher mean ferritin levels.

What this paper adds

This paper describes a Lotus birth for transferring the management into the practice of the third stage. It developed and discussed a new defined approach for the third stage of labour: physiological cord clamping and cutting.

1. Introduction

“Late clamping (or not clamping at all) is the physiological way of treating the cord, and early clamping is an intervention that needs justification.” (WHO,²⁸ p. 32). The positive effects of delayed clamping have been extensively researched. Delayed umbilical cord clamping is mostly defined as the following: waiting for the pulsation to stop or waiting at least one minute after birth before clamping and cutting the cord.¹⁹ The positive impact of clamping the cord later, compared to early clamping, on infants born at term are as follows: higher haemoglobin concentrations after birth (95% CI 0.1–0.4), three to six months after birth higher mean ferritin concentration ($p < 0.001$) and lower prevalence of iron deficiency at eight month (RR 0.58, 95%CI 0.44–0.77).¹⁶ A clear reduction of anaemia with late cord clamping is identified at eight and 12 month after birth.^{19,16} No differences were found in maternal blood loss or postpartum haemorrhage (RR 1.04, 95% CI 0.65–1.65). No differences were found regarding the mortality of the baby (RR0.37, 95%CI 0.04–3.41). In the early cord clamping group fewer jaundice with phototherapy were identified (RR0.62, 95%CI 0.41–0.96).¹⁹

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Preterm infants benefit from late cord clamping (max. 180 s) with fewer anaemia which require transfusions (RR0.61, 95%CI 0.46–0.81), lower risk on necrotising enterocolitis (RR0.62, 95% 0.41–0.90), slightly less intraventricular haemorrhage, all grades (RR0.56, 95% CI 0.41–0.85).²⁶ One disadvantage is identified: Higher bilirubin levels were measured in the late cord clamping groups,^{26,18} (95%CI 5.62–24.40).²⁶ No information was found on rhesus sensitization and delayed umbilical cord clamping with preterm and term newborn babies. Delayed cord clamping (≥ 120 s) generally does not significantly affect the acid-base values of the newborn. One exception could be given in the delayed cord clamping with significant higher PO2 values.^{10,9,3,24}

The risk of newborn mortality is given when the cord is cut with a cutting tool that is not clean.⁴ have shown in their systematic review that death from a sepsis or tetanus infection could be given if the cutting and the postnatal care is not clean. Delayed or early clamping and cutting of the cord has no influence on the mortality or morbidity from infections.

A benefit is given with clamping the cord after the newborn has started to ventilate by himself, herself. Late clamping or no clamping at all can help the newborn to stabilize the cardiovascular function and may protect injuries in brain development.^{22,23,21}

Regarding bonding, attachment and breastfeeding, it is recommended to have uninterrupted skin-to-skin contact as quickly as possible after birth for at least two hours or till the first breastfeeding is finished.¹⁴ In consideration of the recommendation of the time span from delayed clamping and cutting, the baby should already lie on the tummy or breast of the mother. The first hour after birth is a very important and sensitive phase for the development of attachment behaviour. Uninterrupted interaction between the newborn and the mother should be given.^{12,20}

Even if the baby is only turned to the side to clamp and cut the cord, the bonding is interrupted; the focus of the mother is not with the baby anymore but with the umbilical cord, midwife or partner. Several questions come at this point. Could a Lotus birth be the answer for uninterrupted bonding and ideal attachment? Is a Lotus birth preventing newborns from a sepsis or tetanus infection? Is a Lotus birth possibly the natural way to deal with the third stage?

Lotus birth is defined as not clamping and cutting the cord. The newborn and the placenta remain a unity.^{17,5,7,8,25,6} The procedure is named after Clair Lotus Day a woman who had transferred the unity of the newborn and the placenta from the model of an anthropoid ape in 1974. The chimpanzee did not separate the placenta from the newborn.^{5,7} It was observed that anthropoid apes (chimpanzees, orang-utans or gorillas) deal with the umbilical cord and placenta individually and in different ways. For some anthropoid apes the cord is ripping during birth without interaction of the ape. When the umbilical cord is not ripping some anthropoid apes separate the cord or eat the placenta. Some decide to try a bit, chew or suck the placenta, some carry it carefully and other (mother apes or their child) play with it. Mainly the anthropoid apes examine with curiosity the placenta of the

newborn ape. When the newborn is connected with the placenta, the umbilical cord dries and gets stiff. The dry cord breaks when the mother puts strain on it unintendedly, which leads to the separation from the placenta and the newborn.¹³ Some people imitate the behaviour of the anthropoid apes. In some terms the anthropoid apes could not be used as an ideal, because of the human evolution.^{27,1,2} This case report describes the Lotus birth for humans and is screening if the imitation of the placenta treatment, from anthropoid apes, can be done.

2. Methods

Three cases of Lotus birth were observed and documented at birth and in postnatal care by the author. All three women gave birth in an out-of-hospital birth setting. The postnatal care was ambulant.

Based on the documentation at birth and postnatal care the case report was written retrospectively from the author. The women had consented oral to share the data anonymised for the case report.

3. Findings

Three parents had decided to have a Lotus birth (Table 1). Two women had decided for a Lotus birth based on the motivation to have a natural birth and natural postnatal care (C1, C2), one woman had a spiritual motivation (C3). All three women (C1–C3) mentioned the focus on bonding and attachment; becoming a family and not separating the child from the mother.

In all three cases (C1–C3), the placenta was washed after 2–3 h after birth, to remove blood and blood clots. One person was holding the Lotus baby the other person washed the placenta over the sink. The placenta can be washed within the first 24 h, but it does make sense to take care of it within the first hours after birth to take the blood away in order to force dehydration. Afterwards, the placenta was padded dry. It was then laid on clean thin cotton cloth, salt was used for non-perishable and put on both sides of the placenta. Herbs could be used for an antibacterial effect and for a nice odour. All three women used dry lavender flowers, on one Lotus placenta neem was added (C3). All Lotus placentas did not smell. The placenta was wrapped in something that absorbs the moisture. All three used thin cotton cloth, as the first layer. The second layer was a Moltex (cellulose inside, outside plastic). The two layers were wrapped as a single layer around the placenta with the wind-mill-technique (Wind-mill-technique: The placenta lies in the middle of a cotton cloth square. One vertex is passed diagonal to the other side. With the next emerged vertex it happened the same, clockwise. The cotton cloth lays at the end like a windmill pattern around the umbilical cord). The placenta was placed in a self-made bag (C2), a small pillowcase (C3) or a bowl (C1), for easier carrying. The salting was repeated with a degreasing frequency depending on the moistness of the placenta.

Table 1
Data from three Lotus birth.

Case number	Birth day	Natural separation of umbilical cord	Time of separation	Day of life	Umbilicus characteristics	Hyper-bilirubinaemia	Gender	Mode of Birth	Post partum blood loss
C1	25.09 07:32 p. m.	30.09	after 06:30 p. m.	6	granuloma	No	Male	Vaginal birth	≤ 500 ml
C2	18.07 08:06 p. m.	23.07	around 10 p.m.	6	regular	No	Male	Vaginal birth	≤ 500 ml
C3	15.03 10:02 a. m.	20.03	02:20 p.m.	6	regular	No	Female	Vaginal birth	≤ 500 ml

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