

Miranda Castro

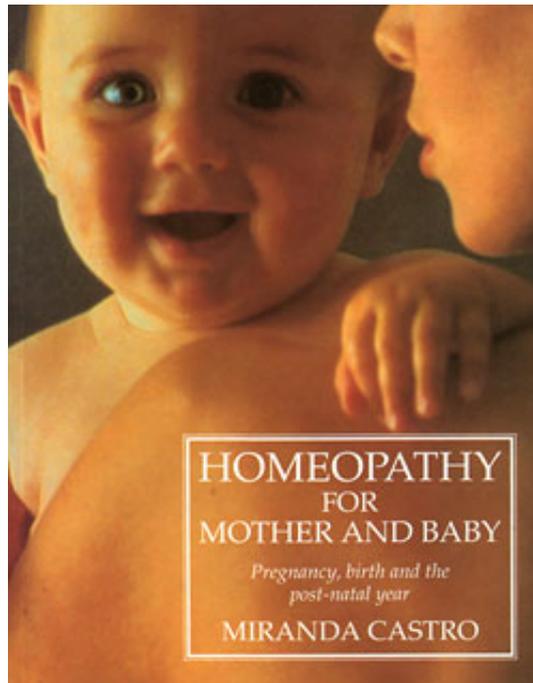
Homeopathy for Mother and Baby

Reading excerpt

[Homeopathy for Mother and Baby](#)

of [Miranda Castro](#)

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BIRTH



YOUR BODY AND BIRTH

This chapter is not about how to have a perfect birth: there is no single 'right' way to give birth. Each woman has different strengths, weaknesses and beliefs and therefore different needs. What works for one person won't necessarily work for another. Also, what works in one birth won't necessarily work in the next.

Birth can be a wonderful, extraordinary and powerful event, a truly mysterious rite of passage. On the other hand, it can be miserable, painful and lonely. Either way, it is unforgettable. The presence of a healthy baby can transform or, at least, soften the memory of a long, arduous labour.

I am going to look at some of the possible difficulties surrounding birth and share ideas and tips I have gathered over the years during which I have been working with women in labour. My aim is to encourage you to find your own way to give birth - with confidence and conviction. I hope that from this chapter, and the sections on birth in Chapter 2, you will gain a balanced sense of what you need in labour and therefore how best to prepare for it. Take time to reflect on what you really want, and remember to keep an open mind. Labour is a process in which you can be fully involved, not an acute illness that you have to lie back and endure!

It is important to be aware of what is happening to

you and your body during childbirth so that you can picture in your mind's eye what is happening and not feel frightened or powerless through ignorance. First births can be made unnecessarily difficult if you don't understand the physical processes.

PRE-LABOUR

Labour takes place approximately 280 days (40 weeks) after the first day of your last period. It is usually preceded by one or more of the following:

- practice contractions (Braxton Hicks), which are felt as a tightening or hardening of the abdomen and may be uncomfortable but are rarely painful. Use them to practise on: breathe (see p. 40) into them and relax with them.
- a 'lightening' as the baby's head drops down into the pelvis (engages) towards the end of pregnancy (if it is head down). It feels as if a little more space is suddenly available in the abdomen. It is!
- fewer movements from your baby who usually becomes less active.
- a 'nesting' compulsion - an unexpected pre-labour surge of energy. Women have been known to redecorate or springclean their houses during this period, which usually lasts a few days. Don't overdo it - you need to express your elation while

conserving your energy. Be careful with your body - don't paint ceilings, for example, as you don't want to fall off a ladder!

- loose stools or diarrhoea.
- a 'show': the plug of mucus that stops up the neck of the uterus may come away.
- the waters breaking or leaking of amniotic fluid, as the baby's head engages.

All the above symptoms of impending labour can come and go and nothing happens - carry on as normal. Pack your case if you are going into hospital. If you are having a home birth, organise your house and make sure you have all the bits and pieces that you need, including those that your midwife has instructed you to have ready.

NB Complications such as a breech baby or a small pelvis require expert attention throughout.

LABOUR

First Stage: Labour

True labour is precipitated by:

- 1 A mechanical process: when the baby reaches a certain size the pressure of its head and body against the walls of and entrance to the uterus are thought to stimulate reflexes which set off contractions. The contractions push the baby down, which stimulates more contractions.
- 2 Hormonal changes cause the uterus to contract.

Both processes work together to expel the baby.

During the first stage, the cervix - the neck of the uterus - softens, opens (dilates) and pulls up so that the baby is able to emerge. It is the longest stage of labour. Generally this stage takes longer with first babies and is quicker in subsequent labours.

The contractions are felt initially as low abdominal or low back pain, not unlike period pains. They increase, usually gradually, in frequency and strength as the cervix dilates. The waters (amniotic fluid) may leak or break.

Transition

Transition occurs between the first and second stages once the cervix is fully dilated and can last for one contraction or continue for several hours. The contractions are irregular and usually close together and may be accompanied by an overwhelmingly strong urge to push. They mark a change from first stage contractions which open the cervix to second stage contractions where the longitudinal muscles of the

cervix actually shorten with each contraction thereby automatically pushing the baby out.

The altered rhythm as the contractions change over can go unnoticed or it can be hard to deal with. Everything may feel out of control as the body takes over to complete the most physically arduous task it ever accomplishes. Many women become irritable or even abusive to those around at that time.

If the cervix isn't fully dilated at this stage your midwife will ask you to pant to prevent you from trying to push your baby out when your body isn't quite ready.

Second Stage: Birth

The baby moves out of the uterus and travels the 4 curved inches (10 cms) of the birth canal (vagina) into the world. Each contraction automatically pushes the baby a little further down. The contractions are regular and usually come several minutes apart. The baby moving down the vagina can feel as if you are about to pass a large grapefruit or melon - even a football. You will usually feel a strong urge to push, accompanied by any number of sensations - stretching, bulging and burning are all common. Your midwife will ask you to pant if she doesn't want you to push, so that the baby is born nice and slowly without tearing your perineum or vagina. A burning sensation may indicate that your baby is emerging too fast and not giving your muscles a chance to stretch.

It is tiring and therefore important to drink something, to take some honey or sugar for energy and to rest completely between contractions. Because of the shape and position of the vagina, lying down to give birth is not necessarily the best position - taking gravity into account by squatting or semi-squatting can help enormously. But do lie down if you want to. Squatting or standing are good positions if this stage is slow. Get on to all fours if it is very fast. Many women instinctively find the position that suits them during this stage: a semi-squat is good as you can see what's going on and reach down to touch and lift up your baby and also helps your midwife. Your partner can sit behind you and support you from behind. Go with the flow, follow what your body and your midwife tell you to do. The emotions that accompany this last physical hurdle are many and glorious. This is a most wonderfully empowering moment in a woman's life. Some women love this second stage while others find it a painful last straw and are glad when it's over at last. Whatever - you are shortly to greet your baby for the first time.

Third Stage: Afterbirth

The placenta comes away from the wall of the uterus and is delivered. Contractions may cease temporarily after the birth itself; they can be re-stimulated by putting the newborn baby to the breast which will cause the uterus to begin contracting again and, as the uterus decreases in size, the placenta to detach from the wall of the uterus. Sensations at this stage of labour are coloured by the excitement of the birth; the contractions are considerably less demanding but may not be regular. The vagina may feel numb.

How long this stage lasts very much depends on your medical attendants. If you have negotiated for syntometrine not to be administered immediately after delivery of the baby (see p. 66) then your body may take its time. If syntometrine is given, your midwife will 'encourage' your placenta to deliver by pulling very gently on the cord while you are having a contraction: syntometrine causes the uterus to contract very efficiently and the placenta must be out promptly before it contracts. If you wish to breastfeed after the birth *and* for the cord not to be cut, you must ask that syntometrine be administered *after* the cord is cut to prevent the drug passing through the placenta to your baby.

Do not try to prescribe on yourself when you are in labour: leave it up to others. Once labour starts you need to put all of your energy into what you are doing. Your partner or homeopath should take responsibility for prescribing homeopathic remedies. Many midwives are now becoming interested in how homeopathy can help during labour and some have a basic kit, which they use according to their knowledge and skills.

Birth partners should read through the following section to get an idea of what might happen and what might be needed in labour, to become familiar with the labour sections in the Repertory (p. 288) and the Materia Medica (read up each remedy that may be needed for the birth). See also p. 302 on how to put together a homeopathic kit for labour and make a list of the remedies you want to have to hand. You may ask a professional homeopath to help you with this if you find yourself confused.

COMPLAINTS

The complaints section deals with the events of labour and makes suggestions for dealing with them, both practical and homeopathic. Play the 'What if game': read through each complaint asking yourself and your partner, 'If "this" happens, what will we

want?' You are not allowed to answer 'Give up!' This will stimulate you to think through some of the problems you may encounter so that they won't take you by surprise, which will help you feel more in control.

BACKACHE LABOUR

See Labour, p. 111.

CAESAREAN

See Medical Interventions, p. 59.

CONTRACTIONS

See Labour, p. 109.

EMOTIONAL DISTRESS

Emotions can run deep, strong and unexpected. Some or all of the following feelings can and do surface: anger, rage, fear, panic, despair, excitement, apathy, shame, embarrassment and so on. You may find it easier to express yourself at home but don't let a hospital environment inhibit you.

During labour so much is going on that it is almost impossible for a lay person to stop and work out a first-aid remedy to help. I have listed below some commonly needed remedies for emotional distress in labour to choose from. They should be taken fairly frequently - and either will or won't work. If the emotional distress accompanies physical symptoms it is best if you build those symptoms into your prescription for it to be truly effective: if *Pulsatilla* seems right for the emotional distress look it up in the Materia Medica (p. 239) to check whether it also has the physical symptoms.

Aconite Anxiety, fear and panic. Fear of dying, of the baby dying. *Arnica* Suppresses feelings (esp. shock). Says she is OK when she plainly isn't. *Arsenicum* Anxious, fussy, bossy and irritable. *Belladonna* Angry and abusive. May throw a tantrum (rant and rage). *Chamomilla* Abusive, angry. Impossible to please, asks for things then rejects them. *Coffea* Over-excitable. Excitement alternating with fear. Talkative and jokey. *Gelsemium* Lifeless, apathetic, despairing and dazed. *Kali carbonicum* Irritable, anxious and bossy.

Lycopodium Pre-birth nerves. Lacks self-confidence. Feels exposed.
Natrum muriaticum Closed up emotionally. Feels shy and exposed. Wants to be alone.
Pulsatilla Weepy, clingy and pathetic. Despair. Changeable moods.
Sepia Irritable, anxious and despairing. Sluggish. Worn out.

Do

- go with the flow.
- be true to yourself. Find a way to express what is happening to you wherever you are.
- keep talking, keep communicating about what is happening to you - emotionally as well as physically.
- be assured that you won't feel like this for the rest of your life!
- use your feelings to empower you. Don't suppress them to make others feel better. This is one of the few times in your life when you'll be forgiven for behaving badly!

EPIDURAL

See Pain Relief, p. 56.

EPISIOTOMY

See Medical Interventions, p. 62.

EXHAUSTION

A common problem in labour, simply because of the arduous physical job that has to be accomplished, so it is vital to keep the blood sugar level high enough to provide plenty of energy, especially in the early stages, and if the cervix is dilating slowly - even if contractions are coming thick and fast. If you don't eat, you may need an intravenous drip if the blood sugar level drops, which is worth avoiding if at all possible.

Put 4 drops of Rescue Remedy in all drinks if tiredness sets in; physical tiredness may be alleviated by *Kali phosphoricum* 6X between every contraction for up to 6 doses, repeated fairly often, if it works. *Arnica* 30, taken from time to time, may also help, or can be alternated with *Kali phosphoricum* 6X.

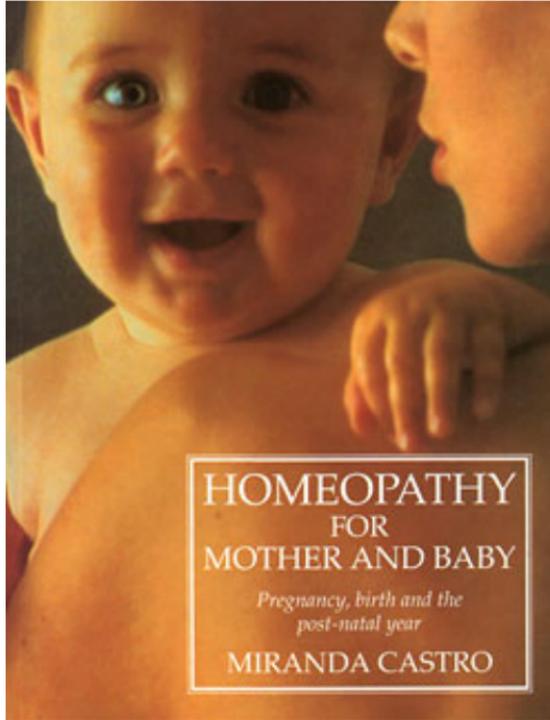
If other symptoms accompany the exhaustion, like despair and weepiness, or terrible backache with a badly positioned baby, work out a remedy for the whole picture and take practical measures to deal with the situation. (See also pp. 53-4.)

Do

- eat, little and often, light, easily digestible foods. Some women only want liquids, others like proper meals at regular intervals. If you're at home and you want food, try soup, purged vegetables or fruit. Ask your birth attendants to make themselves useful in the kitchen cooking exactly what you want. If you are in a hospital, you may not be allowed to eat much, if at all, because of the possibility of your needing an anaesthetic but have on hand a selection of small pieces of fruit to dip in honey in case your midwife has no objection. Dried fruit and nuts or biscuits are another easy alternative, although their chewiness can be irritating.
- drink often to prevent dehydration. Lemon or orange juice, freshly squeezed if possible, diluted with a little hot water (if you want a warm drink), with honey or sugar makes an ideal source of energy. Diluted stocks or soups, herb teas, ordinary tea or even coffee are all fine if that is what *you* really want. A word about honey: you can buy honey from wholefood shops which has not been 'heat-treated', but pressed out of the combs and has retained more of its goodness. You won't give birth often - get a pot for your labour if you can find it.
 NB Many women don't want to eat or drink in labour: it is important that your partner, friend or midwife regularly feeds you tasty morsels to keep you going.
- rest between contractions if you feel tired.
- sleep between contractions.
- have a long, warm bath or shower.
- take some gentle exercise - a walk in the fresh air, around the garden, up and down your street - or even in the hospital corridor!
- express any feelings that surface, like anger, to release tension, which is tiring.
- laugh - ask to be told corny jokes, if you really want!
- have a change of scene - if possible.
- ask your partner to touch, massage, hold, kiss you.
- breathe deeply and evenly.
- do *anything* that you know energises without draining you.
- consider medication.

Don't

- fast during labour or deprive your body of food and/or drink.



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Pregnancy, birth and the post-natal year

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