Lotus birth: an extension of physiologic third stage or the natural corollary to conscious birth?

Community midwife Roz Donnellan-Fernandez explains the what, why and how of lotus birth

Lotus birth has been described as, the practice of leaving the umbilical cord uncut, so that the baby remains attached to his or her placenta until the cord naturally separates at the umbilicus, exactly as a cut cord does, this usually happens three to 10 days after birth. This prolonged contact can be seen as a time of transition, allowing the baby to slowly and gently release their attachment to the mother’s body.

A lotus birth confers all the advantages of a physiologic third stage, in addition to the practical effects of slowing down and secluding the mother and baby in the early days post birth, enabling focused adaptation and development of bonding, breastfeeding and the accommodation of new physical, emotional, psychological, social and spiritual relationships between mother, baby and immediate family, while visitors are kept to a minimum.

The concept of a human being as a unified whole whose totality and integration comprises more than a physical body is a notion not always easily accommodated by western science or medical practices, including medicalised birth practices, located within this paradigm. However, it is a notion shared cross culturally, and one which transcends time and space dimensions, from the ancient civilisations of Egypt, India and China to present day experiences with lotus birthing described comprehensively by Parvati Baker, 1986; Shivam Rachana 2006; and Buckley 2005. These writings resonate strongly with my own experience in ‘western midwifery practice’ when compared and contrasted with several families where lotus birth has been chosen. Irrespective of debate or belief around any metaphysical advantage that may be conferred by leaving an infant’s placenta attached at birth to separate naturally, lotus birth puts placental ownership clearly with the baby, which rationing is exactly where an organ of foetal circulation belongs.

Principles for lotus birth
1. Facilitate complete physiologic birth of the placenta;
2. After birth, the placenta remains attached to the baby and is placed in a clean bowl or receptacle where air can freely flow around it, particularly for the first 24 hours. A colander can be used to drain excess blood from the maternal surface in the hours immediately post birth. 
3. The placenta can remain in a bowl until the cord separates naturally at three–10 days. Alternatively, it can be placed on clean absorbent cloth or gauze, or in a natural fibre (cotton) placenta bag with a section that also covers the cord, enabling the placenta to be placed close to the baby. Plastic wrap, or plastic and synthetic fibre bags should not be used to enclose the placenta, as it cannot ‘breathe’ and may then put out a strong smell.

Johnson’s baby. Protection from a harsh world.
4 Some families opt to ‘salt’ the placenta while waiting for it to detach. This is optional. The placenta should be left for the first 24 hours after birth before salting is commenced. Sea salt seems to be best in drying out the placenta. The amount used is variable, requiring that the top and bottom surfaces be coated.

5 Babies can be breastfed, wrapped, bathed, clothed and cuddled while still being attached to their placenta.

6 There is record of pre-term babies and babies born by caesarean section having experienced lotus birth.

References

Sponsor’s column
Deeper understanding of infant skin

Recent research has found that infant skin is rapidly developing during the first years of life and is different from adult skin, even more so than previously thought. Due to the lack of safe and non-invasive technology previously, there has been little prior research on the structure and function of baby skin.

Recent research from the US, Johnson’s Skin Maturation Study revealed that infant skin is immature so it absorbs and loses moisture at a faster rate.

Maternal androgens cross the placenta before birth, causing high levels of sebum production at birth. After this initial sebum production, babies can have a tendency to develop dry skin because they do not produce their own androgens until puberty. This can be exacerbated by dryness in the atmosphere and environmental factors. Babies lack the seba-

ceous lips found in adult skin. Until they can manufacture their own, it can be helpful to have an external source of surface moisturisation to help their skin to fulfil its natural barrier function.

Interestingly, signs of dryness are not always easily evident to parents. In fact, in the US clinical study researchers found that 90% of mothers surveyed believe that their babies’ skin is not dry, yet over 60% of these babies had clinical signs of dryness.¹

The Johnson’s Skin Maturation Study provides insight on how to care for baby skin to ensure healthy skin development.

Two key implications of the study include:

- Infant skin has an immature barrier. The barrier is still developing, so baby’s skin is more vulnerable to stress ranging from irritants to temperature variations.
- Babies’ skin absorbs water rapidly, but it loses it just as rapidly, and therefore can benefit from protection against dryness.

Infant skin is much more active than adult skin. Because the skin cells develop at a rapid pace, the skin has a high metabolic activity that can lead to the potential for oxidative stress. Products used on infant skin, must be developed with the special needs of infant skin in mind. Rigorous clinical testing is required to assure a level of safety and gentleness appropriate for use on newborn skin.

¹ Johnson & Johnson data on file.

Study of 51 mothers/baby pairs utilising mother questionnaire followed by baby skin clinical assessment and grading.

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