

(introductory music)

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**MARYN:** Welcome to Indie Birth's series of podcasts, *Taking Back Birth*. I'm Maryn, and I have been doing these podcasts for several months now as I am going through my own pregnancy. Today I am about 26 weeks, and I'm midpregnancy. And as I've mentioned in the last couple of podcasts just starting to think about birth more clearly now. It's still quite a bit away, but yet it's becoming more real every day since I am midpregnancy and getting there.

So I came across a topic this week that I really wanted to share with you because I think it's so important that we understand at least a little bit of physiology. And before you get put off by anything that sounds too boring, we're going to talk today about things you can do in your pregnancy to try and ensure a birth that flows hormonally and that is physiological meaning the way our bodies were meant to do it.

So I think this is particularly relevant and important to most of you listening because you've probably already decided to take responsibility for your pregnancy and your birth. Now whether or not that means you have an attendant or a midwife or a doctor really doesn't matter. You've decided that you're going to look to yourself first. And part of that, I think, is educating ourselves or reminding ourselves that the physiological process of birth is really perfect. And it's not just stand alone birth. Sure. Birth is physiologically perfect.

But I think that pregnancy is too. And if we're able to really nurture ourselves in all kinds of ways during pregnancy, if we make our prenatal care all encompassing, emotional support, spiritual support, connections with others, taking care of our bodies, doing all of these things that I would say is true prenatal care then we're able to approach birth in that way too. And, again, part of it is understanding, I think, how pregnancy flows into birth. They're not isolated parts of our lives. It really is the childbearing year. And the childbearing year, of course, is going to include mothering and breastfeeding and nurturing this relationship with this new baby.

So today we're thinking a little bit farther than pregnancy for those reasons. And I think it's really helpful, at least for me to remind myself of these things. And learning about the way birth works although I know how birth works. Every time I review it or teach it or share it, I'm that much more encouraged that, for me, I'm on the right path. That having what I would call an undisturbed birth really is the way to go for most normal, healthy women for the reasons that we'll go into today.

So you're probably wondering what I'm talking about, but I'm talking about oxytocin in pregnancy today. And that's quite a big subject. But we'll get into what oxytocin actually is, if you don't already know. But before I started sort of outlining what I was going to talk about today, I did a quick search—Google search—of oxytocin in pregnancy. I wanted to see what kind of comes up. So mostly what comes up wasn't a surprise. But a lot about synthetic oxytocin, which we'll talk about. A lot about the drug that's used to induce women or augment labor in hospital settings really. It shouldn't be used anywhere else. And the risks of that.

So sign of the times, I suppose. At least in the birth world that there was very little about natural oxytocin. And it made me feel that I was touching on an important subject today because I think many people don't know what oxytocin is. And if they do, it's just sort of vague. And they don't have a great understanding of what it means in pregnancy and birth and how this ensures this physiological process that we talk so much about.

So you may or may not be aware of how it works in birth, but we'll get there. But if you are aware, this is still good information, I think, for you to share either the podcast or just when you're talking to women about birth because we need to make others aware. I think a lot of the fear about birth in this country, in the U.S. or in the world you could say, is just we've lost touch with the way things work. And although not everybody needs to connect their brain with that information, many of us do. And for many people, it's helpful to kind of see on paper or hear science behind, "Okay. Why would we leave birth alone for the most part," unless there was a problem. I mean, why wouldn't we want to touch the baby after birth if it wasn't our baby?

I mean there's all these questions that come up that really kind of go along with routine. What is routine in birth? So it's important that we are secure in the physiological process. I think it can help us make decisions as well as we get closer to birth. So I, myself, took a course, an actual course, in oxytocin through the midwifery school that I graduated from, which is Ancient Art of Midwifery Institute. And anybody, I believe, can take this oxytocin course. So contact me for more information or find AAMI online and contact somebody there if you're interested in taking this oxytocin course.

It was really fun. And we learned a ton. So I would recommend it to anybody. Mom, midwife, student midwife, doula, and it was mainly focused on learning about oxytocin but how we can increase it in pregnancy. And that's what I'm going to talk about today because heck. I'm still pregnant. You may still be pregnant. And I wanted to know, especially when I finish this course, what more I could find out about oxytocin in pregnancy. What does it mean? Why is it important? As someone that walks with other women and in my own pregnancies, why should I care? How does it actually affect the outcome? So that's today.

So oxytocin is a chemical in our own bodies. It's natural. We don't do anything or take anything to make it. It's a neuropeptide. And it's released by the pituitary gland. So most people have an idea of this already. And if they don't, you can give them some examples. So it would be released. The big one is during and after orgasm for both male and females. It's released during breastfeeding. And, certainly, birth for sure. It has a bunch of different names, and there's probably more than I have here. The love hormone is a big one. The trust hormone. The love molecule. There's lots of names for oxytocin.

But it doesn't have to be something that's released in as intimate settings as orgasm or birth. This can be released just when you see a friend that you really like, and you see them coming down the street or they knock on your door and you give them a hug. It can be—we'll go over many more of these. Hugging your child or picking up your child. So there's so many ways that our bodies can feel good. And mainly, the point is it's through interaction with other people mostly. And because it's mainly about interaction between people, this chemical when it's released fosters a connection or attachment between the people. So, again, that's not necessarily a sexual thing although that is certainly what links sexual partners.

But it can, again, just be friends. Mother baby is the biggest example probably in our world. That it fosters a connection or attachment between. But it truly can be anybody. So I know, as somebody that sees birth regularly, that oxytocin gets distributed throughout the room at a birth even if you're standing on the sidelines watching. You don't have to be directly involved or touching anything or doing anything to feel the oxytocin literally just flowing through the room. So I think that's important to think about, and that's probably another episode when you think about who to invite to your birth and what that means.

There's actually a chemical connection between people at intimate gatherings such as birth. So oxytocin is really awesome for those reasons. And it's also great because it suppresses fear and anxiety. So it suppresses the amygdala. I always wonder if I'm saying that right. The region of the brain that controls fear and anxiety and kind of disperses it throughout the body. So think about that. It's kind of our own natural chill pill when you get fearful or anxious that there is sort of another chemical that your body is able to produce to suppress that. And, of course, you'd want to suppress that. Sometimes in a more of a fight or flight situation than those things are all working perfectly. But, of course, in birth, we don't want fear and anxiety. So oxytocin would be super important.

The really obvious reason oxytocin is super important in birth, at least, is the receptors, the nerve receptors for women, are mainly in our uterus. They're also in breast tissue. They're also released in the placenta, in the amnion. But because there are so many

receptors for oxytocin in our uterus, that's where the contractions sort of come from. So the release of oxytocin causes the contraction. And this is a very integral part of how the labor process actually works. And we'll get more into that in a bit. So, again, in labor, it's released from receptors in the uterus. And it's released in pulses. So that is said so that you contrast it with it being released continuously like it would be in a synthetic oxytocin situation.

So for those that don't know, synthetic oxytocin is a pharmaceutical. It's created in a lab. The trade name in the U.S. is Pitocin. And when it's used, say in an induction situation in a hospital, it's artificial obviously. It's put through an IV. It's not being released by the pituitary gland. It's being injected into the bloodstream. So we'll talk more about that. But the point there is that when it's released naturally by your body, it's released in pulses and can never be too much. I mean the body has feedback mechanisms and loops that keep us from over stimulating ourselves or over stimulating the uterus in a natural situation.

So you really can't get too much in labor. It should be just enough. But, of course, there are things that influence how much you're going to get in the first place. Such as fear and anxiety and more that we'll talk about. So there you have it. You know what oxytocin is now, if you didn't already. You know the feeling. And right now you can turn around and pet your dog or cat or hug your child or make a phone call to somebody that you love and hear their voice, and you will feel that feeling come over you. That feeling of the love hormone.

So, again, when I took the course and even lately being pregnant myself, I just got thinking about what does this mean in pregnancy. I feel pretty well aware, and you do too now, how it works at least simply in labor. But what about pregnancy? And does it matter? So the cool thing is that our brain actually changes in pregnancy. It is amazing to me that—well, so many organs and systems change and adapt to our pregnant bodies. And the new way our metabolism needs to work and different things need to work to keep our bodies going and to take care of this baby and placenta.

So pregnant women are actually primed to release and enjoy oxytocin. Not just because the uterus is growing larger, but the brain is actually changing. So these are some stats from studies. Over the course of pregnancy, the pituitary gland increases in size 120 percent to 136 percent and decreases slowly after delivery. The overall weight of the pituitary gland increases 30 to 100 percent in pregnancy. I mean isn't that amazing? There are more receptors, obviously, for oxytocin. And yeah. Our brains actually change so that you would assume the possibility for releasing oxytocin and interpreting the sensation is greater.

So I thought that was pretty amazing. And then it made me realize that it's true. We really are, I believe, in pregnancy supposed to sort of enjoy oxytocin and play around with it and get really familiar with it because it does matter. It does matter. And it will sort of segue into an effective birth situation. It only makes sense.

So the most famous study that you may have heard of was one done in 2007. Feldman was the author. Feldman, et al, study in 2007. And this is really ground breaking, I think. The study measured plasma oxytocin levels in pregnant women. So blood levels of oxytocin. Of pregnant women in their first, second, and third trimesters. So they had a literal lab value. And then they also included surveys and interviews also observation. So all kinds of stuff. And the scientists use all of the information to compute how levels of oxytocin in pregnancy affect bonding.

So that's really interesting. And one of the things I was kind of looking for. What does it matter? Does it matter if we have oxytocin during pregnancy? How much? If we have some, does it equate to anything in birth or after? So, again, this study looked at how pregnancy oxytocin levels related to after birth bonding. And we know we need oxytocin to bond with our babies. So those two things are related. So mothers with high levels of oxytocin levels in the first trimester engaged in more bonding behaviors after birth. Higher levels of oxytocin across the entire pregnancy and postpartum had "more behaviors that support the formation of an exclusive relationship". So fancy words for saying mom and baby were connected.

The mom cares what happens to her baby. She makes eye contact. She wants to cuddle and kiss the baby. All of the behaviors that are seen as bonding were more when the women had higher levels of oxytocin in pregnancy. So the findings show that oxytocin may predict bonding behavior and that bonding is mental and behavioral. So that's a really cool study, I think. I like studies. But I don't think it's anything we don't already know. Because what do you have to do to get oxytocin flowing in your body? You have to be connected to people. You want to be surrounded by people you love and trust in pregnancy. You want to have a bond whether it's with a midwife or with a friend or a partner.

These are the things that pregnant women crave. So it makes perfect sense that there is a reason. We don't crave it just because we're needy, pregnant women. We might crave it because in the end it means we bond with these babies. We have this chemical flowing through our bodies already. Another point that it makes me realize, I think, is that it's, again, not just the birth that determines how we feel towards our babies. I mean heaven knows not every birth winds up to be a simple, beautiful home birth. Sometimes things happen. Or sometimes it's just not what we expect. The outcome is just different or unexpected. So it's not just the birth that determines how we feel

towards our babies. Or if we bond with them or we'll get to if something like postpartum depression is part of the picture. It's not just the birth. It really is the whole experience.

So, again, this study illustrates why some women may be more maternal and seem to be better bonded to their babies. It's one component, I think, to look at. There are certainly others. Oxytocin may also influence how many or how much nutrients reach the baby. So there was a study with rats. And, of course, those aren't humans but still. That they were given injections of oxytocin, which, of course, is synthetic. And the rats were allowed to eat as much as they want along with the oxytocin injections. And these rats had bigger babies. So that's a study that I, for me, would require a lot more delving into to really understand if what's related and what's not.

But I don't think that's completely surprising, if there is a correlation, between oxytocin and—I don't want to say bigger. But well nourished babies. It makes sense, to me at least, that when moms are feeling good and their diets are healthy and not restricted that they're going to have healthy babies. So that one takes a little bit more interpretation wise, but I thought it was interesting nonetheless.

So there was another study, and I think this is one of the last ones. In 2011. So at this point, these people doing this study were aware of the Feldman study and many others. So the one that we talked about the plasma oxytocin levels and the way women bonded with their babies. So they kind of were trying to build on that it looked like to me and show the relationship between prenatal oxytocin levels—so the same sort of things—and postpartum depression. So women were assessed in the study between 30 and 34 weeks of pregnancy. And the oxytocin level in their blood was taken. And then they were reassessed postpartum with a survey for postpartum depression. And it seemed to be that there was a correlation between the low levels of oxytocin in pregnancy and postpartum depression.

So there also seemed like there were definitely other things to look at and definitely more work to be done in that area. But for someone that is anticipating postpartum depression, it certainly couldn't hurt. And, again, not to supplement with synthetic oxytocin at all. That's not what we're talking about today. We're talking about how to get more natural oxytocin in your pregnancy. But it certainly couldn't hurt, right? If you were somebody that has experienced depression postpartum that you could pay attention to oxytocin and the way it was looking and feeling in your pregnancy and see. Certainly can't hurt. So more research to be done there. But, again, not really surprising I don't think.

So this brings us to the point of today which is pregnancy does matter. Of course, we knew that. On so many levels, pregnancy matters. But oxytocin levels in pregnancy matter. So it's just a time, I think, for us to think about. Again, whether we're pregnant

or with somebody else. What behaviors in pregnancy might contribute to release of oxytocin? What behaviors in pregnancy or life style or choices might contribute to there not being a lot of oxytocin? So, again, it comes back to that feeling. Oxytocin is a good feeling. Happy. Connected. Nurtured. Loved. Whereas the lack of oxytocin could be interpreted a bunch of different ways. Stressful situations certainly isn't full of oxytocin. Nor is a fearful situation.

So I think just knowing these simple things we can shape our pregnancies a little different or just be more aware of what we're engaging or how we're feeling. So, again, we want the real thing. No synthetic oxytocin here. It certainly is something that's available, but that's not what we're talking about. But the good news is natural oxytocin is pretty easy to come by. For most people, it's just being aware of that's what the body is doing. And the brain is very responsive to producing oxytocin. So it's not something you have to try real hard—I don't think—assuming there are other people in your life. And it's not something that costs money or takes a lot of time.

So if you're working with women or you're pregnant, some ideas on how to get more oxytocin in your pregnancy. There's so many. I could just probably keep listing them all day, and you could find your own. The ones that mean things to you. So here are some I've come up with. Positive birth stories. Hearing the stories. Watching the stories, right? Positive social interaction. And that could be with other mothers, women, anybody. Hugging. Hugging is a really awesome way to release oxytocin. And I know when I took this class part of our assignment was to hug a certain number of people each day and just kind of see how that was affecting our day or our life or our mood. And it's really an easy simple thing to do and pretty telling.

So I think that's why the midwives at least often hug people. I know I am a hugger generally. I like to hug the women I'm working with, if that's seeming appropriate and mutual. And I never knew why, exactly, until discovering oxytocin because it does create that connection. It's not a false, fake connection. A hug is, I think, really real. And that's what it is about a hug that brings people together, that bonds them.

So more ways to get oxytocin in your pregnancy. Having positive "prenatal" care. Whatever that is for you. So positive prenatal care, to me, means anything that is you nurturing you. It's anybody nurturing you. It's support and love. There's no fear in this sort of positive prenatal care. And just imagine, if you haven't already experience it, to have a whole pregnancy where that's the goal to nurture, to love, to be nurtured, to be loved, and to be as fearless and—as possible.

The point is to feel good in pregnancy, and oxytocin is the reason. So for those of us that have partners in pregnancy, of course, that's a huge way to release oxytocin with our families in general. But with a partner, again, it doesn't have to be super intimate

although it can be. It can just be time. Spending time with them. Taking a walk, watching a movie, eating. Eating is a huge way to release oxytocin as well. So it can just be a really great meal. It can be eating chocolate. Something you really enjoy. It can just be talking. And really anything you enjoy that sort of brings that warm, yummy feeling over you releases oxytocin.

So yoga. Cooking. Working in your garden. Playing with your kids. Singing songs. Dancing. I mean the list—you could go on and on forever. And then, of course, you get to bonding with the baby and all kinds of things after birth. But the pregnancy list is just long, long, long, long, long. Anything that makes you feel good. And the goal would be as many a day as you could do. As many of these positive oxytocin releasing activities you could do in a day. And, again, not a lot of time. It's free. Petting your dog. Petting your cat. Whatever. There's so many.

So try this this next week. And take a few days and try and remember to hug people that that's appropriate with. To pet your animals and to hug your children and to take time to look at your partner and have a conversation. Or make time to go out together and see if it changes how you feel over the day and over the bigger picture. So our bodies are really smart, as you know, in many ways. And the more oxytocin we produce the more oxytocin receptors we make. So that's really cool. However, for a pregnant woman, she will make more oxytocin receptors in her uterus as she gets closer to being in labor. So I think that's a really cool thing to mention because how many people are trying to put themselves into labor early or their midwife wants them to take herbs. Or it might be a full on pharmaceutical induction at a hospital.

So think about how that makes no sense, right? Because if the receptors aren't there because the woman isn't ready, her body isn't ready, then what on earth is an induction supposed to accomplish. And in many cases, an induction does fail. And that's why it fails. There are not enough receptors yet. And if it doesn't fail, if the woman does something like castor oil or sex or walking and it does propel her into labor then in my opinion it means she was ready. That the receptors were there. They needed—they didn't need, but they got extra stimulation and it sort of flipped her over into labor. But it would have happened anyway naturally.

So I think that's just really interesting. Because I, myself, have heard of many, many inductions that did not work especially in the hospital. You can't just pump someone full of synthetic oxytocin and expect it to put them into labor if the receptors aren't there. So very interesting. So on the opposite side of the coin—opposite side of the coin—excuse me. How would we hinder oxytocin release in pregnancy? I think we have to know that as well. It's good to be conscious about how we can increase it. But what are we doing without even knowing it? What are most women doing without even knowing that they are reducing oxytocin in pregnancy? And by the studies we've cited today, they're not



just affecting their pregnancies. They are affecting their bonding potentially and probably their births.

So there's lots of examples. Again, we could go on forever. Anything that brings stress and fear in pregnancy is going to be a situation where oxytocin is not released. It's just almost not possible. Too opposing. So just think of the normal pregnancy. Testing, ultrasound, numbers. Anything that's routine. Anything that comes up that causes her stress whether it's legitimate or not, whether it's real or not. Not trusting the caregiver. Not being able to give that caregiver a hug and feel like that's an honest, true thing to do. Not trusting that person. Not wanting to make eye contact. Not trusting what they tell you. Having doubts about them being at your birth. Yeah. Those things all release adrenalin and not oxytocin.

Hearing scary birth stories. I think that's a big one. So sometimes we do that to ourselves, right? We're either—we read them online or somebody sort of corners us and wants to tell us their really awful story. We can watch scary ones as well maybe without meaning to. But those things all create fear and anxiety. So anything that's preparing you for confrontation during your birth, and that's going to be another podcast. But birth plans. Or, again, planning to birth in a hospital and being ready to fight them on this, this, and this. Or having a doula because you're going to have to argue your way through your birth. This is just so counter intuitive to the hormones that are needed for an efficient birth and for bonding.

So if you've ever wondered, why those things aren't good despite that they don't feel good and nobody wants to argue through their birth. That's why. The hormonal flow gets interrupted. And we need that hormonal flow to have an effective labor. So the baby benefits as well from oxytocin. I think that needs to be said. The baby really feels what we feel. I believe that. In pregnancy. So I think that's a great thing to consider. When you're releasing your oxytocin all day, you're not just doing it for you and for your birth, but it's because your baby feels those benefits too. And I'm sure that the babies feel whatever words they would come up with. Warm and safe. Comforted. Loved.

So many benefits to increasing your oxytocin throughout the day. I'm sure you can come up with your list of things in your life that help release oxytocin and those that don't. And the idea is obviously to get as many as you can that increase your levels and not that we're probably going to get lab draws, any of us. It doesn't even matter. Just that we feel good and that we focus on feeling good. And we know there is actually a chemical way to feel good and that it does matter.

So anecdotally, of course, I haven't done my own study on oxytocin. But I feel like women that don't focus on how they can bring more oxytocin into their lives. Maybe they don't even know. I think most people don't even know. But their lives are really

stressful, and there is hardly ever feeling good. There's not a lot of connection. But I think births can be harder. And that's not a blame thing. I think all of us, as pregnant women, do the best we can. But, again, if we're aware of something like this, how can we change? How can we change what we do and what we feel? I think we have a lot of power there.

So let's see. There's a couple more studies. Oh, I thought this one was sort of interesting. In another study, men in committed relationships who were given synthetic oxytocin kept a further distance between themselves and unknown women they might find attractive. So what's that mean as far as pregnancy? Well, this is just my interpretation, but it means to me that there definitely is a bond between men and women or the study was done on men and women. I'm sure that it could be women and women or whatever you want. But the study was men and women. And that it does bond people. Oxytocin bonds people which is why it's called the trust hormone.

So I think that does have a place in pregnancy, again, for people that are in monogamous, committed relationships that their relationship, if it's a positive thing, really can be nurtured and sort of used, for lack of a better word, to create a good deal of oxytocin in the pregnancy. That's kind of obvious, I think. But it's cool. So as I mentioned, the oxytocin receptor cells in the uterus increase towards the end of pregnancy. And the receptors—and oxytocin doesn't stand alone. There are certainly other hormones or endorphins and all kinds of things that our bodies use to go into labor and then to perpetuate labor. But oxytocin is probably the most well known and probably the most important.

So if the receptors are there and it's a normal healthy pregnancy and all the other hormones are in alignment, then really an efficient labor should be stimulated when it's time without any help. And that means, to me, strong contractions. Not too strong. But strong enough to birth a baby within hours. And, obviously, there's huge variation in there. Some women birth in an hour. Some take a lot longer. But in an ideal sort of chemical situation, a birth shouldn't take sort of forever. It should be a matter of hours because that's how efficient oxytocin is in just sort of a typical situation.

So, again, the oxytocin stimulates contractions and prostaglandins. And so this makes for a really effective labor, really effective contractions where they're not too painful, but they're effective. There's that feedback loop where there is pain relief along with the oxytocin being released and the endorphins. I mean it's a whole complex system. But then, of course, when the baby is born, the oxytocin is still really strong. In fact, oxytocin is at its absolute highest level at birth when the baby is out. And the uterus continues to contract after birth. And that is the way that in a, again, normal, perfect, physiological birth the bleeding is really limited, and that there is not a risk of

hemorrhage because the oxytocin is just sky high. And that is going to contract the uterus.

So I think that's probably pretty basic for most people that know anything about birth. But if not, then there you have it. It's a great way to explain how something like oxytocin works in birth and why it is so perfect and why we should leave it alone. So if fear and anxiety sort of negate the release of oxytocin, then I think that's the best argument, if we need one, that we have for leaving birth alone when all is well and allowing it to be undisturbed or physiological or whatever you want to call it. Leave the hormones alone. Leave the woman alone because disturbing that balance means disturbing this process. And the process is perfect for labor and for the uterus and the mom and baby after birth.

So there is a perfect balance there. We want to limit the fear and anxiety not only because it doesn't feel good but because chemically it just doesn't make sense. And we want to limit adrenalin. So the only time adrenalin really has a place in birth is towards when the baby is coming out, and the surge of adrenalin, also known as the fetal ejection reflex, basically gets the baby out. So the adrenalin at that particular moment is appropriate and part of this beautiful, hormonal cocktail, as Michel Odent calls it. But before then and after then really adrenalin is not appropriate and not something we want to induce in the mom or her situation or her space during birth.

So oxytocin is released with touch. Very much with touch. If that feels good to her. So not all touch during birth is wanted. And in those cases, maybe not. But if a mom wants to be touched or stroked or hugged or whatever it is by people she loves, that will help her release more oxytocin. Psychological support certainly does. Warmth certainly does. So another reason for a dark, warm room for labor is that this enhances the oxytocin that's released. It's again released when eating food. And not that most women eat tons of food through a labor, but I think there is a really good argument for hospital births where women aren't allowed to eat. Not only is that just dangerous for other reasons, but if it can release oxytocin we really want as much oxytocin releasing things to happen during labor as well as pregnancy.

So oxytocin also increase the pain tolerance and is anti anxiety. So, again, we're just kind of coming back to the same things which is the more good feelings we can have during our pregnancies and our labors really do serve us because the process works better when we're not feeling anxious and like it's painful. Oxytocin is responsible for that moment. That's what I call it. The moment after birth or the moment of birth. That moment when your baby is out and you're touching your baby. You're seeing your baby for the first time. You're kissing the baby all over. You're smelling the baby. You're smiling. You're holding the baby to your heart, to your chest. That moment. There is nothing like that moment. If you haven't experienced it, it is the greatest thing that has ever been created.

And that is the moment of highest oxytocin. And even if you haven't experienced it, if you've been at a birth or—heck, even if you watch a birth video. That moment. That's the moment when people will cry or whatever reaction they're going to have because it's that intense. So, again, birth really left alone for the mom and baby to experience that moment with no interference, no touching, no talking, no anything other than them gazing into each other's eyes is just the most perfect thing that could happen. It's perfect for the mom and baby to bond. It's perfect for the baby to sort of acclimate to this world and transition. It's perfect for the breastfeeding that's going to take place. It's all perfect. All because of oxytocin.

So just a couple minutes before we end. That's a pretty big—that's a pretty big moment. When I talk about the moment after birth, I get all caught up in it, and then it's hard to talk about other stuff because I think that's the moment that I really look forward to whether it's my birth or whether I'm witnessing someone else's. That's the reason why all this knowledge and education is so important. Because to be able to experience that moment as it's meant to be is like nothing else. So hopefully you got that.

Just a couple things about synthetic oxytocin just because. And that, again, in the U.S. is called Pitocin. It has another name in England and such. I forget what the name is. But it's synthetic. So it's made in a lab. And it's released in an IV. It's not released by the pituitary, but it's released right into the bloodstream. And it may stimulate the uterus. In fact, it definitely stimulates the uterus in most cases. It can definitely over stimulate the uterus. But it does not promote bonding. So this wonderful oxytocin that we release is responsible for so many things. And the most important we could say sort of for the future of humans is this bond between mom and baby. And that is huge.

So to get something synthetic that gets a baby out, it's strange. And I know because I have myself been induced by Pitocin way back when. It's a different feeling. And I can't even put it into words. And it was my first baby, so I don't—I didn't have anything to compare it to. But there wasn't that moment even though I was overjoyed and in love with my daughter. It wasn't the same. Something didn't compute because the Pitocin does not cross the blood brain barrier. So it's simply contracting the uterus just like muscle contractions. You don't get the good feeling.

Obviously, there's a long, long, long list of risks and side effects for synthetic oxytocin. And uterine rupture is one. And that can happen to moms that have had no babies. That can happen to moms that have had lots of babies. That can happen to moms that have had C-sections or haven't had C-sections. The risk of uterine rupture is real. And when I have been at a rare hospital birth or even my own way back when I don't remember anyone mentioning that as a risk. And it's a true risk.

Postpartum hemorrhage is a true risk of synthetic oxytocin although they'll use it to control the hemorrhage later on. The uterus may decide that without the Pitocin it's not going to contract and bleed a lot, and that's not good. So in labor, Pitocin can also decrease the fetal heart rate, cause nausea and vomiting, seizures, decrease blood pressure. There's all kinds of complications that eventually, for many women, lead to a C-section. So we just spent a good deal of time talking about why real oxytocin is so valuable and wonderful and important. And it's all sort of the opposite reasons why synthetic is not.

And increasing the rate of C-section, if that's the ultimate side effect, then that's not a good thing for many reasons. But, again, we're talking about experiencing that hormonal cocktail after birth and being able to bond with this baby. Not just for that moment but for the future. For a good breastfeeding relationship. For a nurturing attachment relationship between mom and baby. It's that valuable. So that ends my little spiel or big spiel today on oxytocin in pregnancy. I hope that you're able to share this information with other women. And I hope that if nothing else it just gives you something to think about and a greater understanding of how things work and why pregnancy really does matter and why oxytocin in pregnancy really does matter.

So thanks so much for listening. If you'd like to know more about the hormones of birth and all of the other things that go into this cocktail and create what we call an undisturbed birth or a physiological birth, then please sign up for our five-week online class series. You can do it at your own pace. And at least two out of the five classes are spent on understanding these hormones in more detail and how we can use them to create a physiological birth experience.

So thanks so much. Catch you next time.

(closing music)