Mothering Our Oxytocin

By Mary McCoy Wall

For a very long time much of our modern day medical practice where childbirth is concerned specifically, has appeared counter intuitive to me. In listening to the latest statistics on the occurrence of autism, child neglect and abuse, I find myself wondering how much of the rise in all these ills, has to do with the dramatic increase in medical intervention and management of the birth process? My passion for pregnancy, childbirth, maternal and infant health have always been fueled by my belief that pregnancy, birth and a newborn infant are the absolute closest we get to a truly miraculous event. It is a true miracle that a woman can become pregnant, nourish and carry another human life inside her own body and then give birth to her baby. The fact that this goes on in such quiet, matter of fact way, whether we study and analyze the physiology, fully understand the enormity of the physiologic nature of this miracle appears irrelevant. It happened long before we understood it and will continue on to the end of time. Studying and coming to understand the entire process as we have has not necessarily improved outcome.

Arrogant as we humans can be, we fall prey to the belief that by interfering in or with the process can and does make it better in some way, when in fact we have made many things worse and created many more problems. I have come to the conclusion that in this day and age, with our current changes in demographics and societal make up, we should seriously consider taking a step back and re-evaluating our current mainstream birthing practices in this country. Here’s one area where I believe we would benefit from some re-evaluating our interference and medical practitioners taking a step back. Our current super human practices in “taking the best possible care of a newborn infant”, may in fact be contributing to more problems for mother and newborn than solving. We all know that there is a great deal of psycho-biology involved in our bodies becoming ready to labor, in giving birth and in healing from birth. The hormones involved work in harmony. In fact, the bio-chemistry involved in pregnancy, labor and birth is in and of itself nothing short of miraculous. Specifically, the delicate interplay of prolactin and oxytocin, in preparing our bodies to go into labor, to give birth and to nourish our newborns. Oxytocin by itself is a miracle. In researching for this article, I found myself getting lost (as in reading for hours) in the science, physiology and psycho-biological responses of oxytocin and the role it plays in our ability to, labor, give birth and nourish our babies. Shifting from one research resource to another, reading, studying and generally refreshing my memory about the science, I found myself miles away from the “core” of what I wanted to write. While it is vitally important to understand the mechanics and physiologic action and importance of oxytocin, understanding has not led to better function.

Oxytocin is a posterior pituitary hormone, key in milk ejection reflex or “let down”, playing a major role in the continuance of lactation and an important secondary function, to contract the mother’s uterus, aiding in controlling post partum blood loss and the return of the uterus to pre-pregnancy size. The information about the importance of the let down reflex and the “hind milk”, its richness and importance to the health of our infants and a successful breastfeeding relationship is well documented, as is the information that the complex interplay of the hypothalamic-pituitary-gonadal axis is highly susceptible to stress. Chemically speaking, we all know that stress and fear release adrenaline into the central nervous system and can potentially inhibit production and release of oxytocin, thereby, potentially inhibiting the milk ejection response. We know this, it is in the literature and yet much of standards of maternity practice appears largely to ignore the evidence and even common sense (in my mind) requirements that would best protect and encourage healthy bonding and the successful establishment of breastfeeding relationships. Today’s standards of

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care in many hospitals in the U.S., simply do not go far enough to promote, encourage and protect that initial bonding time that is crucial in establishing a strong, healthy breastfeeding relationship. Healthcare for profit has overshadowed evidence-based care; fear of litigation overshadows common sense and/or intuitive sense.

As information gets lost in the science of the amazingly harmonious balance of hormones involved in giving birth to and nourishing our babies, I find myself circling back around to my own experience of mothering. My years of study faded into the background when presented with each of my three newborns. Each born in different states (literally), under vastly different circumstances and birthing environments. Grateful for the knowledge I had of the interplay of hormones and the intimate knowledge of the specific role oxytocin played in my ability to breastfeed, it was merely background noise to the swell of emotions and feelings that enveloped my infant and I. I came face to face with my gift of intuitive caring and ability to empathize with my child and my husband. Were it not for those blessings along with good health, I am not sure I would have been successful in overcoming the circumstances in place to interfere with at least one of our bonding experiences. The knowledge I had, coupled with my strong intuitive sense, strengthened me for some of the battles I faced in order to advocate for what was best for my baby and me during that critical bonding time and initial nursing relationship. Looking back, I realize the direct impact this had on each relationship with my children!

While the science of the delicate balance of hormones, specifically prolactin and oxytocin has been studied, the effects on our emotions are less documented. We know that prolactin and oxytocin levels rise in nursing mothers immediately and in the days following birth, and while prolactin levels begin to fall, oxytocin levels continue to rise for weeks in mother’s who are breastfeeding with no supplementation. Oxytocin is the “bonding” hormone, the “mothering” hormone, the hormone that “connects” us, I’ve even heard it referred to as the “love” hormone. All these names direct us to the reality that this healthy balance, or dance of hormones is needed for healthy maternal-infant relationships. When mothers and babies are alert and responsive to each other, at delivery, bonding to each other is significantly increased. As Drs. Klaus and Kennell demonstrated in 1976, the effects of this continued, with significantly improved performance, in cognitive and emotional development at two years of age and seven years of age. A delicate balance of hormones, the powerful swell of oxytocin, with far reaching consequences. Why are we not paying more attention? Why are we not building our standards of maternity care in this country around the evidence and science of what will encourage the healthiest of bonding experiences? Oxytocin plays a key role in our relationship with our babies, in the healing of our bodies after giving birth, in the continuum of our mothering, and yet the availability of it can so easily be disrupted by the current standards of care in many hospitals.

Knowledge is crucial, education is key, advocating for natural birth is imperative, creating environments in which we promote, encourage, protect that brief, delicately balanced time right after birth could significantly impact future generations.

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