

12-2019

## Exploration of Naturopathic Medicine for Pregnant and Laboring Women

Megan Latreille  
*Grand Valley State University*

Follow this and additional works at: <https://scholarworks.gvsu.edu/honorsprojects>



Part of the [Alternative and Complementary Medicine Commons](#), and the [Nursing Midwifery Commons](#)

---

### ScholarWorks Citation

Latreille, Megan, "Exploration of Naturopathic Medicine for Pregnant and Laboring Women" (2019).  
*Honors Projects*. 749.  
<https://scholarworks.gvsu.edu/honorsprojects/749>

This Open Access is brought to you for free and open access by the Undergraduate Research and Creative Practice at ScholarWorks@GVSU. It has been accepted for inclusion in Honors Projects by an authorized administrator of ScholarWorks@GVSU. For more information, please contact [scholarworks@gvsu.edu](mailto:scholarworks@gvsu.edu).

Running head: NATURAL MEDICINE AND PREGNANCY

Exploration of Naturopathic Medicine for Pregnant and Laboring Women

Honors Senior Project

Megan Latreille

Frederik Meijer Honors College

## Exploration of Naturopathic Medicine for Pregnant and Laboring Women

### **Introduction**

As each year passes by, humans are capable of progressing even further in science and technology. This allows leaps and bounds to be made in healthcare and what can be provided to those in need of the expertise. And just as medicine is becoming more complex, it is being revealed that science comes full circle. While the advanced medicine may save us in times when herbs and spiritual practices cannot, it nearly always comes at a steep price. Western medicine may be beneficial for helping the sicker individuals, but natural medicine can act in a preventative manner, or even heal in some cases. As the years go by, it is becoming apparent that more and more are opening their minds to considering natural medicine as an alternative or complimentary to Western medicine; in hopes to diminish, or relinquish altogether, unnatural pharmaceuticals. This paper serves to shed light on naturopathic medicinal techniques for expectant mothers, so that they may implement such in their own lives throughout pregnancy, during labor, and after birth.

### **Antenatal**

#### **Yoga**

Because a child's life, and first stages of growth, begin within a mother, it is imperative she do the most she can to create a nurturing environment inside her body. While this includes physical health, her mental state is just as contributable to growing life. Throughout the nine months of pregnancy, there are plenty of naturalistic approaches a mother can take to improve her child's outcome in life. Prenatal hatha yoga serves double the benefits with both physical and mental wellbeing because it brings the mind, body and spirit all together (Bershadsky, Kimble, Pipaloff, Trumpfheller, & Yim, 2014). Yoga is consisting of the Hatha (or Dsanas, the

physical activity), the Dhyana (the meditation), and the Pranayama (the breath). In prenatal yoga classes, these practices are adapted to women with limited range of motion due to pregnancy. This ensures an empowering experience is created to uplift the mothers taking part in this exercise.

Through the practice of Hatha, Dhyana, and Pranayama, cortisol levels and depressive symptoms decrease all while the body grows healthier and more toned. Though it can be difficult to accurately measure changes in cortisol due to yoga at this time because of the natural increase in maternal cortisol during gestation, researchers have been able to accurately measure decreased cortisol levels on days that the subjects underwent 90-minute prenatal yoga sessions (Bershinsky et al., 2014). Decreased cortisol levels during pregnancy is quite important for intelligence levels of the child and can be achieved by mom sustaining low stress. High cortisol levels during pregnancy have shown to lower the baby's IQ as well as increase amygdala volume in females, leading to heightened emotion and more panicked reactions in times of stress (Buka et al., 2009). In addition, fetal growth restriction, premature birth, and postnatal developmental delays follow when high cortisol levels are present during a woman's pregnancy (Poggi-Davis, & Sandman, 2006). All of these risks can be substantially decreased with lowering stress through prenatal hatha yoga. As if these benefits are not convincing enough, research has also shown that during the progression of the sessions, levels of contentment rose (Bershinsky et al., 2014). Measurements from studies indicate decreased postpartum depressive symptoms and negative affect after several yoga classes (Bershinsky et al., 2014). Long-term positive results are frequently observed in those who reserve just a few hours a week for Hatha yoga.

**Hypnosis**

A frequent obstacle many pregnant women encounter during the first months of pregnancy is morning sickness. Recent studies have presented that learning the craft of self-hypnosis can help women overcome nausea and vomiting caused by pregnancy (Madrid, Giovannoli, & Wolfe, 2011). The practice behind self-hypnosis is learning to calm the section of the brain that controls the autonomic nervous system (such as heartrate and breathing), which helps to alleviate activation of the vomiting reflex (Kuo, Yoon, & Signh, 2016). Purchasing a package and learning the technique can empower a woman to feel control over her body with positive changes in hormone levels, lower blood sugar levels, and more; which in turn also creates an excellent environment for the fetus. Not only this, but women can help to advert from the loss of appetite that morning sickness brings and therefore be able to provide adequate nutrients for the child (Moore, 2016). These packages can be found in various websites online, including Amazon, for under \$10. Packages typically contain audio CDs, or audio downloads, in which guided hypnosis can be practiced and learned. Many doulas support this practice, which has proved to be worth the effort.

**Meditation**

Just as self-hypnosis is a form of mind strengthening that improves a child's growing environment in a mother's body, so is meditation. A study by Chan (2014) in Hong Kong found that prenatal meditation can positively affect an infant's behavior in the future. The randomized controlled study found that infants of mothers who meditated during pregnancy have better temperament, response to new stimuli, and cognitive functioning (Chan, 2014). Not only this, but meditation can also decrease the likelihood of emotional, behavioral, and attentional problems in the child. (Chan, 2014). Meditating is beneficial for both child and mother by providing ample

advantages to those who embark on the journey. These benefits range from decreased stress, to better ability to control emotional reactions, to increased levels of consistent happiness (Chan, 2014). Meditation is a skill that can be learned through taking classes, reading books, or even video walk-throughs. Just as with most skills, this trade takes time to master, but is beneficial every step of the way. In all actuality, there are no cons, and no side effects, of meditating to improve mental strength; it surely should be implemented more in prenatal health.

### **Intrapartum**

#### **Hypnobirthing**

Continuing on, there are ample ways in which women can implement naturopathic medicine during the laboring and delivery of the child; many of which can also be used as complementary medicine while giving birth in a hospital. The first that will be discussed is the use of hypnobirthing. Similar to self-hypnosis, hypnobirthing is a technique that can be taught to a woman to assist her in entering a mindset that will ease the pain and anxiety of labor and delivery. Hypnobirthing is characterized by deep relaxation, breathing, hypnosis, light touch, and imaging, providing a variety of preferable results. A study by Atis and Rathfisch (2018) found that some of these results include: lower birth difficulty, faster birthing rates for multipara women, less pain and fear paired with more comfort and adjustment to the environment, less pain during the dilation phase, and shorter timelines of reaching a first successful breastfeeding. With the application of hypnosis during birth, mothers can enjoy the birth of their baby much more all while being in tune with their body, both during the process and after.

While all of these experiences brought on by hypnobirthing are desirable, the greatest is the decreased likelihood of needing medical intervention; further promoting a more empowering birthing experience. A recent study noted episiotomy and fundal pressure rates of 96.7% in the

control group that did not receive hypnobirthing training, and 73.3% in the experimental group; a decrease of 23.4% (Atis & Rathfisch 2018). An episiotomy is known as a cut made at the opening of the vagina so as to prevent obstruction or injury during birth (American Pregnancy Association, 2015). The lower rates of women who had hypnobirthing and needed this intervention reinforces the finding that these women are more relaxed and have better control over their laboring process. This technique is typically adapted through the attendance of a series of classes offered by doulas and midwives. Then, as labor progresses, hypnobirthing is produced by a team including the doula, midwife, significant other, laboring mother, and even family, if desired. Because hypnobirthing is simply a mindset in which a woman enters the birthing environment in, this practice can be utilized for women seeking to give birth both in and out of hospital settings. Just as with other holistic approaches mentioned, there are no cons that have yet been discovered relating to the practice of hypnobirthing. Thus, it is highly encouraged that women make use of this technique to improve overall birthing experience.

### **Therapeutic Showering**

Another naturopathic approach that evidence supports can also be utilized in a hospital delivery room is therapeutic showering. Therapeutic showering differs from normal showering in that it is primarily passive rather than hygienic, so as to serve as a form of holistic pain management that supports physiological labor. Research has found that therapeutic showering can reduce pain, discomfort, anxiety, and tension all while promoting relaxation; putting a woman in the perfect physiological position for an easier birth (Stark, 2017). The warm, familiar environment helps the mother to focus on coping with the pain, while the beating stream provides rhythmic distraction (Stark, 2017). Therapeutic showering is similar to hydrotherapy (when the mother is sitting in a tub or kitty-pool), however it provides more benefits in that it

allows women to move more freely and thereby gives some sense of control. When combined with a variety of other nonpharmacological pain management techniques, the relief can be significant.

### **Birth Center**

Lastly, there are a multitude of paths in which a woman can take to embark on the process of laboring and delivery. While it is known that hospital delivery is always an option, increasingly more women are considering other options due to the high cost of hospital delivery, the lack of intimacy in the process, and the desire for something more natural (Bailey, 2017). With this being said, freestanding birth centers are becoming more and more popular, as well as a higher demand for the use of midwives to deliver babies. A freestanding birth center could be either an out-of-hospital birth house, or an at-home birth. Over the years, research has been conducted that supports the preference of freestanding births over hospital births for a few reasons (Bailey, 2017). Referring to the health outcomes of both mother and child in the weeks leading up to and succeeding birth, hospital care has not yet been found to be associated with better perinatal outcomes than at-home births (Bailey, 2017). Additionally, a study found that both primipara and multipara women (women who have not had children before and those who have) had lower numbers of instrumental delivery, cesarean section delivery, blood transfusion, neonatal unit admission, and hypoxic peripartum mortality when they delivered in a birthing center (Bailey, 2017). The benefits here are best fit for low risk pregnancies, in which families can enjoy a calm birth in a familiar environment. There are many doulas and certified nurse midwives located throughout all regions equipped with the knowledge and skills to assist a family in delivering a child outside of a hospital; women of all walks of life are recommended to consider this opportunity for the health of their family and child.



## **Postpartum**

### **Yoga**

Holistic health opportunities do not cease after a child is born safely and healthily. There are many options a family can take to continue to improve the health of both mother and child, and the environment in which a child is to grow. As yoga was mentioned previously for prenatal health, it also provides postpartum benefits with continued practice. A study by Brock, Buttner, O'hare, and Stuart (2015) summarized a study on the efficacy of yoga for depressed postpartum women and the results were nothing short of positive. Because it is known that one in four women experience difficulties with depression or anxiety after giving birth, it is no wonder that this topic has been researched so thoroughly. A randomized controlled trial found that those in the experimental group receiving the yoga classes had a steeper linear decline in depressive symptoms as they attended 16 classes over the course of eight weeks postpartum (Brock et al., 2015). Using the Hamilton Depression Rating Scale, it was recorded that women with scores greater than or equal to twelve, 78% of the women in the control group, experienced clinically significant change (Brock et al., 2015). Because yoga provides the opportunity for women to improve depression, anxiety, well-being, and health related quality of life faster, their beloved child will experience a better environment and a healthier form of love to grow in their strongest state as the mother will be more equipped to care.

### **Placental Use**

Another postpartum naturopathic medicinal technique is utilizing the placenta for all of the health benefits it is ready to provide. Coined "the tree of life," the placenta is packed with vitamins and minerals to nurture the fetus before it is brought earth side (Knight & Williams, 2014). While typical practice is to detach the placenta and umbilical cord immediately after

birth, opting to leave the cord unclamped for just 30-60 seconds may have its benefits. Some evidence supports that delayed umbilical clamping can “milk” the placenta to increase the infant’s hemoglobin levels at birth (Committee on Obstetric Practice, 2017). Increased hemoglobin can be helpful in reducing an infant’s need of blood transfusions. Not only this, but iron stores are found to be higher for months after birth, transitional circulation (from intrauterine to extrauterine) is improved, and favorable developmental outcomes are found (Committee on Obstetric Practice, 2017). These found benefits apply to both term and preterm infants, supporting the ideal that the placenta is a precious organ that we need not remove immediately. A contraindication to delayed umbilical clamping is, however, the increased incidence of jaundice in those infants who had their placenta “milked” (Committee on Obstetric Practice, 2017). While this is an unfavorable risk, it can be reversed with the use of phototherapy or breastfeeding.

Another option can be for the mother to ingest the placenta herself. The vitamins and minerals in the placenta may have been found to fight depression, which can be beneficial for women struggling with postpartum depression (Knight & Williams, 2014). Likewise, the placenta is iron and protein rich as well as contains high levels of prostaglandins, which when ingested by the mother, could stimulate involution, or the shrinking of the uterus back to normal size. Thereby, expediting the completion and recovery of labor and delivery as well as increasing energy in the mother; which will serve as both helpful and necessary for the mother to care for and love the newborn as necessary (Knight & Williams, 2014). There is also a high level of oxytocin in the placenta, which may help with beginning and continuing lactation (Knight & Williams, 2014). Services can be hired from the community that take the placenta after birth and encapsulate it so that the mother may take it in a pill form. Another common

means of ingestion, free of charge, is freezing it and blending it into smoothies. With some evidence favoring the use of the placenta, it may be beneficial to ingest it when properly prepared.

While there may be ample benefits to consuming the placenta, there may also be risks. For example, mothers who test positive for Group B Streptococcus (GBS) and ingest their placenta were found to have an increased intestinal colonization, thereby increasing the risk of GBS transferring and infecting the infant (Beall et al., 2017). In this instance, the risk of a GBS infection in either mother or baby outweighs the potential benefits the placenta can provide upon ingestion. Additionally, it has been concluded that there is inadequate research on the benefits of placental ingestion aforementioned to confirm its positive effects on the human body. The need for further research must be done to validate its advantages, as current findings are inconclusive (Clark, Coyle, Driscoll, Hulse, & Wisner, 2015). Despite this statement, research by Benyshek, Cantor, Young, and Selander (2013) found improvements in maternal mood and fatigue to be significant enough to endorse further research. With this being said, those interested in placentophagy should weigh all of the chances, taking into consideration that some perceived benefits may warrant further study.

### **Conclusion**

Implementing various holistic medicinal practices into one's pregnancy journey is sure to bring about positive outcomes. Unlike Western medicine, naturalistic practices such as those discussed have very little negative side effects and thus pose little to no risk to those interested. Pregnancy is a long and difficult commitment for not only the mother bearing the child, but for the family involved also. Applying and integrating these techniques into everyday practices can quickly bring about decreased levels of stress, discomfort, and anxiety for all who are involved;

including the baby. With consistent positive findings, integrating this alternative medicine as a complimentary component of Western healthcare can significantly reduce the needs of medical intervention as well as pharmaceuticals. As technology becomes more consuming, individuals must not forget the natural power of human bodies.

## References

- American Pregnancy Association. (2015). Episiotomy. *American Pregnancy Association Promoting Pregnancy Wellness*. Retrieved from <https://americanpregnancy.org/labor-and-birth/episiotomy/>
- Atis, F.Y., Rathfisch, G. (2018). The effect of hypnobirthing training given in the antenatal period on birth pain and fear. *Complementary Therapies in Clinical Practice, 33*, 77-84. <https://doi.org/10.1016/j.ctcp.2018.08.004>
- Bailey, D. (2017). Birth outcomes for women using free-standing birth centers in South Auckland, New Zealand. *Wiley Birth Issues in Prenatal Care, 44*, 246-251. <https://doi-org.ezproxy.gvsu.edu/10.1111/birt.12287>
- Beall, B., Buser, G.L., Mató, S., Metcalf, B.J., Thomas, A.R., & Zhang, A.Y. (2017). Notes from the field: Late-onset infant Group B Streptococcus infection associated with maternal consumption of capsules containing dehydrated placenta. *Morbidity and Mortality Weekly Report, 66*, 677–678. [http://dx.doi.org/10.15585/mmwr.mm6625a4external icon](http://dx.doi.org/10.15585/mmwr.mm6625a4external%20icon)
- Benyshek D.C., Cantor, A., Selander, J., & Young, S.M. (2013). Human maternal placentophagy: a survey of self-reported motivations and experiences associated with placenta consumption. *Ecology of Food and Nutrition, 52*, 93-115. doi 10.1080/03670244.2012.719356
- Bershadsky, S., Kimble, H.B., Pipaloff, D., Trumpfheller, L., & Yim, I, S. (2014). The effect of prenatal Hatha yoga on affect, cortisol and depressive symptoms. *Complementary Therapies in Clinical Practice, 20*, 106-113. <https://doi.org/10.1016/j.ctcp.2014.01.002>

- Brock, R.L., Buttner, M.M., O'hara, M.W., & Stuart, S. (2015). Efficacy of yoga for depressed postpartum women: A randomized controlled trial. *Complementary Therapies in Clinical Practice, 21*, 94-100. <https://doi.org/10.1016/j.ctcp.2015.03.003>
- Buka, S. L., Koenen, K. C., LeWinn, K. Z., Molnar, B. E., Stroud, L. R., & Ware, J. H. (2009). Elevated maternal cortisol levels during pregnancy are associated with reduced childhood IQ. *International journal of epidemiology, 38*, 1700–1710. doi:10.1093/ije/dyp200
- Chan, K.P. (2014). Prenatal meditation influences infant behaviors. *Infant Behavior and Development. 37*, 556-561. <https://doi.org/10.1016/j.infbeh.2014.06.011>
- Clark, C.T., Coyle, C.W., Driscoll, K.E., Hulse, K.E., & Wisner, K.L. (2015). Placentophagy: therapeutic miracle or myth? *Archives of Women's Mental Health, 18*, 673-680.
- Committee on Obstetric Practice. (2017). Delayed umbilical cord clamping after birth. Committee opinion number 684. *The American College of Obstetricians and Gynecologists*, 1-6.
- Knight, C., & Williams, M. (2014). Our placenta journey. *Midwifery Today, 44*. Retrieved from <http://search.proquest.com.ezproxy.gvsu.edu/docview/1523947989?accountid=39473>
- Kuo, B., Singh, P., & Yoon, S. S. (2016). Nausea: a review of pathophysiology and therapeutics. *Therapeutic Advances in Gastroenterology, 9*, 98-112. doi: 10.1177/1756283X15618131
- Madrid, A., Giovannoli, R., & Wolfe, M. (2011). Treating persistent nausea of pregnancy with hypnosis: Four cases. *American Journal of Clinical Hypnosis, 54*, 107-15. doi: 10.1080/0029157.2011.605480
- Moore, K. (2016). What causes morning sickness. *Healthline*. Retrieved from <https://www.healthline.com/health/morning-sickness>

Poggi-Davis, E., & Sandman, C. A. (2006). Prenatal exposure to stress and stress hormones influences child development. *Infants and Young Children, 19*, 246-259.

Stark, M.A. (2017). Testing the effectiveness of therapeutic showering in labor. *The Journal of Perinatal & Neonatal Nursing, 31*, 109-117. doi: 10.1097/JPN.0000000000000243