

## **The Effect of Birth on Later Health Issues – John Wilks**

The potential impact of how we are born on our long-term health prospects, has been studied for many years by the French doctor and author Michel Odent amongst others (Gluckman et al. 2008). Although the conclusions of many of the research papers in Odent's extensive database ([www.primalhealthresearch.com](http://www.primalhealthresearch.com)) are considered controversial by some (he calls them 'cul-de-sac' research because many of their conclusions are too difficult to integrate into mainstream medicine because they would involve too radical a re-think of birthing practice), they nevertheless show overwhelmingly that the birth experience has a major imprinting on the physical, emotional and psychological well-being of the adult to be (Odent 1986).

Even if we look solely from the point of view of how birth affects the baby on a physical level, it is not difficult to see why this is so. We are the only mammals that rotate as we come down the birth canal. In evolutionary terms this is because our heads are rather too large for the mother's pelvis so that we are essentially born 9 months early compared to other mammals. Ask a mother how she would feel about an 18 month pregnancy and then giving birth to a baby double the normal weight and see what response you get. This need for rotation causes torsion in the various articulations of the baby's cranium and the neck, which has additional sutures and fontanelles compared to the adult. Osteopaths and chiropractors have observed that the majority of us have a degree of imbalance (termed subluxation by chiropractors) at the junction between the axis, atlas and the occiput (the top of the neck) resulting from this anomaly of rotation. Rotational forces from birth also affect the jaw and the

temporo-mandibular joint (TMJ). In the opinion of many health professionals, imbalance in either of these two relationships (the occipito-atlanteal joint or the TMJ) can lead to distortions elsewhere in the body and specifically have a marked effect on posture (Sakaguchi 2007), with a more general knock-on effect on efficient functioning of the organism (Cuccia & Caradonna 2009). Indeed, some pediatric dentists work extensively with the relationship between posture and bite (Levinkind 2008), helping conditions such as scoliosis and kyphosis by adjusting a child's bite. The rotational effect of descent down the birth canal can be more pronounced with posterior births (back to back position, common with first time mothers), which either leads to a longer rotation or, in some cases, interventions such as epidurals or caesarians. Midwives have commented that this position appears to be more and more prevalent nowadays, possibly as a result of extended periods of sitting and lack of exercise during pregnancy.

If you add into this evolutionary mix the effect of obstetric interventions, it is clear that the potential for further pressures on the baby's head and body is extreme. Many health visitors will say that minor distortions in the cranium will subside over the days following birth. This is often true of the cranial vault, which is quite soft. However, many interventions put a strain on areas of the head and neck which are not visible, particularly the cranial base. This is an area of the cranium formed by the more solid parts of the occiput, sphenoid and temporal bones, that derive embryologically from cartilage. For example, the area around the foramen magnum (at the top of the spinal cord) is formed partly by the condyles of the occiput, which sit in the concave superior facets of the atlas, allowing for easy flexion and extension of the head.

However, in the baby, the occiput is formed by four bones (not just one as in the

adult), and more specifically the condyles, which articulate with the atlas, are not fused at birth. This means that forces such as traction and/or torsion (inevitable in births that involve caesarian section, forceps or ventouse, but often also occurring in normal vaginal births), will create an imbalance here, with potential effects such as restricted blood flow to the cranium (Flanagan, 2010), a pulling up of the brain stem, as well as stress on the short suboccipital muscles, dural membranes, venous sinuses and ventricles (particularly the fourth ventricle). As a protective reflex, you will often notice that babies born this way will have a tendency to contract through their psoas muscles, thereby putting undue pressure on the diaphragm and abdominal cavity. This can result in symptoms such as colic and also the kind of long-term neck issues that Isobel describes.

This brief focus on the physical ramifications of birth has so far not considered the psychological effect of interventions such as ventouse (used in around 10% of births in the UK), forceps or even such routine procedures like induction. Few mothers realize that research shows a clear potential link between a baby's exposure to synthetic oxytocin (as used in induction) and long-term emotional and psychological health, for example an increased risk of developing ADHD (Kurth & Hausmann, 2011) and the ability to maintain stable relationships (Carter, 2003). It also used to be generally accepted until recently that babies did not experience pain in the adult sense of the word, and that even if they did, they would not remember it. This resulted in practices such as operations being performed on neonates and even on babies as old as four without anesthetics. Even today babies are routinely subjected to circumcision with little or no anesthetic. This has been shown to affect a baby's ability to create secure attachment. (Laibow 1991). Common sense would suggest

that being subjected to a trauma of this kind might have a life-long effect on a child, and indeed this is borne out by research (Van der Kalk, 1994, Chamberlain, 1998). When I started lecturing on birth I used to take around a small disposable ventouse suction cap, which I used to apply to the arm of poor unsuspecting members of the audience to give them a taste of the forces involved. I never encountered a single adult who was able to endure the suction cap being brought up to pressure, let alone any traction being applied. One has to ask; if this is the kind of welcome that we give to a baby as it enters this world, is it not surprising that it might feel a little upset and angry later in life?

The body tends to hold physical patterns it experiences at birth which manifest later in life when the person is stressed or anxious. These might be compressive patterns, which to some extent the baby's body is designed for, or the opposite, which it is not. Patterns can be held in the tissues for many years unless resolved (possibly by a skilled therapist). There are some common patterns that tend to show up in clinical practice; for example the temporal bones can suffer medial compression from the tight fit in the birth canal or from external forces such as forceps. This can (and often does) result in symptoms such as headaches or even torticollis (due to the pressure on the accessory nerve as it exits the cranium through the jugular foramen).

I remember many years ago when I first started in clinical practice as a craniosacral therapist, working on a young woman with severe regular headaches and migraines, which she had suffered from since she was a child. Whilst palpating her temporal bones it became clear that there was an unusual pattern being manifested that involved medial compression, rotation and a pull inferiorly. I worked with this over a

couple of sessions and the patterns eased off to the point it was hardly noticeable. Her migraines and headaches also improved dramatically. Because this was such an unusual pattern, I questioned her about what might have caused this. It turned out that she had been born breech but with forceps and the temporal area was still manifesting this unusual pattern some 35 years later.

There are various mechanisms by which the body might hold ‘memories’ of birth apart from the purely mechanical (e.g. inter-osseous or intra-osseous patterns). For example the actions of proprioception and interoception involving the myriad of receptors in the joints, skin, muscles and fascia are well developed and very sensitive in the newborn. Research by Prof. Stephen Porges (2001) has also shown that a baby is born with a highly developed ‘social’ nervous system, able to pick up on the emotional nuances of all around it. Hameroff (1998) describes other mechanisms that might be at play whereby memories can be held on a tissue level in the cellular microtubules. This is sometimes referred to as ‘tissue memory’. James Oschman (1995) poses the question: *Can "memories" encoded in connective tissue and cytoskeletal structures lead to a conscious mental image of past events? How might such information be "released" during massage or other kinds of bodywork? And how is such information communicated from the tissue being worked upon to the consciousness of both the client and the practitioner?*

Many early feelings and emotions are experienced by the adult as a ‘felt sense’ of the kind described by Damasio (2010). Perhaps because these felt sensations derive from powerful but pre-verbal experiences they are more difficult for adults to conceptualize

and rationalize later in life. This is why early experience can have such a dominating effect on our unconscious desires and emotional outlook throughout our adult life.

The good news is that there are a lot of therapeutic interventions such as Bowen, Craniosacral therapy and other body-based psychotherapeutic approaches like Somatic Experiencing out there, that can help to address issues arising from pregnancy and birth as well as many organizations that help address the long-term consequences of how we are born (see web resources below). The bad news is that despite the large body of evidence and some vocal campaigners, little has been done over the last 30 years to improve the potentially negative impact of the birthing experience on both mums and babies.

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## Resource Websites

[www.wonderfulbirth.com](http://www.wonderfulbirth.com)

[www.fatherstobe.org](http://www.fatherstobe.org)

[www.violence.de](http://www.violence.de)

[www.conscious-embodiment.co.uk](http://www.conscious-embodiment.co.uk)

[www.beba.org](http://www.beba.org)

[www.wombecology.com](http://www.wombecology.com)

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[www.birthworks.org/site/primal-health-research.html](http://www.birthworks.org/site/primal-health-research.html)  
[www.birthinternational.com](http://www.birthinternational.com)  
[www.cyma.org.uk](http://www.cyma.org.uk)  
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