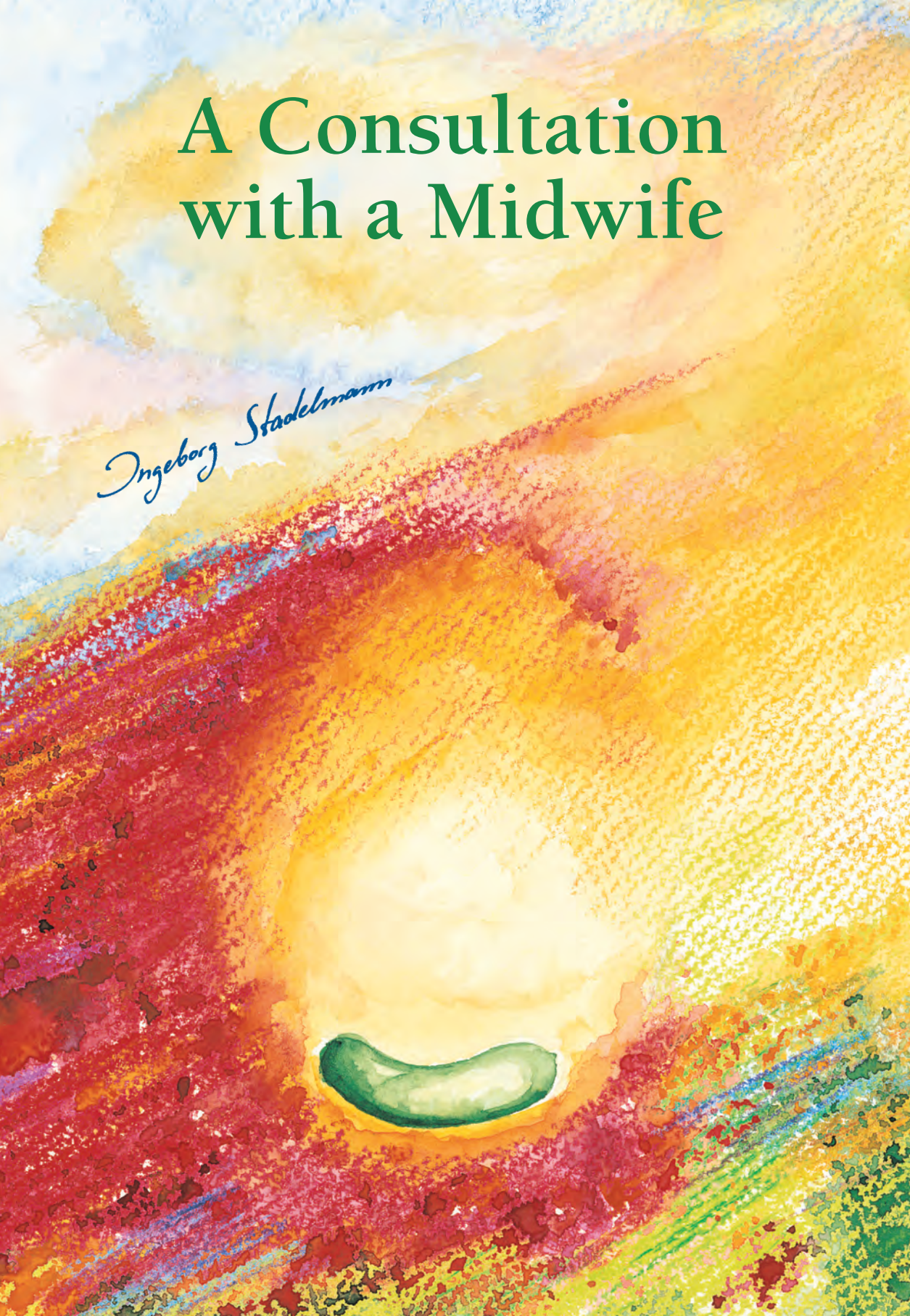
A Consultation with a Midwife

Ingeborg Stadelmann



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I would like to dedicate this book
to all the children who are being born
this very moment,
and all parents
who receive their child
in its own
way of being.

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A Consultation with a Midwife

Sensitive, natural guidance
through pregnancy, childbirth,
the postnatal period and breastfeeding
with
herbal medicine,
homoeopathy and
aroma therapy

Stadelmann® Verlag

Nota bene

This book serves the purposes of elucidation, information and self-help. Every reader is called upon to decide on her own whether – and to what extent – she should follow the suggestions for action and make use of the naturopathic applications. This book is not intended, however, to replace professional advice. In cases of doubt or if an illness has already set in, a midwife or doctor must be consulted in order to determine the correct diagnosis and the corresponding treatment.
If used wrongly or in incorrect dosages, naturopathic substances can cause undesirable side effects. It is essential to pay close attention to the pointers and read the book carefully. Remember: "All things are poison and nothing is without poison; only the dosage keeps a thing from being poisonous!" (Paracelsus, alchemist and physician, 1493–1541)

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Annotation:
Please do not hesitate to contact us for any improvements or interests for production or distribution. We are thankful to any ideas of improvement!

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Foreword to the Newly Revised Edition

It's been a long time since I held the very first copy of my first book Die *Hebammen-Sprechstunde* in my hands. To this very day, I am very proud of the fact that the book was "born" in my own publishing company. Eleven years have passed since then, and a completely revised and updated new edition is now finally finished. This task became very urgent, because through the book I grew older and more experienced. A lot has happened in the meantime. In the first version I shared my professional everyday life as a free-lance midwife, and now I would like to tell you briefly all the things that were brought about by that book.

Contrary to the prophecies of experts in the field, the book became a bestseller: more than 500,000 copies have been sold, primarily in Germany, but the *Hebammen-Sprechstunde* can be found on every continent. I would like to take this opportunity to express my sincere thanks to all the readers who contributed to this vast circulation. To this day, I don't have time for marketing activities and advertising campaigns, but the book has nevertheless come to be widely known. "Good things spread of their own accord," as one old proverb tells us, and in this case it has proven true.

According to another saying, books change the world. That's something an elderly gentleman, himself an author, told me in 1993 when I was busy writing the book. He said: "You'll see: writing books is like having children. Books bring change too, not just children." I wanted to contradict him, but he just ignored me and grumbled: "I know, you midwives see it all differently, but just you wait!" And today I am that much the wiser, because he turned out to be right. The knowledge of experienced colleagues had always been very important to me, but I have also learned to pay more attention to what older folks have to say.

Today I can confirm that books really are like children – they are demanding, they are challenging, and they constantly present us with new tasks and new adventures. And I have learned that the written word, while it patiently waits to be corrected and supplemented, also carries a lot of weight when it comes to changing old habits or treading new paths. I am accordingly very proud of the fact that, with the help of the *Hebammen-Sprechstunde*, so many births have taken a positive direction for mother and child alike. What is more, through this book, there has been an increase in the number of midwives and doctors who have an open ear for natural childbirth and natural medicine. There are even hospitals which advertise that they conduct childbirth according to the "Stadelmann method." At midwife training institutions, my book is referred to as "the other textbook" and many an applicant uses it to prepare for a job interview. It sets a counterpoint to the traditional textbooks and also serves as an important guide for embarking on the venture of self-employment. I was especially delighted when a young doctor wrote to me: "Everything that's not in the manual can be found in your book."

It is therefore understandable, that the *Hebammen-Sprechstunde* or – to use the new English title – *Consultation with a Midwife* – represents a treasure trove of information especially for expectant parents, providing them the knowledge, support and confi-

dence they need to get through the phases of pregnancy, birth and "childbed" – the weeks and months that follow. I am pleased to have succeeded in publishing a book in comprehensible "woman talk" which is considered both a bible by parents and an indispensable guide for the young midwife. That is exactly what I hoped for when I wrote the first manuscript. Now, in the context of the revision, I am sure that the book will continue to reach that goal. Midwives tell me: "Inge, it's just terrific – I quote your book during the antenatal class and every last doubt is dispelled." Or: "I suggest to the mother that she read about the topic in your book and then we can talk about it the next time I come to call." Expectant parents write me letters or send me E-Mails from every corner of the earth, recounting how they were able to help themselves during pregnancy, birth and the postnatal phase with the aid of information from the book. But I also receive inquiries as to where a midwife can be found who works and acts in the manner I have described. When I get these requests, or the more unpleasant reports about childbirth, I always hope that every woman will find a wise midwife sooner or later.

But not only the parents and the hospitals have changed. *The Consultation with a Midwife* can also be considered a pioneering work with regard to cooperation between midwives and pharmacists. My alliance with the pharmacist Dietmar Wolz of the Bahnhof-Apotheke in Kempten (Allgaeu, Germany) has been very fruitful: my *Original D® Aromamischungen* (the registered brand name for my aroma blends) have become as well known beyond the borders of Germany as "Stadelmann's tea blends from the pharmacy in Kempten." In many places, the book has led to pharmacies' stocking not only herbs and homoeopathic medicines but also aroma blends on a regular basis. A few have tried their hand at manufacturing the products themselves, but most of them are grateful to be able to offer my originals with the guaranteed highest natural quality. Throughout Germany, an increasing number of pharmacies cultivate an exchange with self-employed midwives, thus helping to ensure that expectant mothers receive not only the care of a midwife but also competent pharmaceutical advice, responding to their individual needs and thus allowing them to face motherhood with a sense of self-assurance.

My life and that of my family likewise changed; the old man was right on that count, too. In the meantime I no longer work in my beloved "Light of Earth" but carry my light – the message contained in the *Consultation* – out into the world. I used to have to tell women that I didn't have the capacity to take on another birth and now I'm booked out way in advance as a lecturer and further-training instructor. But I gladly pass on my knowledge in the hope that it will help to increase the number of midwives who provide expectant mothers with wise, clever, woman-oriented guidance throughout this wonderful and decisive phase of their lives.

With this newly revised edition I hope to provide you, dear readers, with answers to many of the questions that arise during this unique period in which a child comes to the world. I have updated the contents and, wherever I deemed it necessary, expanded it. I have added sections, for example on prenatal diagnostics and "elective caesareans" as well as death of the newborn and coping with the mourning that follows – an emotion which is unfortunately often repressed.

And I hope to change the world a little bit more with this new edition than I did with the first edition of the *Hebammen-Sprechstunde*. Above all, I hope that an increasing number of the standard examinations carried out during pregnancy will be carried out in midwives' practices and that the number of independent birth centres offering midwife accompanied birth will also grow, thus leading to a steady – if slow – increase in the number of extra-clinical births. As far as the hospitals are concerned, I hope that family-oriented births are not only offered in their advertising brochures but that professionally trained personnel is really available so that the offers on paper can become reality. In other words: that the birthing stool is fetched out of the corner or that the child actually does come into the world in a birthing pool – at the point of time that is appropriate for mother and child and without clinical intervention. It should be a matter of course that the parents are given all the time in the world to welcome the new member of their family. It is a further great hope of mine that more women will once again decide in favour of spending the postnatal phase at home, and that the newborns experience those so very important and unique first days of their lives in the shelter of the family.

For that to happen, however, society will have to change in such a way as to allow awareness, self-determination and security to accompany the beginning of life – and not a procedure pre-established by public institutions. To be sure, home births and giving birth in an independent birthing centre are associated with additional costs. But you are certainly willing to spend more for good quality when it comes to baby clothing and bedding and the pram. So don't be "penny-wise and pound-foolish": in the same way that children are always a rewarding investment, every investment you make for your child is also worthwhile. In many European countries, incidentally, parents have to co-finance births at home or in an independent birthing unit, and here in Germany patients will have to pay for an increasing proportion of their health care – whether in or out of hospital – out of their own pockets as time goes on. If you are guided less by financial considerations than a strong need for safety, remember that our grandparents were all still born at home and obviously all survived the experience well. Our great-grandparents surely wanted the greatest possible safety for mother and child back then as well, and placed their entire faith in the competence of a midwife.

The children who are born today and go out into the world are the adults of tomorrow and they need a good foundation. In my opinion, compromises in that foundation should not be made for reasons of cost. Rather, children should be provided with as much trust and love as possible. Whenever and wherever a birth takes place, it remains a decisive event in the shaping of that life. In the light of these considerations, I wish for more courage on behalf of the parents in taking responsibility for themselves, and for many children who have the courage to embark on life and enjoy the light of the earth their whole lives long.

Ermengerst 2005

Foreword to the First Edition

In the search for literature suitable for use as a reference for expectant parents it became clear to me that there was no book by midwives for parents. For years people have been asking me: "Where can we look up that information you gave us?" I therefore would like to respond to "my" women's request and gather all of my advice, tips and pointers between the covers of this book. It is to serve expectant parents as a reading and reference book throughout the period of pregnancy, childbirth and the postnatal period. I would like to grant my professional colleagues insight into the practice of midwifery on a self-employed basis and encourage them with my advice so they can accompany pregnant women with naturopathic methods and means.

Moreover, in this way I would also like to re-acquaint my readers with the midwife's profession. For it is our job to advise an expectant mother during pregnancy, prepare her for childbirth; accompany her while she is in labour, support her during the birth of her child, care for her during the postnatal period and, where necessary, call upon mother and child during the first eight weeks after childbirth. As you can see from this list, a midwife's working day is multi-faceted.

You should also be aware that in Germany health plans generally cover nearly all midwife services. For more information, see page 460.

A little bit about myself: I have been practising the midwife's profession since 1976. I was initially employed in a small maternity hospital where midwives customarily cared for the women and their newborns in the early postnatal phase. As early as 1977, I began offering antenatal classes on the side. In 1984 I embarked on self-employment. Now I cared for women at home following their stay at hospital. And I began to be approached by women who had given birth in the hospital as out-patients and wanted my help at home from the first day of the postnatal period. Soon there were the first requests for home births. A convinced obstetrician and some even more strongly convinced parents helped make this step into home obstetrics a lasting experience. My initial scepticism soon vanished. Intensive preparatory talks and getting to know the parents helped keep the risk as low as possible.

In 1986, along with a colleague, I founded a midwife's practice, which received a name "Erdenlicht" (Light of Earth) upon the proposal of a third midwife. There, we midwives aim to be a light on earth which helps children to lay their eyes on the light of the earth for the first time and offers parents a beacon in their process of becoming and being parents. Our services included antenatal classes, partner evenings, information on naturopathic methods, nappy-changing classes, postnatal exercise classes, the baby club, the baby massage course, the breastfeeding group, a nutrition circle on breastfeeding and what comes after it, seminars on the homoeopathic treatment of children's illnesses and lectures on aroma therapy and its use in the family. Since 1988 we have provided antenatal care on a regular basis as well.

I am myself the mother of three children. My two sons were both born in hospital; my daughter came into the world at home. Each of my children contributed enormously to my development as a midwife. During both pregnancy and childbirth, my first child acquainted me with medicalized childbirth – and all of the problems associated with it. Back then, programmed childbirth was customary. I had to learn from experience that an episiotomy can be really painful, as it caused an injury that still haunts me today.

My second pregnancy revealed to me that premature contractions, the same kind I had during the first pregnancy, can be quite normal. That tea can help. That the intake of foreign protein during pregnancy can cause the child extreme skin problems – problems which may be a

burden to the child his whole life long. The birth led to the realization: no timing, no episiotomy, that's childbirth! I had the good fortune to experience what "childbearing" means, as opposed to "being delivered." To this day I am grateful to my colleague, and I would like to take this opportunity to mention that childbearing in hospital can also be a very wonderful and memorable experience for a family if the framework conditions are met. We love to remember the relaxing and rejuvenating postnatal period in the hospital. It was through my second pregnancy, the birth and the weeks that followed that I encountered homoeopathy and herbal medicine, the two forms of treatment I have called my own since then. I had the opportunity to learn that even extreme breastfeeding problems and sore nipples can be healed with naturopathic methods. Later, we learned as a family how to use natural medicine and the corresponding attitude to cope with skin problems in children.

My third pregnancy several years later allowed me to discover what it is like to bear a child in the family circle, what it means when the birth is accompanied by unprocessed psychological problems or changes. This child helped us to break out of a rigid structure: to experience a home birth as a midwife, to pursue full-time employment as a wife and mother, despite breastfeeding, to carry out an exchange of roles in the family in a small rural village! Since the birth of our daughter, my husband has been at home, takes care of the children, runs the household, supports me with my writing, encourages me and takes loads off of my back and my mind. Without my husband, I would never be able to work so comprehensively as a midwife. Because being a self-employed midwife means being on call for the next birth night and day, year in and year out as well as being available for women in pregnancy and the postnatal period to help them with all of their fears and acute problems.

It was thus that I discovered herbal medicine and homoeopathy for my profession. I encountered aroma therapy several years later. I also became aware of this method of healing in connection with the birth of a child. I was given the opportunity to accompany a woman who is very familiar with essential oils as she gave birth to her daughter. The experience was so memorable, that I have been intensively exploring the applications and effects of essential oils since that time.

I would like to dedicate this book explicitly to pregnant women, parents and children, for it was pregnant women, parents and children who helped me to attain my present state of knowledge.

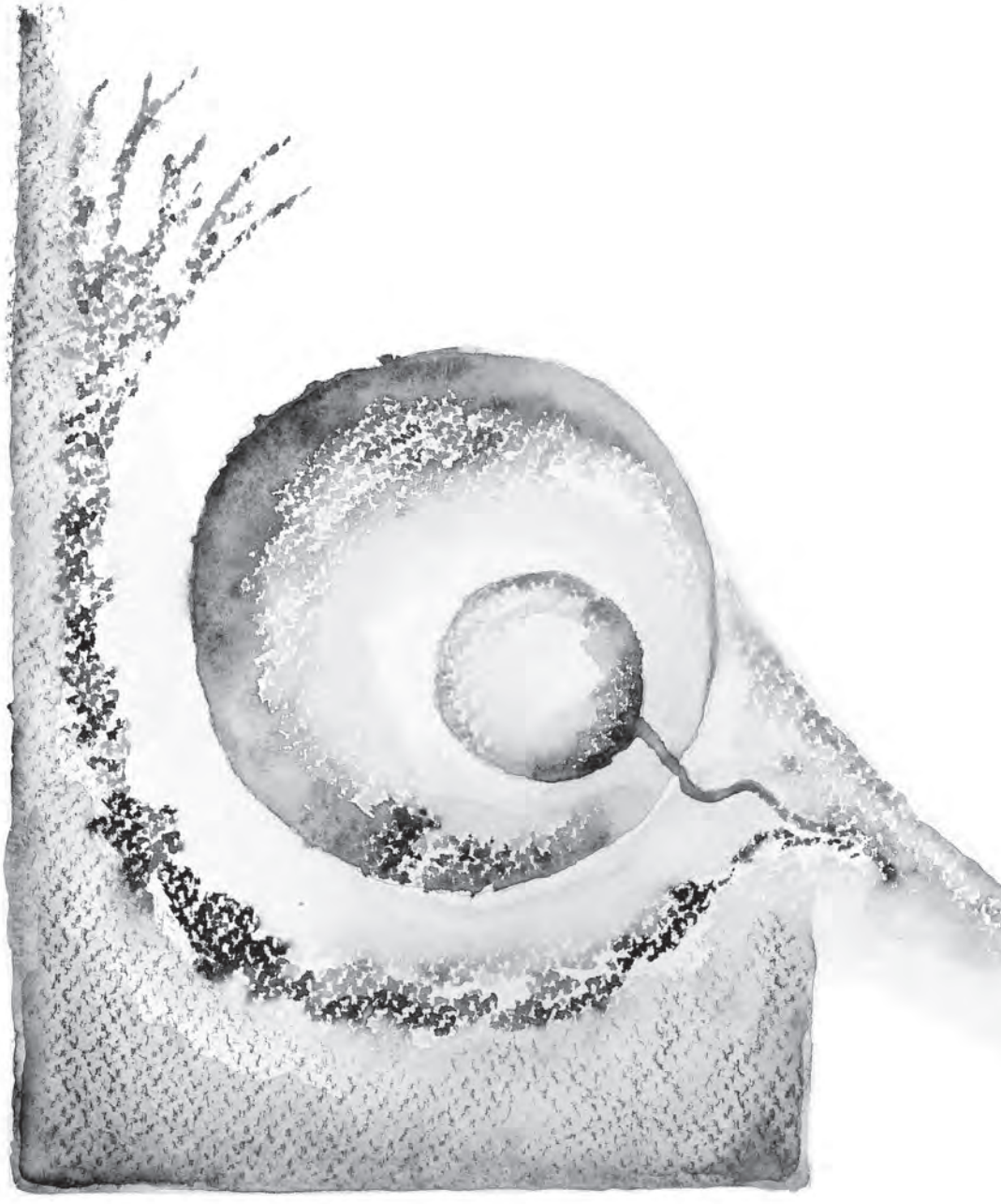
In the following sections of the book – on pregnancy, childbirth and postnatal period – I will report alternately on my experience in the area of herbal medicine, homoeopathy and essential oils. I mean to provide pointers and advice – not compulsory prescriptions. Every pregnant woman will recognize for herself which form of therapy she feels drawn to. One will prefer tea blends, the other homoeopathic medicine; another will discover a liking for essential oils in the aroma lamp, massage oil or the bathtub.

I would like to remind the reader that all human beings – expectant parents included – are capable of making decisions and taking responsibility for themselves. Ultimately nobody can do this for us, our whole lives long.

In the appendix you will find chapters containing basic information on the use of medicinal herbs, homoeopathy and aroma therapy. The reader is advised to consult the respective chapter before applying those naturopathic methods.

This book should not be used to replace the advice of an experienced midwife, doctor or other therapist trained and certified in the care of pregnant women and mothers. Please remember that naturopathy is a form of treatment based on experience and is not free of side effects.

Ermengerst 1994



PREGNANCY

the two of us – three
warm
soft
incredible
you in me
we

THE FIRST THREE MONTHS

We refer to the period from the first to the twelfth week of pregnancy, also called the first trimester, as a time of hormonal adjustment and new beginning.

These first three months are often marked by uncertainty and anxiety. Fatigue and sudden changes of mood can render them quite a challenge. The expectant mother is in two minds about whether she should tell people about her pregnancy and, if so, who – a pregnancy of which she herself perhaps has no more than a presentiment. Unfortunately, to an increasing degree, I have the impression that in this situation women have less and less a feeling of "anticipating a blessed event," but are burdened instead by a sense of helplessness and inner conflict. In our society, pregnancy is rarely still associated with hope and coming bliss, but with the "risk" involved. For in the age of the emancipated and successful woman, the pressure to bear a physically, mentally and socially healthy child has grown vastly. And whereas in former days people merely talked about happy anticipation, now the ins and outs of parentage and the ideal point in time at which to embark upon it are discussed in all thoroughness.

The first weeks of pregnancy are surely also influenced by the moment of the child's conception. A woman who has longed for a child for many years will indeed be imbued with a sense of hope. Yet the latter often goes hand in hand with worry, for the woman is usually well-informed about the possible risks during early pregnancy – the desire to become a mother has led her to many a doctor's office. This explains why such women often wait a while before consulting a midwife.

Particularly women who have enjoyed midwife accompaniment during previous pregnancies tend to seek contact to self-employed midwives at an early stage. In the past years, however, we have also noticed a slight increase in the number of women who come because they've heard from a friend that we offer assistance from the moment a pregnancy has been confirmed, or even before. This is why many women ring up for an appointment without wanting to tell us the reason for their interest. Then they come and say what Regina said to me those many years ago: "You know, I thought I'd just come and talk to you first. I think I'm pregnant. And if I am, I don't want to find out for sure with a strip of paper or an ultrasound that makes it so irreversibly visible. Because maybe I'm mistaken and then I would be really disappointed to find out that I'm not pregnant after all."

Such women are still a rarity in a midwife's practice, but that makes us all the happier when they do come. I can well understand a woman who wants to be alone with her uncertainty and dream the dream of motherhood for a little while yet, because the reality of a high-risk pregnancy or the knowledge of having a blighted ovum is often such a staggering disillusionment that nothing remains of that tiny moment of happiness.

But the fact of a real pregnancy can sometimes be just as staggering if the woman does not want to accept it and hopes that it is actually a case of blighted ovum. As a

midwife and mother, I can sympathize with these feelings and I know that what the woman needs is someone who will listen to her and show her understanding for her current state. I know that it takes some time and a certain amount of self-reflection for the awareness of an initially unwanted pregnancy to ripen and for the woman to decide how she will react to a positive urine test or ultrasound result. By having themselves examined at an extremely early stage, many women learn a truth with which they are not quite ready to cope. As a consequence, they are hardly in a position to make the decision as to whether to keep the child or not. Talks with women in early pregnancy represent a very special challenge to us midwives, because in such cases we are required to remain totally objective and provide support to the woman in her momentary situation and her individual reaction for or against pregnancy. At the same time, it is important to explain to her that – if the suspicion of pregnancy is confirmed – she should realize that this child belongs to her and her biography, no matter how long she bears it within her, whether it decides to leave again of its own accord or whether she, as an expectant mother, makes the difficult decision to terminate the pregnancy. She will remain the mother of this child until her dying day and she should encompass it with her unending love. I explain to the woman that it will not be possible to erase this unborn child from her memory. Naturally, she doesn't have to tell everyone that she has made a conscious decision against her pregnancy, but it will be a part of her life from that time on. In situations of such difficult, momentous decisions, it is important not to disregard the child's father, but to try to understand him and his reactions. Again and again, men force women to decide against having the child. Demands such as these, for or against the child, are often made on an entirely rational basis. A man cannot decide with feminine emotions, for, after all, it is the woman who is pregnant. Conversely, we women should not react to a man with accusations, for a man can only react as a man and will quickly come to terms with the fact that he ultimately cannot make the decision. He is often not entirely conscious of his responsibility, or evades it, for a man's emotions are simply different. Women must be conscious of the fact that they will have to bear this decision alone for the rest of their lives, whereas men can easily ignore their paternal responsibility – particularly in view of the fact that their hormonal balance doesn't adjust to fatherly feelings very quickly.

When I conduct such difficult and at the same time such naturally human consultations, I find the most important thing is to react with a sense of calm and patience. I often have the impression that the woman has consciously chosen me as a neutral advisor – sometimes even an anonymous one if the consultation takes place by phone – and I am honoured by the trust she places in me. I advise her to make contact with a midwife near her, but also just to give herself a few days to decide what to do. I tell her that the conception already represents a piece of eternity in its own right, and that a few days won't make the slightest difference. We midwives always learn a lot from the women who later get back in touch with us to tell us their decisions. Particularly when we go on to accompany them during pregnancy, birth and the post-

natal period, it is much easier for us to understand when this woman suddenly becomes pensive, or her partner quiet, or her cheeks are suddenly wet with seemingly inexplicable tears. Then we know that she is visiting the thoughts she confided in us way back in the beginning of pregnancy, before it was even clear whether the child was welcome or not. It is true: whether as midwives or as mothers, we women are bearers of secrets.

At the beginning of pregnancy, many women decide to hold onto their secret for a while – and later they often refer to this phase as one of the most wonderful periods of twosomeness with the child. Have you ever watched children exchanging secrets? Do you remember secrets you had as a child? Then maybe you can imagine why these young mothers with their radiant, transfigured smiles are suddenly so different as a friend or partner. They will only talk to others about their happy condition – the fact that a whole new little human being has settled in somewhere deep inside her – when they have digested it themselves. It is unfortunate that not many women experience such a phase of bliss these days, because many of them learn of what is actually still a very intangible and incomprehensible condition much too soon, due to the fact that health insurance companies cover the cost of control examinations from the very earliest possible date. As a midwife, I take the liberty of questioning the wisdom of this early detection system, because in my opinion women need a few weeks to absorb a reality that will have such a huge effect on their futures. I like to compare this situation with the pulse-quickening of couples in love, holding hands for the first time or exchanging their first kisses in a dark and secret place. In the urge to absorb and comprehend the experience, they, too, want to keep the wonderful state of falling in love to themselves for a little while.

Common Minor Problems during Early Pregnancy

After amenorrhoea – the absence of menstruation – the first symptoms that lead a woman to suspect she is pregnant are usually nausea, vomiting, abnormal cravings and swelling of the breasts.

Nausea/Vomiting

Within the context of my work, I have noticed that it is predominantly women who are not pregnant for the first time who come to midwives with complaints of nausea and vomiting. I don't know whether this is because they have only gotten to know the midwife in connection with the birth of their first child or in the postnatal period, or whether these symptoms actually increase with each pregnancy.

One thing I'm sure of, however, is that the child is already making itself "heard," saying: here I am, I need your time and attention and what is more, I am not my sister and I'm also not my brother. I'm me and I'm here!

This is easy for many women to understand, but it doesn't help much when she's at her job. During this phase, women unfortunately still can't count on much understanding from their co-workers, and even their partners have difficulty coming to terms with the new situation. The women who come for advice are happy that their complaints are taken seriously. "It's just part of being pregnant" – that's a sentence many women are literally sick of hearing.

The early phase of pregnancy – the beginning of a new life – is punctuated by lots of question marks. How will my life change? How will I cope? Will I manage everything? To be sure, there will have been other situations in life where these questions popped up, and in those situations, answers and help were found. For many women, these questions and problems were answered and solved by thinking things through, acting sensibly and receiving clear instructions from others, i.e. by rational means. Also, until now such decisions have only affected the woman herself. Now, however, with a baby inside, no matter how tiny, that's no longer the case. From start to finish, every decision is made for the child as well as the mother. "Responsibility" begins: "IT wants an answer I don't even know yet!" is how many women feel in this situation. A phase of life begins which is determined more strongly than ever before by "gut feeling" – the belly, which has been something of a stranger until now. Mothers who have already had children will ask, "And what about me? Why am I feeling so sick? I'm already an experienced mother. Why can't I get out of bed in the morning without using the bucket; why can't I even brush my teeth without spitting up?" Many men remind their wives that it was exactly the same the first time around, but pregnant women don't like to hear that fact. As is the case so often in life, the positive memories of the first pregnancy have remained in the foreground, and the mother of several children may will have repressed the initial problems. She surely does remember, but that doesn't help her in this situation. In my opinion, this is because she knows, she recognizes, that the new child will be a completely different child, causing her a completely different kind of discomfort. Maybe the pregnant woman is already subconsciously asking herself, "How will I manage with two?" Or she has realized that, while she can raise her children, she can't change their natures. This new being in her belly will be different, but in what way? What qualities will it have? Perhaps the mother would like to maintain the symbiosis – as we refer to the first trimester of pregnancy – as long as possible, but knows it will come to an end, an entirely independent child will develop and she will have to let go of it.

Thus there are perhaps many plausible psychological explanations for the nausea and the new circumstances women find themselves in.

As a midwife, all I can do is offer food for thought and, more than anything else, listen. I'll never be able to answer all the questions that come up, and I don't see that as my job. But an open ear and the confirmation that many women feel the same way in early pregnancy are already a help.

The woman in the early stage of pregnancy is happy to hear that she doesn't have to walk around with a blissful smile on her face like the ladies in the advertisements,

if that's not the way she feels. Actually, in the majority of cases, this woman describes her condition as miserable. I try to explain to the young mother that she can communicate her situation to the people around her already at this early phase, and should even stay home from work when it's necessary. If a woman already has a child or children at home, she will need the help of Grandma or her partner in that situation. In the mother's relationship with her older child, it is often now that she really lets go for the first time.

Unfortunately, so many women suffer so greatly from nausea during pregnancy that it takes on the dimension of an illness; sometimes only a stay in hospital brings about an improvement. Often, however, a "change of scenery" is the only therapy, i.e. not medication, but just a change of surroundings is necessary.

Many women complain not only of vomiting and nausea, but also of the accompanying loss of weight. This can usually not be avoided, however, and ceases by the twelfth week of pregnancy at the latest, when, on the contrary, the expectant mother begins to gain weight. Look at the positive side of this weight loss: it is an opportunity to rid the body of harmful substances which would otherwise only burden your child by way of your milk.

Of course it is advisable for the expectant mother to consult with a midwife before an acute state of vomiting – referred to as emesis – sets in. Natural medicines can provide a lot of relief, limiting the degree of nausea and vomiting or, in some cases, eliminating the symptoms entirely. It already helps many women simply to chew on a piece of dry bread or drink a glass of milk in small sips first thing in the morning. Others have found that sucking on a slice of lemon helps.

Homoeopathic Remedies

From homeopathy we know of a number of remedies which provide tangible relief in cases of morning sickness caused by pregnancy: *Arsenicum album, Cocculus, Ipecacuanha, Magnesium carbonicum, Nux vomica, Phosphorus, Pulsatilla, Sepia, Tabacum.* Precise instructions for the administration of homoeopathic medicines can be found in the section of the appendix on homoeopathy (p. 438) and in my book *The Homoeopathic Home and Travel Medicine Chest*.

I well remember …

… a friend who rang me up during the seventh week of pregnancy and told me how badly she was suffering from constant nausea. At that point in time she was already in hospital. But after her discharge, the situation at home was just as bad as it had been before. Her vomiting, dizziness, and lack of appetite were back. I listened to her complaints and then asked her about her mother. "Yes, you know, it's difficult with my mother. She's still trying to bring me up. I'm constantly trying to break away from her but somehow I can't manage. Now she keeps telling me that my pregnancy will probably be just like hers. In other words, I'm confronted with her again, which is exactly what I want to avoid. I just want to finally be ME." When I asked her whether she liked to listen to music, she answered, "Yes, usually I do, but now it doesn't help." I advised her to take the homoeopathic remedy Sepia in an LM

potency. For the two days following, she felt worse than ever, but after three days I received the good news: "I've got my appetite back, I can already eat cheese, and I just took a bath. I feel like a totally normal pregnant woman. I do still vomit in the morning, but I can live with that!" In the background I could hear classical music. Her state had improved distinctly.

Essential Oils

A very pleasant means of treating nausea and vomiting during pregnancy are essential oils. Smelling salts, sniffed at the onset of nausea, are an age-old, time-tested method. Women in early pregnancy like to use: *bergamot, grapefruit, mandarin red, neroli, peppermint* and *lemon*. When using these oils, it is most important to trust your own sense of smell and choose the aroma most agreeable to you. Incidentally, for many women a heightened sense of smell is the first sign of pregnancy. For that reason, I am quite sure that a pregnant woman can find the aroma that will help her best simply by smelling. Many young mothers love lemon oil when they feel nauseated. In a 10% solution with jojoba wax, neroli helps, as does the refreshing and invigorating scent of grapefruit, to keep your stomach from turning around in circles. Bergamot is a good choice for those who are also suffering from sudden changes of mood. I only recommend peppermint, however – a drop rubbed into each temple or in the form of smelling salts –, if the "patient" is suffering from dizziness/weak circulation and is not already taking homoeopathic medication. All of these oils can also be used in the aroma lamp or added to your morning wash. This will be particularly helpful during early pregnancy. The ideal form of use is to concoct your own natural perfume by producing a jojoba solution containing 10% of your favourite oil and applying this blend to your ear lobes or the insides of your wrists. Since many pregnant women work, or are surprised by a wave of nausea while they're out – e.g. shopping for food –, it is advisable to carry the little aroma bottle with you, like …

… Claudia, who was sure she was pregnant again, judging from her morning sickness. She did not want to take any homoeopathic remedies, but wanted to know whether she could use an essential oil, because she was suffering quite considerably from nausea. I asked her what oils she had in the house and then advised her to choose her own smelling salts by taking a sniff at bergamot, lemon and mint. She decided in favour of mint and from that day on she always had it with her, as she told me later on. She used it for several weeks, whenever the need arose, and it helped her cope quite well.

In the past years, the *Original D® Aroma Blend Andere Umstände/Expectant D®* has proven very effective. This somewhat unharmonious-smelling essential oil blend containing lime, neroli, rosemary and sandalwood is often just the right thing in this discordant state. It is likewise used in the form of smelling salts, in the aroma lamp or as a perfume, by mixing a drop of it with a drop of jojoba wax. The mixture I call *Hans guck in die Luft/Johnny-Head-in-the-Air D®*, available as an aroma spray and useful as an aid to schoolchildren when they're doing their homework, also helps pregnant women suffering from dizziness and nausea. The oils it contains – linaloe wood,

litsea, mandarin red and lemon balm, have a calming and encouraging effect and help to maintain concentration. The spray is perfect when you're out and about, whether in the car, on the train or at work. For women who have weak circulation to contend with in addition to morning sickness, the aroma blend *Kräuterkorb/Basket of Herbs* ℒ® has proven extremely helpful, also in the form of an aroma spray. Even before you get out of bed in the morning, you can put this mixture of peppermint, rosemary, sage and myrtle hydrolat to use by spraying your calves with it. The spray is a welcome refreshment on hot summer days as well.

Cravings

In early pregnancy, women with the abovementioned symptoms almost always mention that they have discovered themselves to have very strange cravings. Late in the evening, from one minute to the next, they'll suddenly want to eat pickles, or they'll crave sausage with onions and vinegar for breakfast. Others can't fall asleep without having consumed a box of chocolates or other sweets though they have never done such things before in their life.

I would like to encourage you to give in to these cravings and the signals your body is sending you, at least to start with. Your body knows exactly what to reject and what will do it good. Giving in to it means trusting yourself. It is clear to me that early pregnancy represents an entirely new life situation, particularly when it is your first pregnancy. Until now, everything has been clear and simple. Now somebody is telling you: *"Trust yourself; your body knows what it wants."* This is, to my mind, one of the first and most important ways of preparing for pregnancy and motherhood. You want to have natural childbirth, and when you breastfeed you will have to leave it to your body to produce the right amount of milk at the right point in time; as a mother you will have to recognize whether the child eats enough, sleeps enough, and whether or not it is sick.

Naturally, cravings are not a sign to start eating nothing but chocolate, but perhaps they're there to tell you: "As the mother of this child, you'll have to do lots of things you've rejected until now." Whether through conviction or repulsion, the child will teach the mother to change her diet and her habits. She'll often have had it "up to here" or be "sick" of everything, but she'll also be open to trying everything once.

If the cravings are too abnormal, I have a few words of advice:

If you have a craving for sour things, eat them – sauerkraut or pickles, for example.

If you crave sweet things, eat products with valuable carbohydrates such as grains – don't fill up on processed sugar. Carrots and fennel are also good choices. Chew everything well, until you can actually feel the sweet taste in your mouth.

If you have a strong desire for chocolate, it could be a sign of magnesium deficiency, which can be remedied by taking magnesium tablets, drinking mineral water with magnesium in it, or chewing five skinned almonds several times a day. When

buying and preparing green vegetables, be sure they're outdoor-grown, as those are the only kind which really do contain lots of magnesium.

Heightened Sense of Smell

An interesting phenomenon during pregnancy is the heightened olfactory sense. Cigarettes are a particular problem in this context. There are still lots of people – men and women alike – who can't overcome their addition to nicotine despite their knowledge of the consequences. It is a well-known fact that cigarette smoke is detrimental to unborn children even if the mother herself does not smoke but only breathes in the cigarette smoke of others. And lots of women accordingly cannot bear the smell of it; already the smallest waft of cigarette smoke nauseates them. It would seem to me that this is nature's clever way of protecting the unborn baby, and it is to be hoped that it will encourage many an expectant father to kick the habit. I would like to take this opportunity to mention something which has been scientifically proven: infants who have been subjected to cigarette smoke suffer much more frequently from flatulence and respiratory illnesses. In other words, there is absolutely no excuse for smoking. In my opinion, for the defenceless unborn child and throughout childhood, it is nothing short of constant abuse. The carcinogenic effect of nicotine has long been a proven fact, as has its effect on the infant by way of the placenta, and the danger of premature delivery.

Swelling of the Breasts and Soreness of the Nipples

In response to complaints of swollen breasts and sore nipples, I try to explain to women that their breasts are preparing for the task ahead: in a few months, they will be the child's source of nourishment. For many women, this requires a certain amount of rethinking: their breasts are no longer to be thought of as an "attractive appendage" but as a vital organ. To me it appears quite obvious that our bodies call attention to themselves in exactly the places where changes will take place during pregnancy. When I put it this way, many women understand that a prickling in the breasts is not a pathological phenomenon but a wonderful sign of the fact that the breasts are preparing to give milk.

If the symptoms become unpleasant, it helps many women to wear a brassiere temporarily or constantly. By that I don't mean to say, however, that all pregnant women should wear a bra. The natural friction of the nipples against the surface of the clothing is actually one of the best methods of inurement.

In severe cases, a warm lavender breast bath or a warm lavender compress may provide relief. Both methods soothe and relax the irritated nipples. In cases of swelling of the whole breast, I recommend a massage oil made of lavender and neroli in an emulsion of cold-pressed oil basis, or simply the time-tested *Schwangerschaftsstreifenöl/Stretch Mark Oil* $\mathcal{D}^{®}$, which also contains rose and linaloe wood oil. Many women

also like to use orange blossom, rose or lemon balm hydrolat. Be sure to use hydrolats which are free of alcohol, because they will not dry out your skin but, on the contrary, provide moisture.

Lower Back Pains

Pregnant women sometimes complain of strong sacral pains – the sacrum being the triangular bone forming the posterior section of the pelvis. Often these women suffer from retroversion of the uterus, i.e. the uterus is tilted toward the back. In such cases, the growth of the child and the increasing weight of the uterus puts strong pressure on the sacrum. The best remedy here is to sleep in a prone position – with a small cushion under your tummy to take the strain off the spinal discs – and, during the day, to practice the knee-elbow position as often as possible, or do belly dancing. Physical exercises of this kind help the uterus to straighten up and out of the pelvis, and the unpleasant pressure on the sacrum is reduced.

Another cause of sacral pain is the entirely natural, hormonally induced softening of the joint between the ilium and the sacrum.

Essential Oils

Women suffering from sacral pain are advised to massage the painful area with essential oil blends of jasmine, mandarin red, rosemary and juniper with a cold-pressed vegetable oil base, for example *Kreuzbein-Massageöl/Lower Back Massage Oil* $\mathcal{D}^{®}$. This Original $\mathcal{D}^{®}$ Aroma Blend has been used with great success for many years now, and also helps persons suffering from sciatica. The scent of jasmine supports the female hormonal balance and helps us to cope better with this "cross" that women in particular have to bear. Mandarin red oil is especially suitable for massages performed with the aim of loosening up the muscles. Rosemary oil supports the blood flow and helps bear the pain. Juniper berry, a strong basic woody scent, is always a boon on account of its purifying effect in connection with rheumatic symptoms. *Kreuzbein-Massageöl/Lower Back Massage Oil* $\mathcal{D}^{®}$ can also be used in conjunction with warm compresses. If you would like to read more about these beneficial applications, I recommend my booklet *Aroma Therapy from Pregnancy to Breastfeeding*.

Medication and Dietary Supplements during Early Pregnancy

In principle it is not necessary to take medication, vitamins or other nutritional supplements during the early phase of pregnancy and if you do, it should be by doctor's prescription only. And incidentally, a well-informed pharmacist can provide you with detailed information on the necessity, effects and undesirable side effects of all medi-

cations. Do not recklessly take pills, tablets or seemingly "normal" painkillers, because their active agents will take the quickest route to the growing infant. As you surely know, the basic development of both the sensory organs and the central nervous system take place within the first twelve weeks. The careless intake of medication can cause the infant irreversible damage.

The controversial obligatory dispensation of iodine and folic acid is also a subject of discussion among midwives. As mentioned above, these medications should only be taken on a doctor's advice. My concern here is to inform you that, right now, assuming you are reading this in the early stage of pregnancy, the optimal point in time for folic acid supplementation is already long past: the positive influence of this substance on the neural tube ends in the fourth week of the child's development, when the tube closes. It would therefore be more sensible to begin taking folic acid when you decide you would like to become pregnant, particularly if you have been taking the Pill for a long period. You would be doing a good deed if you passed this information on to your friends who want to have children, as there is still too much ignorance among women on this subject. If you're already past the fourth week of pregnancy, don't worry. The rate of deformities caused by folic acid deficiency is in fact infinitesimally small. And anyway, pregnant women shouldn't have to support the pharmaceutical industry. With the right nutrition you can already cover your minimum daily requirement with 200 g of broccoli (containing 200 µg of folic acid) or 50 g of oat flakes (50 µg) plus 10 g of wheat germ (50 µg). And last but not least, even among scientists there are varying opinions as to the length of the period of heightened need and the amount to be taken: the estimations range between 200 and 600 µg per day.

There is likewise quite some disagreement concerning the intake of iodine during pregnancy. The Federal Republic of Germany is classified as an "iodine deficiency area" but these days iodine supplementation is compulsory almost throughout the food chain – from mineral fertilizers for our vegetables and fodder containing iodine additives to iodized mineral water and the products sold by bakers and butchers. The physician and obstetrician Dr. Friedrich Graf even refers in his writings to "forced iodization" which we can no longer escape. Particularly restaurants and fast-food chains "take care of" our health by using iodized salt. It is a known fact that iodine deficiency can lead to disturbances of fetal brain development, but no mention is ever made of the fact that an overdose of iodine can have a toxic effect. Until 1997, the estimated minimum daily requirement was 100 µg; since 2000 it has been 200 µg. Iodine increases the metabolism of energy, and too much of it can lead to hyperthyroidism or to so-called iodism, a state accompanied by irritations of the mucous membranes, allergies, asthma and auto-immune diseases. In view of these circumstances, every pregnant woman should check her diet carefully, perhaps have her iodine status controlled by her general practitioner and then decide for herself. If you are plagued by symptoms such as extreme weight gain, fatigue, listlessness, dryness of the skin and mucous membranes, hair loss, low tonicity and depression, it is essential that you contact your doctor about iodine supplementation. If you take iodide

and suffer increasingly from nervousness, insomnia, palpitations, shakiness, diarrhoea which irritates the skin and/or previously unexperienced allergy-like rashes, stop taking iodide immediately, as in the case of Ms. N. …

… already during the antenatal class I noticed that she couldn't calm down during the relaxation exercise. After the session she asked me what she could do to help her get to sleep and whether palpitations and dry skin were really normal during pregnancy. This caught my attention and I asked her into my consultation room. During the consultation I learned that she had been prescribed iodide. When I asked her how long she had had these symptoms, it quickly become clear that there was a connection. Ms. N. subsequently stopped taking the iodide and when I talked to her a few days later she said, "Everything's back to normal now. I'm so happy we were able to figure out the cause!" I called her gynaecologist, and he told me that he was actually an advocate of general iodine prophylaxis in view of the fact that symptoms such as those affecting Ms. N. were extremely rare, but that he would certainly keep a closer watch from now on. He couldn't resist adding, though, that, as a midwife, I was not authorized to make such decisions and I should send such women to him in the future!

To parents interested in a critical look at this subject, I recommend the brochure "Kritik der Arzneiroutine bei Schwangeren und Kindern" by Dr. med. Friedrich Graf.

If you decide in favour of iodine prophylaxis, it is extremely important that it be continued during the breastfeeding period. Incidentally, 70 g of coal fish or 3–5 g of iodized salt contain 150 µg of iodine, the recommended daily dose. Lamb's lettuce, dairy products and algae are also rich in iodine.

Antenatal Care

Midwife and/or Obstetrician?

An increasing number of women would like to have their antenatal care carried out by a midwife. For pregnancies which progress normally, midwives are just as capable of carrying out the care as doctors, and are authorized to do so. If you would like to have an ultrasound, however, you will have to consult an obstretrician or go to a hospital. For this reason, many women decide to alternate between a midwife and a doctor for their antenatal appointments. In my opinion, a cooperative relationship between a midwife and an obstetrician is beneficial to the expectant mother and she should not be required to choose between the two. Naturally, there are women who want to have the antenatal check-ups done exclusively by a midwife. There is no reason not to comply with this wish as long as the pregnancy is a normal one. At the first sign of any irregularity, the midwife will refer the woman to a specialist. What you should know is that midwives offer midwife-oriented antenatal care, while those offered by doctors are medically oriented. Midwives and obstetricians are both trained in obstetrics, but the two professions are entirely different. Nevertheless, they complement one another well and ideally work hand in hand. Midwives place primary

emphasis on holistic care and carry out all the examinations required by the health scheme, including the necessary laboratory tests. Recent studies have shown that pregnancies accompanied by midwives progress at a lower risk than those in the control group of patients in the exclusive care of doctors. What is more, an increasing number of doctors are cooperating with midwives. If you hear about a cooperative arrangement between a doctor and a midwife, you as an expectant mother should find out beforehand whether the midwife merely replaces the doctor's receptionist or really is permitted to practice her profession independently. If you are required to consult the midwife *and* the doctor at every appointment, you are not receiving truly midwife-oriented care.

The "Mutterpass" – Maternity Notes

In Germany, every pregnant woman is given a booklet in which the results of the antenatal examinations are recorded – a "Mutterpass."

During the first antenatal appointment, the expectant mother is questioned in detail about previous illnesses and her general medical history. I have noticed that this session is unfortunately often carried out very superficially with regard to the questions and the answers alike. You should take the questions very seriously and also inform your partner about previous illnesses. He should likewise think about illnesses which have recurred in his family. The doctor and midwife are not asking you these questions out of personal interest or curiosity, but in order to provide the best possible care to mother and child, and to recognize – or rule out – risks at an early stage.

The answers to the questions, the results of the blood tests and the ultrasound as well as all other examination results during pregnancy are recorded in the Mutterpass. From now on, you should always carry this booklet with you and bring it to your appointments with your midwife as well. That way, the doctor and the midwife can both inform themselves as to which examination results the other has recorded. If you give birth in a hospital, the obstetric team there can read about how the pregnancy has proceeded. This is usually the only record available to the hospital. All other files and records of the pregnancy remain in the midwife's/doctor's practice. In an increasing number of German cities, a system is offered whereby one and the same midwife (and sometimes the same doctor) accompany the woman during pregnancy and childbirth alike by means of affiliations between the self-employed midwife and the hospital. Usually, however, this is not the case, and when the birthing woman gets to the hospital she is confronted with a midwife and an obstetrician she has never laid eyes on before. Independent birth centres and home births are a different kettle of fish. Here the midwives attach the greatest importance to getting to know the woman as soon as possible and providing the antenatal care in the midwife's practice or the birth centre. If a doctor is to be present at the birth taking place at home or in an independent birthing centre, he or she should also be involved in the antenatal care.

For the purposes of alternating antenatal appointments with a midwife and an obstetrician, as well as for the hospital birth, every woman should see to it that her Mutterpass is filled out completely, and take it with her to all antenatal check-ups. It contains information which can be of decisive importance for the mother and infant during childbirth, especially when there is no time to inform the hospital personnel about the progress of the pregnancy in detail. This is the case, for example, when the birth goes very quickly. In such situations the mother is not in a position to respond to such questions.

The Estimated Due Date (EDD)

The due date requires a bit of explanation. Babies rarely heed the date calculated by the antenatal care providers. Only four children in a hundred are actually born on the due date. This date is calculated on the basis of the first day of the last menstrual period, to which 280 days are added. If you know the date of ovulation, however, or the actual date of conception, you can calculate on that basis, adding 266 days to the date in question.

Example:	last period was on	18 March
	+ 280 days	
	= prospective due date	24 December
or:	last period was on	18 March
	ovulation according to temperature curve	5 April
	= prospective due date	28 December
or:	last period was on	18 March
	conception was presumably on	27 March
	= prospective due date	19 December
	(The next possible date of conception is 13 April but the first ultrasound on 25 April clearly indicates the seventh week of pregnancy.)	

My intention in showing these examples is to emphasize that it is advantageous to provide precise information during the first antenatal appointment. Don't be tempted to provide false information in order to extend your maternal leave. When the baby shows no signs of being born on that date, it will be a difficult state of affairs to explain to the obstetricians. Moreover, it is always the mother who has to put up with extensive observation from the calculated due date onwards. This date may serve as a basis for deciding whether the birth must be induced or the child can be left to determine its birth date itself.

Pregnancy accordingly lasts forty weeks, ten lunar months or nine calendar months. I advise expectant parents to talk in terms of weeks as well, in order to avoid misun-

derstandings. Midwives and obstetricians divide pregnancy into three thirds or so-called trimesters:

first third/trimester	–	1st to 12th week of pregnancy
second third/trimester	–	13th to 28th week of pregnancy
third third/trimester	–	29th to 40th week of pregnancy

The outline of the first chapter of this book is also based on this system of division.

Antenatal Check-Ups/Signs of Life

During the antenatal appointments – which normally take place every four weeks – the *fetal heart rate* is made audible from about the twelfth week by means of a small, easily manageable ultrasonic device. This is a very special experience for parents, for until now the child was perceivable only to the mother. Fathers are very excited and as happy as little children themselves when they manage to hear "their" baby. Naturally, the heartbeat is visible in the first major ultrasound examination, but our ears are also important sensory organs and should not be underestimated. I never fail to be surprised at the number of expectant parents who have often *seen* their child in the course of the pregnancy, maybe even have photos and video recordings of it, but have never *heard* it.

In the context of listening to the fetal heartbeat, I like to point out to the parents that they also have to prepare their ears for parenthood. Infants can make quite a lot of noise. Already in the first days and weeks after birth, they can put a great strain on their parents' ears. At the same time, the child's first cries are a sign of life. Everyone can see the newborn infant, but that's not enough. Everyone present at the birth also wants to hear the child yell. I am therefore very much of the opinion that we should take advantage of this offer made by modern technology and – in addition to visual images – provide parents the opportunity of hearing their baby as early on as possible.

It will not be long before the mother begins to feel the child move in the womb. This will take place in about the twenty-first week if it is the first child, and as early as the eighteenth week if it is a later child. Initially it will feel like a gentle prickling beneath the abdominal wall, which you can best perceive by laying the palm of your hand flat across the womb. Many women say they originally mistook the movements for gas. Soon it will become clear, however, that what you are feeling is the movement of the child.

If you know the exact date on which that happens, be sure to inform your midwife because even today – in the age of technical prenatal monitoring – this is a good way of checking the prospective due date, without using machines.

For the mother, the child's first movements are a very special experience – comparable in significance to other developmental achievements later on, such as the child's first attempts to walk or its first words. These movements are the first tangible contact

or, in other words, the baby's first perceivable communication, which serves to boost the woman's confidence: I am becoming a mother; a whole little human being is growing inside me.

"Antenatal Package Plus"

In the wake of the most recent health reform, a new and very peculiar system has become popular in many doctor's practices: expectant mothers are supposed to decide whether they would like to book an "Antenatal Package Plus with Extras" or whether the range of tests and examinations traditionally comprised by antenatal care will suffice. The "extras" include, for example, additional ultrasounds and a glucose tolerance test to rule out the possibility of gestational diabetes. I will leave it to my readers to judge the extent to which these practices can be described as normal antenatal care or whether advantage is being taken of women's and young parents' fears and uncertainties. One thing is certain: that every examination result which is "positive" (in the medical sense) causes insecurity and anxiety and, often, sleepless nights. Eventually, the doctors will put everything into perspective for you, but that doesn't erase the fears and worries you have undergone during the previous weeks and months of pregnancy. During early pregnancy, for example, doctors all too often make remarks about "placenta previa" – meaning that the position of the placenta is abnormally low – a condition which, at the worst, can lead to placental insufficiency. The position of the placenta, however, will soon change, because it grows upwards along with the musculature of the uterus, at which point it turns out that all of the excitement and worry was for nought! But the fact that, in such a situation, a great strain is put on the emotions of the mother, the child and presumably the father, and nobody is talking about happy anticipation anymore, but about risks and caesareans, is something the health plans offering the above-described special packages don't mention. The emotional state of the unborn child in the womb is still not a subject of interest to science. Doctors prefer to speak of the fetus as opposed to the child.

A similar example is the often unsystematic search for heightened blood sugar levels in the expectant mother: one woman pays for the special service and a lab result is attained, while the other woman, with the "basic" antenatal package – who perhaps really does run the risk of gestational diabetes – apparently has no right to proper care! Here we are well on the road to a two-class society. The fact that gestational diabetes actually is on the rise cannot be denied, but it certainly should not be overly emphasized in the context of a normal pregnancy, for it will only cause unnecessary fear and anxiety.

Here I would like to point out that, in view of the German antenatal care system, even obstetricians are seriously thinking about how much care is really sensible. In comparison to other European countries such as England, for example, the usual range of examinations comprised by antenatal care in Germany must be questioned. The gynaecologist Dr. Bartholomeus Maris has indicated that it should always be pos-

sible to weigh medical necessity against individual preference on the part of the expectant mother. In an article appearing in the *Deutsche Hebammen Zeitschrift* (a German midwifery journal) in December 2004, he wrote: "With regard to both the woman and the doctor, the degree of fear and of the need for a personal sense of safety is often a decisive factor and usually leads to control examinations being carried out to an exaggerated extent." Among other things, his article addresses the wisdom of performing ultrasound examinations after the twenty-fourth week of pregnancy, regular vaginal examinations, the search for bacterial vaginosis, the regular monitoring of the fetal heartbeat as well as CTGs. According to English studies, none of these measures is to be regarded as necessary within the context of routine antenatal care. As a matter of fact, the results of such studies frequently contradict the recommendations made in Germany. It is my hope, however, that – as is also expressed by Dr. Maris – well-informed women will be in a position to decide which offers to take advantage of and which to turn down on the basis of the detailed information provided them by their midwife and obstetrician. In the future, then, ideally, everyone involved – the parents, the midwife, the doctor – will decide together how much precaution is sensible. Instead of hiding behind medical guidelines, they need to realize that sometimes "less is more." In the decision "for or against" an examination, it is my special hope that advocates of the unborn child and its emotional well-being will be heard. The still very uncertain physical consequences of all these measures should also be considered. It should never be forgotten that the many controls are not therapy but merely momentary takes, which – when they deviate from the norm or produce uncertain results – have the power of increasing fear and anxiety rather than allaying them.

Naturopathy and Individuality

At this stage I would like to tell you a bit more about the relationships between individuality, natural medicine, childbirth and the midwife's profession. After all, it is an entirely natural as well as an individual course of events to expect and bear a child.

Women have always adopted the wisdom of nature as their own. Naturopathy is nature's system of treating disease. To practice naturopathy means to understand nature's peculiarities – its joyful processes of renewal as well as its disasters. To learn and know about nature's system of healing also means to entrust oneself to the elements of the earth and not be angry or surprised about its cravenness, crudeness or wisdom. For millions of years, the earth has been taking care of itself, changing, adapting. It destroys and creates, now with brutal elemental force, now with angelic patience and at a hardly noticeable rate in the course of the millennia. Nature heals her wounds – which are often inflicted on her by human beings – sometimes overnight, by simply washing them away with rain. Sometimes, for example, a whole winter passes before the pressure of the blanket of snow erases marks left by human beings, perhaps to

make room for healing plants. Sometimes nature needs years to turn deep gashes back into fertile soil where tyres and boots have dug their way into sensitive moorland. And sometimes the earth doesn't heal at all, where, for example, water cascades into valleys unchecked by the rocks and forests which have disappeared so that human beings can build themselves a new road. It seems to lie in the nature of man that we force ourselves onto nature, causing many an action to be doomed to failure from the start.

The knowledge of nature's system of healing requires intensive understanding of nature, and we are often confronted with mysteries that only spiritual thought can help us come to terms with. For despite the efforts of scientists, nature remains a closed book and – like the natural event of childbirth – she demands to be viewed once again with reverence and awe. Human beings want to experience natural pregnancy and childbirth, but are frequently not familiar with – nor do they respect – the possibilities and limitations of nature. We midwives accompany the woman in labour, sense her fears, but also recognize the unsuspected strength that lies within her and try to guide her through childbirth with this feeling of basic trust as our predecessors already did many millennia ago.

I am very grateful to naturopathy, particularly homoeopathy, for it describes and teaches holism. Thus I have learned to provide "my" women with individual care, to see everything as it is, to hear what is really worrying them and to accept that other people have other views and opinions – in other words to understand the women in their entirety. Every human being should be treated and cared for in the manner that is good for him or her personally. This desire for individual care is also justified during childbirth, and leads to fulfilment. Since I have learned to think, act and practice my profession in this way I have come to experience a much greater number of happy expectant mothers, women making informed choices about their childbirths, content mothers and families who feel well provided-for and safe.

Home Birth or Independent Birth Centre

I am always glad when an expectant mother who is considering home birth comes to a midwife's practice for a consultation in the first months of pregnancy. That is the best time for the midwife and mother-to-be to talk about whether home birth is a possibility.

Essentially, if you want a doctor to attend an out-of-hospital birth, you have to look for one who is willing to do so. We midwives will be happy to advise you in the process; perhaps we even know if there is a doctor or obstetrician in your area who offers this service, which is time-consuming and complicated from the point of view of health insurance formalities. What is more, like the midwife, the obstetrician should be a person you trust. But since people have different views and different sensibilities, there will never be the midwife and the doctor who can satisfy the expectations of all

involved. Especially the expectant mothers themselves quite often believe that it isn't necessary to have a doctor attend the birth. Usually the reason they cite is: "I remember only too well that when I was giving birth to my last child the doctor didn't appear until the very end, and I really only needed the midwife. SHE helped me. And anyway I know that as a midwife you're allowed to accompany the birth alone." Here I must agree; it's true that when the birth progresses normally, even in the hospital, the doctor usually stays in the background. What is more, at most out-of-hospital births – i.e. those which take place at home or in a birth centre – there is no doctor present because, medically speaking, it is not necessary. We midwives are trained and authorized to accompany normal pregnancies and births on our own. Nevertheless, in 1987 our profession was forced to carry out a bitter struggle to maintain the so-called "calling-in obligation." This is a law which rules that a midwife must be "called in" to attend every birth. She, on the other hand, is only required to call in a doctor if there are irregularities in the course of the birth. For many midwives and parents, it is therefore a reassuring feeling to know that there is a doctor who can be reached by phone. Ideally, he or she knows the birthing mother and is happy to attend the birth when such support is necessary. But in many places, doctors are not willing to come to births conducted outside the hospital, either for reasons of health insurance technicalities or due to lack of experience. Many self-employed midwives have begun to request the presence of a second midwife or a midwife-in-training. As a result, two specialists are present at most births. We have made necessity the mother of invention and come to the conclusion that it is better to make decisions on our own than to have obstetricians present who are inexperienced or afraid of out-of-hospital births. For me as a midwife, my confidence in the capability of the birthing woman to give birth is indispensable. But as soon as there is someone in the room who doubts this capability in particular or the success of the birth in general, it can have such a negative effect on the progress that the birthing mother may have to be moved to the hospital midway through the birth.

In view of these circumstances I would like to take this opportunity to express my sincere thanks to my teachers. Many years ago, a doctor and an experienced obstetrician were the ones who encouraged me to embark on home obstetrics. Unfortunately, specialists such as these have become an absolute rarity and we can only hope that soon there will be more doctors with the courage to provide assistance in out-of-hospital obstetrics, although the outrageous cost of liability insurance presently makes this virtually impossible. For me, the success of an out-of-hospital birth depends primarily on the amount of mutual trust that exists between the parents, the midwife and the other trained professionals present. Expectant parents should not derive their sense of security from machines and titles, but from a feeling of basic trust and healthy common sense.

Partnership

For the pregnant woman's partner, the first trimester of pregnancy is undoubtedly a difficult phase. Nothing can be seen, felt, heard of the child, but nevertheless the child is there. Sometimes the woman is no longer herself. She smells things no-one else can smell, she is much more sensitive, she cries and is elated about one and the same thing. Once a man told me: "I have the feeling she's like a little child herself, totally enthusiastic about everything but insulted at the slightest remark." These words speak for themselves. I myself am not in a position to feel what men feel; all I can do is ask them to try to show their partners understanding and remind themselves that it's a very special situation, it will pass, and it's for a good cause. And I also think that men should get together more often and talk about their experiences as expectant fathers.

Antenatal Screening

Antenatal screening is the term used to refer to examinations carried out to detect disorders or abnormalities in the unborn child at an early stage. The possibilities offered by this branch of medicine are certainly alluring, but they should be taken into careful consideration since, on the one hand, the results are relatively uncertain and, on the other hand, many of the examinations can themselves cause miscarriages or premature births. The statistical figures not only vary from country to country but even from hospital to hospital. You read of a 0.5% rate of miscarriages one day, a 20% rate the next. Regardless of how low or high the rate is, ultimately no statistics in the world can help when a healthy child is sacrificed to an erroneous positive result. Conversely, it can also happen that the child is in fact sick but the illness is not detected by the antenatal screening tests. We simply have no control when children develop differently from the way we want them to. The first question to be posed before every screening test must therefore be: would I consider terminating the pregnancy? If not, then you can confidently turn down all tests; they're not a must, even if the doctors would like to have you think so. Remember that despite all of the diagnostic methods available today, you also have the right *not* to know if there is something wrong with your unborn child.

The Bundeszentrale für gesundheitliche Aufklärung (BZgA; German Federal Centre for Health Education) in Cologne offers an instructional and worthwhile brochure on the subject of "Pränataldiagnostik" (antenatal screening), which provides comprehensive, objective information on examination methods, their risks and side effects, and the names of information centres. The brochure is available free of charge and can also be downloaded on the Internet (for address see appendix p. 460)

Ultrasound Scanning

The measurements carried out within the framework of the first ultrasound scan still provide the most reliable basis for calculating the due date when the menstrual cycle is irregular. And for technically oriented people, the pictures of the unborn child are undoubtedly an exciting insight – if an exclusively visual and somewhat alienating one – into emerging life. Many expectant fathers find it helpful to be present at the first ultrasound – but that doesn't mean that an early scan should be arranged just to give the man something to look at, something he, understandably, cannot (and perhaps must not) even comprehend.

I would like to point out that the process of adjusting to the new situation of becoming a mother or father cannot be replaced by any technology. Parents will experience many situations in which they wish they could look inside the child, but what is really going on in there will remain a secret. Later on in parenthood, there is no way of having your child "scanned" in order to understand it better. In other words, I would like to say that the technology isn't there to satisfy our curiosity but to detect abnormalities and clarify the resulting problems.

Moreover, I must call the reader's attention to the fact that, ultimately, it has not yet been determined whether the heating of the amniotic fluid during an ultrasonic scan can cause late sequelae, particularly if the scan is carried out during the early stage of pregnancy – the stage in which the infant's development is still very much in progress. The so-called doppler ultrasound is being carried out with increasing frequency to measure the flow of blood in the placenta, the umbilical cord and the child as a basis for assessing possible risks. What is more, many women are entirely unprepared for a vaginal examination during the first weeks and because of the penis-like shape of the doppler device experience it can be a very unpleasant, even violative, ordeal. The fact that the device is only a few millimetres from the tiny developing infant is also something to consider. This form of examination has become virtually obligatory in the early stage of pregnancy and serves in doctors' practice everywhere as a reliable form of pregnancy test.

Your obstetrician can provide you with information on the necessity of using this method. You should take into consideration that scientists at the Mayo Foundation in Rochester, New York proceed on the assumption that ultrasonic scanning during pregnancy subjects the infant to a noise level of 100 decibels (!). Young parents should also be aware that routine ultrasound scanning has been abolished in several European countries, e.g. Denmark. In Switzerland only one routine scan is carried out in the course of pregnancy, whereas in Germany, antenatal care still calls for three and the "baby watching" craze has even led to monthly control scans. They are carried out despite the fact that an error rate of some 30% to 40% is cited in medical circles for ultrasound results. This means that false conclusions are drawn about the infant's size and about alleged abnormalities, all of which only serves to upset the expectant parents. They tend to react by having further tests carried out, for example

amniocenteses, which can lead in turn to a premature termination of pregnancy. In view of these circumstances, it is well worth your while to think carefully about every "routine" measure. Pregnancy is never a routine, and therefore no antenatal screening should be carried out on a routine basis.

On the basis of the ultrasound, conjectural diagnoses are often made, beginning with the words: "As far as we can tell …," for nothing can be said about the child with certainty. On the contrary, the results depend largely upon how much experience the obstetrician/sonographer has in the use of the ultrasound device and whether the latter is state-of-the-art or an older model. In about the twentieth week, for example, ultrasound scans are used to examine brain and heart structures, detect deformations of the feet and check for Down's syndrome – purposes for which ultrasound is simply not 100% reliable. And for you as parents, how will the situation change? This type of examination only makes sense if you intend to take action on the basis of the results. Otherwise, possible "positive" results mean the weeks ahead will be filled with anxiety rather than harmony. It is often not until the child is born that all the worries dissolve because they prove to have been unfounded.

Other Tests

The same applies to the blood test, the triple test generally carried out in the sixteenth week of pregnancy. It is often performed rather *en passant*, in the process of taking a routine blood sample. Many mothers will consent when the doctor's assistant mentions: "We're going to do a test to see whether the baby is healthy." Only very few of them are aware that, on the basis of the lab results – which unfortunately come out false-positive all too often – Down's syndrome is detected, but only in 60 to 79% of all cases. A positive triple-test result leads to further examinations which the parents had never even considered subjecting themselves to. In or around the twentieth week, for example, a chorion biopsy might be carried out (a test otherwise undertaken in the tenth to twelfth week) although the parents had originally decided against it. By this time the mother can already feel the child moving; she is already halfway through pregnancy and is once again faced with the decision as to whether she wants to keep the child or not. An amniocentesis could likewise have been carried out in the fourteenth week, but at that point the parents had perhaps not considered it. Now, however, startled by the "harmless" blood test and its result, they are suddenly faced with the whole range of questions all over again.

Amniocentesis

In the world of medicine, pregnancies in women age thirty-five and older are classified as "high-risk." What the doctors fail to take into consideration here is that most children are born healthy regardless of the mother's age. Increasingly, women come to the midwife's practice with the question: "Should I have an amniocentesis done or

not?" The care-providing obstetrician is required to inform women thirty-five and older of the existence of this test and of her right to have it performed on her. Recently there have even been efforts to have the age boundary lowered. It makes me sad that other women ask their pregnant friends the virtually obligatory question: "You've had an amniocentesis, haven't you? You don't want a disabled child, do you?" For me it's as if an engaged couple were asked whether they had already been to see a fortune teller to find out whether their partnership would last. My initial answer is always: "Slow down." Give yourself plenty of time to think about whether you want this analysis, because – depending on the result – it leads necessarily to a decision for or against the child.

With amniocenteses and other methods, modern science attempts to detect certain handicaps in children. In the range of illnesses they test for, Down's syndrome is presumably the most well-known. One percent of all children born to 40-year-old mothers have this disorder (which is also called trisomy 21); in the case of 35-year-old mothers the rate is 0.2%, in the case of 25-year-olds only 0.08% (source: Schindele, Eva: *Gläserne Gebärmutter*. Frankfurt: Fischer 1990).

Many expectant mothers ask me: "Do you know women who have been in the same predicament? Am I really already at the age in which childbearing is a risk?" I then explain to them that other women have different partners, different living conditions and different children in their bellies. It is therefore essential to discuss these questions with one's partner, because the performance of the antenatal screening require the self-responsible decision of the parents. The result of the test can confront expectant parents with the decision as to whether they want a disabled child or not. Both parents will have to live with the consequences of their decision. I work with the parents to try to answer the following questions: can I bear "differentness," can I deal with children and adults who are different from us "normal" folks, would I be able to cope with my own child being different? I remind the parents that an originally healthy child can also become "different" from the neighbour's children during pregnancy, during childbirth, or later as the result of an illness or an accident. These are commonplace occurrences which tend to be forgotten in the context of researchable and controllable pregnancy. This point of view is certainly not an immediate help to many parents faced with such a decision, but it does give them food for thought about the realities of life. After all, a year earlier nobody would have been thinking about these controls; the woman wouldn't have been 35, her pregnancy not classified as "high-risk." It is certainly not my intention to look down on parents who decide in favour of an amniocentesis, because life with a "different" child, a disabled child, is not easy and our society is not always capable of supporting parents in such stressful situations. Both decisions – pro and con – are justified, but nobody can make the decision for the parents. I have also known parents who regard their disabled children as a gift and are appalled when people ask them why they had it, considering it's no longer necessary these days.

Another important consideration is the emotional strain on the woman while she

is waiting for the result of the analysis. Most women have already begun to feel the child's movements very distinctly by the time the lab results arrive. A positive outcome generally means that the woman is permitted to have an abortion at this relatively late stage of pregnancy – usually sometime past the twelfth week. Here we cannot help but ask ourselves: why are women over 35 allowed to terminate the pregnancy while younger mothers are deemed capable of bearing the fate of having a disabled child? Who presumes to act here as a judge over life and death?

When parents decide against a disabled child the story isn't always over. On the contrary, after the abortion many women find that the inner conflict has only just begun; they can be burdened by emotional problems for years. For, as mentioned above, the woman must be aware that this child is part and parcel of her biography and she will be reminded of it again and again throughout her life. Whenever she encounters a disabled child, thoughts of her own child will fill her mind. We women are not capable of simply erasing a decision like this from our memories.

The decision which has to be made in such a situation is undoubtedly a very difficult one for a partnership. It is very important to look at the questions from all conceivable angles, calmly, patiently, without time pressure: the examination is quickly performed, but your lives and your relationship will endure for a long time yet. Women often join their partners in making decisions influenced by masculine rationality and forget that their partners can never decide about a woman's feelings. The unborn child at the centre of this decision is in the woman's body; she is pregnant, she feels the change and she will have to undergo the abortion, whether by suction or curettage, performed under temporary anaesthesia, or, in an advanced pregnancy, as foeticide, the killing of the fetus in the womb, which is followed by childbirth in the normal form. The partner should be aware that, if he has pushed for an abortion, he will be confronted again and again, even many years later, with having influenced the woman. And he will likewise not be able simply to repress his feelings and his memories, because what has happened is irreversible.

As much as I can sympathize with the longing and desire for a healthy child, I find that I must ask myself: can we claim the right to perfect children?

THE SECOND TRIMESTER

The period from the thirteenth to the twenty-eighth week of pregnancy – the second trimester – is one of adaptation, well-being and reorientation. These are the weeks in which the child grows the fastest, since its organs are already fully developed. The uterus has to keep pace in order to provide the active little person inside with plenty of space.

Following the symbiosis of the first three months, reflected by the mother's declaration: "I'm pregnant", the first separation has now taken place, audible in the words: "The child is growing in my womb and already taking up quite a lot of space." The woman perceives very clearly that the child is growing, and now she really is expecting a child.

What is more, the pregnancy can usually no longer be concealed on the outside; the woman's tummy swells unmistakably and her colleagues show more understanding when she doesn't feel well. Apparently it's easier for people to cope with a pregnant woman when the pregnancy becomes visible.

Changes in the Body

As the pregnancy progresses, most women feel the need to adapt their body care habits to the physical changes that are taking place. Many an expectant mother notices that, in addition to the shape of her body, her skin and hair are different. These changes, caused by heightened hormone production, are completely normal. The woman's skin often becomes more strongly pigmented, producing brown spots on her face which have traditionally given rise to all kinds of speculation as to the child's sex. At the centre of her abdomen, a brown line appears, the linea fusca, the central vertical axis of the human body. All skin changes will disappear again a few weeks after childbirth. The hair can change in a variety of ways: from hair loss to abundant growth to change in consistency from straight to wavy. Wait and see what nature has in store for you! I have never witnessed pathological changes in this respect. If you are worried about your loss of hair, homoeopathy will be sure to have an appropriate remedy for you, but it has to be selected individually.

Stretch Marks

In order to avoid stretch marks I recommend beginning with regular massage early on in pregnancy: not only of the abdomen and breasts, but also of the buttocks and thighs, where stretch marks are also common. If you suffer from a congenital weakness of the connective tissue, however, you won't be able to avoid stretch marks alto-

gether. And already existing marks can no longer be conjured away. I can offer you some consolation, however: nearly all stretch marks disappear again in the months following the child's birth, particularly the small, thin ones. The wide "rifts" will get narrower, initially take on a bluish shade and finally, in the course of several months, return to normal skin colour.

Aroma Therapy

To make this preventive treatment as effective as possible, I like to recommend a massage oil blend based on evening primrose, wheat-germ and almond oil and containing lavender, linaloe wood, neroli and rose essential oils. This *Schwangerschaftsstreifenöl/Stretch Mark Oil* ℐ® is particularly suitable if you have sensitive skin and are plagued by the thought: "I just *know* I'll get stretch marks!" The lavender will give you a sense of calm and clarity: "Everything will be as it should be." The linaloe wood has a relaxing effect, and the neroli oil is a perfect enhancement due to its freshness and power to counter anxiety.

Another blend – *Körperöl entspannend/Body Oil Relaxing* ℐ® will appeal to women who are not fond of lavender and who are caught up in the stress of everyday life on the job or at home and want to do something for themselves. Here the basis is a mixture of jojoba wax, almond and wheat-germ oil, "flavoured" with chamomile Roman, neroli, rose and cedar wood.

In this connection, I am reminded of the following situation. A pregnant woman came to my midwife's practice "Erdenlicht" in a state of quite some stress, and said:

"… I don't have much time, but I have to ask you a few questions; it's about the skin of my abdomen, it's so taut." In order to shorten her waiting time, I recommended that she take a sniff at some of our oils and try them out if she liked. It was for me an unforgettable experience when she came into the consulting room firmly gripping a bottle of Body Oil Relaxing ℐ® *and saying: "This is terrific; the smell is so pleasant, I have already applied it to my tummy." When I asked her what she found particularly pleasing, she answered: "My life is so stressful that I really don't have time for 'smearing' products on myself, but I'm going to take this with me, it really appeals to me, I can't stop smelling it. I am absolutely sure that I will take the time and treat myself and my child to a little daily massage session, this oil is just so pleasant." And it was really true: this woman, who usually made a very nervous and irritable impression on me, suddenly seemed much calmer. Of course I had to explain to her that she couldn't just take that bottle with her but would have to purchase one on her own.*

I have been having experiences like this one with essential oils for many years. For me they are proof that even people who are under a lot of stress and strain instinctively choose the right oil. The body can't be fooled! I think it's wonderful that a mere aroma can make a person's mood so positive, without my having to contribute much as a midwife. Providing help with aroma-therapy products gives me so much joy and so many satisfied faces. And I would like all mothers to share in this, because midwives and mothers have a lot in common: always being there for the family,

listening when there are problems, providing equilibrium: simply *giving* in every situation.

This is why it is so very important for a pregnant woman to take some time for herself now and then, and care for her own body, because after the child is born everything will revolve around the child. But the mother will have her memories of the wonderful moments and hours of time she had for herself – a gift she owes this very child. And what is more, I am certain that massage helps to establish much closer contact to the baby and develop a more positive attitude towards the physical changes brought about by the pregnancy – the growing belly, the swelling breasts, etc.

Another pleasant body oil that is helpful in cases of dry skin is hazelnut oil with rose and linaloe wood essential oils, available as *Körperöl trockene Haut/Body Oil Dry Skin* $\mathcal{D}^{®}$. It has a relaxing and calming effect. For women who have already gone through pregnancy and childbirth before, I like to recommend my time-tested *Rosen-Körperöl/Rose Body Oil* $\mathcal{D}^{®}$. In addition to rose oil it contains rose geranium, which helps to strengthen the connective tissue, and the blend of wild rose oil and jojoba wax not only constitutes a high-quality basis for this product but also aids in preserving the elasticity of the skin.

Fatty Oils

Massage oils are helpful for various reasons. For one thing, the expectant mother receives loving attention. The masseuse treats certain pathways of energy (meridians), and is entirely justified in using her intuition to do so. Energy blocks can be dissolved, and both body and soul benefit from the treatment.

For another thing, the skin is warmed when the oil is rubbed into it, causing the essential oils contained in the blend to penetrate the skin barrier faster and – provably – enter the blood stream within ten minutes. Their beneficial mechanisms are thus quickly available to the body. Depending on the consistency of the basis oil and the intensity of the massage, the essences can make their way through the skin and into the deeper layers of tissue within one to two hours. It is thus very important that not only the essential oil additives but also the basis oil be selected with care.

Only first-cold-pressed fatty oils should be used, preferably from organically grown plants. So-called mineral oils (petroleum extracts) are of inferior quality and should not be employed. They are incapable of passing the skin barrier of the human being, and can therefore not transport essential oil into the body to carry out their healing effects. In fact, mineral oils block the pores of the skin and actually form a barrier. Since we would like to achieve a therapeutic effect in addition to the benefits for the skin, only high-grade fatty vegetable oils are suitable as a basis for a body or massage oil, as is the case with the *Original* $\mathcal{D}^{®}$ *Aroma Blends*. Only these oils are fully absorbed by the skin, allowing them to make their way into the connective tissue, the lymph channels, the musculature and the blood. They serve as conveyor substances for the essential oils, which are thus introduced into the organ systems. Moreover, the

fatty oils can also possess healing qualities themselves; they differ greatly in character and are therefore put to a wide variety of uses.

For more detailed information on fatty oils such as jojoba wax, almond, nut and other oils used in aroma therapy as bases for essential oil blends, see my book *Time-Tested Aroma Blends.*

Antenatal Classes

The majority of pregnant women still seek contact to a midwife in the phase between the eighteenth and the twentieth week of pregnancy. And that is the ideal point in time to register for an antenatal class. You should begin with the class between the twenty-fourth and – at the latest – the twenty-eighth week. These classes, which last from eight to fourteen weeks, are offered to women and couples by midwives and women who have specialized in antenatal care.

As in the case of all other consultations and aids for pregnant women in the Federal Republic of Germany, the class teachers are reimbursed directly by the health insurance company for the cost of the class. In many places, however, the class participants are required to make an additional contribution, since the fees paid by the health plan do not entirely cover the cost of the class. Unfortunately, we midwives often cannot communicate our extensive range of information within the fourteen class sessions and have to offer additional information sessions, independently of the class. The costs of the latter have to be borne by the parents.

In my opinion, the attendance of an antenatal class is particularly important for women expecting their first child. Until now, the woman's life has usually revolved around her job; from now on, though, becoming and being a mother are going to be her profession. During this transition, midwives provide support and, in a certain sense, help. In the old days, within the framework of the extended family, a young mother had often already experienced her sister's or other relative's pregnancy, childbirth and breastfeeding. To meet the demands placed upon us by our profession, we midwives try to compensate for the loss of the extended family and stand by young mothers with our experience and expertise.

But women who are pregnant for the second, third, etc. time are frequent visitors to midwives' practices as well. They are a great enrichment to antenatal classes, because by telling of their experiences they help "first-timers" to overcome their fears. Among other things, they confirm my motto that

First of all, things don't always happen
Second of all, the way parents expect, but
Third of all, sooner or later entirely of their own accord!

They convey to first-time mothers that it's worth the effort to listen carefully, to pre-

pare, and above all, to learn the breathing exercises. Mothers who already have children at home are glad to have this one hour a week in which to devote themselves entirely to the new child. Certain words and thoughts are only truly absorbed the second or third time around. The group session is restful and relaxing, a time and place to think, talk – and perhaps find answers to questions – about previous births, and a very welcome opportunity to make contact with other women. Often the weekly session represents the first experience of what it means to leave the older child at home to be put to bed by its father – in its own way an important preparation for the changes in family habits that will be brought about by the advent of the younger sister or brother.

Preparation for Couples

Many couples want to prepare for the birth of their child together. There are midwives who offer classes in which the expectant father participates in every session. If you are interested, you will be sure to find a class like this in the vicinity of your home. A woman can naturally also attend the class with a good woman friend, preferably one who has already given birth. I would like to encourage all expectant parents to talk openly and honestly about the subject of "preparation and childbirth as a couple." As the years go by, I am becoming more and more convinced that many men decide to attend the antenatal class and the birth itself because they feel enormous pressure to do so, rather than being honest with themselves. After all, the most important thing for the expectant mother is to have someone accompanying her who trusts her completely. What is more, she must also come to realize that she must give birth herself, no matter who is ultimately at her side. Like midwives, expectant fathers must become aware that the goal of the class is not to train a group of obstetricians. The fathers shouldn't have to act as an assistant or see to it that the birth proceeds correctly, and they certainly will not have to take the midwife's place. All they really have to do is just simply be there and experience becoming a father. It is always good to have experienced fathers in the class, who then pass on their experience to other men from a man's point of view. I am always grateful to them for that information, since, as a woman, I am simply not able to convey a man's emotions.

In all my years of working in antenatal care I have tried out various types of classes and have come to the conclusion that it is best for expectant mothers to attend a class exclusively for women. In these sessions, women gain a much better sense of their own bodies, and we midwives can convey their role as mother to them more consciously. For parents who would like to attend a prep class together, our midwife's practice "Erdenlicht" offers expectant fathers the opportunity of attending three intensive preparation sessions. This gives the women a chance to practice their exercises; the men benefit from only having to plan three evenings. For parents who already have children it's easier to find a babysitter for three evenings than for eight: most couples classes comprise eight to twelve sessions. Sometimes neither variation

suits a couple's schedule, but there are a number of midwives who offer weekend "crash courses" – two concentrated days of preparation for childbirth and parenthood.

It has been our experience that it works better to concern ourselves with the role of the man during the birth in the framework of three long evenings. During a two-hour evening session, we can convey that – in addition to a massaging hand – time, calmness, patience and simply being there will be the most important aids. I devote myself especially to creating an awareness of the fact that already the accompanying person's presence alone is a big help. Most fathers want to learn what they can "do" to help their wives during childbirth. This isn't possible – they can't actually "do" anything at all. They will never be able to take over some part of the job of giving birth. But they have a very important job of their own – to convey to the mother: "You can do it!" In the antenatal classes, we want all parents to realize that the birth of a child is a tremendous physical achievement on the part of the woman, that women are "designed" to give birth, that we must place our confidence in the woman's ability to carry out this achievement. A woman must always try to "ride the storm", to swim on the surface of the waves, as it were, but not fight against them, or she will go under. If the birthing woman is capable of accepting the pain of the contractions and go along with it and does not try to resist that pain and the course of events in general, she will be in a position to achieve and experience the birth. With the use of the correct breathing techniques, she will manage it, especially if she receives support from the people accompanying her. We midwives make it our business to teach these breathing techniques to the expectant parents – "affirmative" breathing, with an emphasis on exhalation. If the woman's partner succeeds in breathing along with her, in conveying to her during the strong contractions that she can say "Yeeeeeeeeeeeeeeeees", that she can let it all out, her voice, her feelings, her child, everything "aaaaaaaaaaaaout", that is the best support a woman can wish for.

Giving positive support is the first and foremost task of any person accompanying a birth.

Midwives and mothers alike rave about the new and effective enhancement of traditional antenatal classes by birth preparation in water. The woman learns to use the buoyancy of her body in the water to attain optimal relaxation, the bath provides excellent support to the metabolism, and pregnancy-related disorders such as the accumulation of fluid in the tissue (oedema) are reduced or never come about to begin with. Moreover, gymnastic exercises in the water help to guard against postural problems and prevent backaches.

The Antenatal Class Curriculum

During the fourteen weekly sessions, we midwives attempt to convey everything we consider important from the point of view of our profession. This includes explaining, discussing, describing and practising the following:

- pregnancy-related ailments in connection with pointers on nutrition and helpful physical exercises
- the contents of the "Mutterpass"
- body perception exercises, posture exercises
- "letting go" and "delivery"
- learning and practising breathing techniques
- breathing exercises for the first (dilation) stage and the birth
- positions for the second (expulsion or pushing) stage
- stages and mechanisms of labour
- childbirth and postnatal period in the hospital
- preparing the breasts for nursing
- information on the first weeks of breastfeeding
- the woman during the postnatal period
- the care of the baby
- the use of natural medicines in pregnancy, childbirth and the postnatal period

Unfortunately, it is impossible to cover all of these topics within the fourteen hours covered by the health fund. For this reason, additional classes on infant care or the use of naturopathic aids are offered to expectant parents. You should attend an infant care class as early as possible – before you start shopping for your baby.

I also urgently recommend that midwives include breastfeeding (also see p. 370) in their antenatal class curriculum – or have the parents read the related chapter in this book.

Natural Pregnancy

In the context of her first contact with a midwife – whether in the framework of a consultation, an antenatal appointment or the first session of an antenatal class – the expectant mother learns that pregnancy is a physiological process, i.e. a natural occurrence. Pregnancy and childbirth are not illnesses, but rather a phase in the life of a woman that is not only wonderful but also leaves an indelible mark. Every pregnancy and every birth is an absolutely unique experience. Being pregnant with this child cannot be compared with a previous or later pregnancy, because that was, or will be, a different child. And a woman will not experience pregnancy in the same way her girlfriend, neighbour or mother did – the women who try to help her with all kinds of good advice: "When I was pregnant the contractions always started much too early and the pills I had to take never helped. So I just asked a midwife; she gave me some herbal remedy. I still have some, you can have it, then you can start taking it right away when your contractions start early. You'll see, it'll be the same with you; after all most women have that problem these days."

Women often tell me about apparently well-meant counsel of this kind. Most of them already know what I then confirm for them: that it is a big mistake to take such

advice to heart. Because now you are pregnant with *this* child and have to adjust to the development of *this* pregnancy, which will be entirely different from what other women have experienced. Because they had *different* children! And of course it is also extremely important to be aware that so-called "herbal remedies" are not always completely harmless. On the contrary, their effect – especially during pregnancy – is not to be underrated. Due to the fact that naturopathy takes a holistic approach to healing – i.e. takes the entire human being into account and not only the organ affected by the illness – a natural medication will have the desired effect for a specific woman in a specific situation. Even if a different woman exhibits the same symptoms, that medication may have no effect at all, or, on the other hand, lead to a worsening of her condition. During pregnancy, please therefore always be very careful about well-meaning advice from friends and other people. Always ask your midwife, your attending physician or your pharmacist whether it is really advisable for you to take such "herbal" medication.

I would like my readers to know that the great majority (ninety percent) of all pregnancies and births proceed normally. Thus the expectant mother is not a patient – but a pregnant woman. I would like to point out in this context that many of the ailments that accompany pregnancy are not pathological, but just the child's own special way of calling attention to itself. In an entirely natural way, these ailments help the woman to adapt to her changing situation. An ache in the groin, a pain in the sacrum or the problem of getting to sleep are necessary reminders of the fact that, when this child is born, your everyday life will change. Nature gives us several months to get used to the idea that changes are on the way.

Natural Support

Expectant mothers often ask about natural means of coping with the discomforts brought about by pregnancy.

Herbal Medicine

Pregnancy does not actually require any measures or medications to support it, but since time immemorial women have always sought to do everything in their power to ensure the child's well-being – an important prerequisite for a birth which is free of all complications. From this point of view, I can understand the requests of present-day women as well. My first recommendation here is a tea blend which has been proving its usefulness for two decades now – *Schwangerschaftstee/Pregnancy Tea*. Among other things it was my good experience with this blend during my own pregnancies that convinced me of its value. It consists of stinging nettle, lady's mantle, raspberry leaves, Saint John's wort, lemon balm leaves, yarrow and horsetail.

Lady's mantle *(Alchemilla vulgaris)* tea is an age-old means of supporting the hormonal balance. The raspberry leaves help pregnant women by loosening the muscles, particularly in the pelvis minor. The entire metabolism receives support, and the in-

testinal excretory process is also stimulated. Stinging nettle and horsetail stimulate renal excretion. Saint John's wort has a nerve-strengthening effect, and lemon balm a calming one. Stinging nettle leaves improve the absorption of iron in the blood, especially when a few drops of lemon juice are added to the tea. Yarrow supports the coagulation of the blood – an important consideration during childbirth, in view of the danger of haemorrhaging.

Initially, I myself found it hard to believe that a blend of herbs could be so effective. In the past years, however, an increasing number of women swear by this tea. They confirm to me that digestion problems disappear, retention of fluid in the legs decreases, the iron content of the blood increases without their having to take an iron supplement. This is particularly good news for women who react to iron supplements with constipation and stomach aches. The expectant mothers who drink this tea report that their circulation and their mood are stable. But even if many womens' experience with this tea has been positive, I would like to remind my readers that miracles always take time! What I mean is: if a bodily function gets "off track" or has been irregular for years, a spoonful of herbs won't help within a few days. But if this tea blend is taken regularly from the sixteenth to twentieth week of pregnancy onward – three cups a day suffice – then the above-mentioned bodily functions will be positively influenced well before the various threatening problems even have time to develop, and the body will maintain its equilibrium during pregnancy. You should try to ensure that the tea is concocted from organically grown herbs so as not to burden the organism unnecessarily with environmental pollutants. I would also like to stress that, contrary to widespread opinion, a daily dosage of approximately 0.5 g of stinging nettle by no means has a diuretic effect which could cause damage to the kidneys or even increase the occurrence of oedemas. The often-repeated belief that pregnant women should stay away from stinging nettle tea is based on erroneous information regarding the formation of oedemas due to the phytooestrogens it contains. The phytooestrogens in stinging nettle – the beta-sitosterols -, however, are not water-soluble, and what is more, they are not present in the leaves, but only in the root of the plant. The pregnant woman need therefore have no qualms whatsoever about drinking this tea blend during pregnancy, even if she has already suffered – or is presently suffering – from gestosis (a toxemic disorder of pregnancy) – since the abovementioned negative effects cannot possibly occur.

Nutrition and Dietary Supplements

If you have special questions concerning your diet, I would like to recommend that you consult a nutritionist. Otherwise a healthful, balanced, diversified diet provides you with ideal nourishment during pregnancy. To the extent possible, the fresh fruit and vegetables you eat should be certified organically grown. animal proteins, and meat should be enjoyed in moderation, the meat only from sources you know are