

Right from the Start:

Pregnancy, Birth and Emotions*

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Whenever we come in contact with pregnancy, childbirth and infancy we feel deeply moved by the basic processes of the living unfolding in front of us. Many feelings are evoked: amazement, wonder, pleasure, empathy, love, contentment, hope, joy, anxiety, fear. We are witnessing the beginning of everything good or bad that happens in a person's life.

When a pregnancy is desired and the baby is the outcome of a love relationship a relatively healthy woman can enjoy it throughout the nine months. From the moment of conception till the time of birth pregnancy is a process of emotional expansion. Both the mother and the fetus are fully charged with life and they excite each other. Children of emotionally healthy women are lively with a temperament that expresses their energetic charge. A love relationship with her mate is essential for the pregnant woman to feel secure and protected, to tolerate the increased emotions and enjoy pregnancy.

Clinical Vignette: The baby is the outcome of a love relationship.

When I was pregnant with my first son, I was doing my residency in a hospital in a rural town in Greece which had two maternity units. One was in the older state hospital and the other was a newly built, hi-tech university unit. I used to spend time in both of them.

The attitude in the university unit favored a fast, safe birth with the use of monitors and medication: oxytocin, epidurals, painkillers, etc. The obstetricians would even bet on who could have the fastest delivery. The woman in labor was treated as part of a well-tuned machine and the protocol was followed in a mechanical and rigid way with no exceptions.

The small state maternity unit was directed by an older experienced obstetrician. I was impressed by the time he spent with his patients and his emotionally contactful approach. Whenever a couple of parents-to-be would come for a routine prenatal exam or a couple with fertility problems would visit him, the first question he would ask was: “Do you love each other?” and then he would go on and take the medical history. I still remember the delightful answers of couples who were in love, the surprise and the hesitation to answer of those who were facing problems in their relationship and the relief felt by those who talked about their conflicts, concerns, fears, with this doctor.

This experienced obstetrician in his own way was bringing the parents-to-be in contact with a natural function: the baby is the outcome of a love relationship. It was his warm emotional approach that made me choose him for the birth of my child. I deeply appreciated his respect for the birth process when I heard him say to

the nurses who were there during the labor process and who were making disturbing noises, in a serious whispered voice, “Be quiet! As if you were in the church!”

This doctor’s kindness, the tenderness in his voice, his loving touch, the way he handled my newborn son and gave him to me just after birth made the birth experience exceptional. He certainly loved his job.

My friends’ obstetricians from the university unit felt offended by my choice but I felt content to have trusted my gut feelings. We had established an obstetrician — pregnant woman relationship with perfectly mutual understanding. I trusted him and he trusted me to be able to give birth the way I was dreaming of. I feel grateful to him for making this possible!

“Do you love each other?” I still feel deeply moved remembering him.

Why does love matter?

Being human is all about the basic need for contact and love relationships. Love is expressed in all facets of our personal and social relationships and determines our social behavior.

Love requires contact. Contact is vital for development and even for life itself. It is probable that an individual deprived of contact with any other living organism would not long survive. The biological need to make contact with another human being is observed early in fetal life.

Bonding before birth.

The love relationship between the mother and the fetus starts early in pregnancy. Some mothers come in contact with the fact that they are pregnant from the very beginning of their pregnancy. They feel excited, different. At twenty-three days the beating heart is the first movement that can be seen in a fetus and it is a thrilling moment for the parents to see and listen to their child's heart. At that moment many parents begin feeling attached to their baby.

For some mothers the attachment starts after feeling the baby move. This is called "the quickening".

A couple of weeks ago a father came to my office for his regular therapy session in a state of exaltation. He had just seen his baby moving his limbs in an ultrasound test. At that moment he felt attached to his baby. He had all kinds of questions: Does he see? Does he hear? What does he feel? How does he develop?

At the fifth month the fetus can respond to tactile stimuli of both the mother and the father. It is a thrilling moment whenever during a session I educate a pregnant woman and sometimes the father to make contact with her baby by gently tapping the tummy. The fetus responds with a quick kicking movement. Sometimes the baby is the one to initiate the communication. The baby responds to moments of excitement, for example, when the parents are singing or the mother is dancing. The unborn infant can develop a "dancing" rhythm with a special music.

The baby responds also to the mother's anxiety or stress or sadness with overactivity or with withdrawal. Many pregnant women can feel whenever the baby is upset or overactive and they can calm and reassure it.

From the moment of conception the mother is a baby's universe. Cradled inside a miniature ocean of amniotic fluid, the developing baby feels every movement she makes, experiences the sounds of her body, the food she eats, and, most important of all, the emotions she feels. Although there has been speculation that babies in the womb are much more conscious than we have given them credit for, it was not until the late twentieth century that scientific research revealed their capabilities and behaviors. Fetuses are perceptive, conscious, they remember, dream and have the capacity to love and learn.

Modern technology as well as careful observation of very premature infants who survived early delivery have given us a glimpse of the fetus and its capacity to react, to perceive light and sound, to register sensation or sensory messages and over all to feel emotions. Numerous studies have documented expressions on fetuses' faces: contentment, pleasure, annoyance, pain. There are breathing movements, they suck their fingers, blink their eyes, yawn, smile, cry, have an erection. There are attempts to get out of the way of unpleasant stimuli, such as the poke of a needle. When it comes too close to them, fetuses have even been observed to bat at a needle taking amniotic fluid from the sac.

They like stimulation, but they can be over stimulated as well as neglected. By the seventh week we can observe his movements of expansion or withdrawal as responses to stimulation. During the prenatal period the impact of the environment will begin to form the infant's specific type of reaction to pleasure and to anxiety. Research shows that babies become socially oriented in the womb, reaching out to the world. Ultrasound observations have shown that fetuses move in response to touching

the uterine wall as early as the 8th week of gestation. They touch the uterus and respond by curling their fingers or toes.

Observation of twin pregnancies has shown that as early as the 14th week of gestation twin fetuses display movements directed not only to the uterine wall but also purposely aimed to the co-twin with an increased proportion during the second semester.

It has been observed that each fetus has his own nature. One may be more aggressive in reaching out to the twin sibling, the other one preferring not to be disturbed and stay withdrawn on the other side of the uterus.

We are all social animals. It is very much part of our nature. Even before birth fetuses have been found to show a propensity to social interaction. The love relation between mother and fetus is the most intimate of all human relations. The mother's feelings are perceived by the fetus and have a direct impact on him. The fetal consciousness is molded by the emotions and sensations of the mother.

Clinical Vignette: Bonding before birth

I recall the story of a couple who was in therapy with me. They were very much in love and Anna, the wife, was pregnant with their first child. The parents were very excited to have a child and the contact with their baby was excellent. One night, when Anna was in her sixth month of pregnancy, they had a serious car accident. A drunken

man crashed into them in a frontal collision leaving them unconscious in the middle of nowhere.

When Anna regained consciousness, she was in terrible pain with a broken thigh bone. Her husband was bleeding, unconscious, by her side. She called the emergency care and she saw an ambulance taking her unconscious, severely injured husband away to a hospital. She was brought to another hospital and spent hours alone in agony until she found that her husband was alive though intubated in an intensive care unit. Fortunately, their baby was alive, too.

When I visited Anna in the hospital three days after the accident, I found her sleeping in her room. Her arms were around her belly holding her baby tenderly. Her face looked calm. She told me that she was functioning well in spite of the difficult situation she was going through. The contact that she had with her baby gave her courage and strength. She told me that during the first two days after the accident the baby didn't move. Anna said she felt that the baby was immobilized in terror. When she found that the baby was alive and her husband too, she was so happy that she forgot her own pain and felt strong and hopeful. In spite of her shock she would caress her belly, talk to her baby, and reassure her that everything was going to be alright. Eventually the baby started to respond. She felt that they both were recovering from the shock and she was optimistic about her husband's recovery.

In the end things went well. The loving bonding Anna and her baby felt for each other helped them to have a quick recovery. Anna gave birth to a healthy girl without the use of medication.

I visited the family when the child was two days old. She was in excellent physical health, with bright open eyes and she made good contact with me. She was breastfed exclusively on demand.

Later the parents would bring her to my office for minor problems but mostly for prevention. In the beginning there was some fear in her eyes. It was dissolved in a few sessions.

Fear was not a problem in the baby's character. She was not a fearful person. The contact that she had with her mother helped her to cope with the stressful situation and overcome it rapidly.

There are many studies of pregnant women who experienced major stressors such as earthquakes, war, etc., during their pregnancy which describe the functioning of their infants after birth. It has been found that regardless of the various stresses these women went through, the acceptance or lack of acceptance by the mother is somehow perceived by the fetus and that among those fetuses who felt accepted, the maternal support and acceptance enabled them to better cope with the stresses that emerged. Infants of mothers who were accepting their pregnancies and who were looking forward to the arrival of the baby were much more likely to give birth to an emotionally and physically healthy child than mothers who had negative attitudes toward pregnancy and were rejecting the fetus.

Next we will look at the matter of infants from mothers who rejected them consciously or unconsciously even if they were not experiencing major stress. We will additionally look at how such infants experienced emotional or physical problems, sometimes even as adults. The lack of emotional contact during uterine life

and the rejection of the mother is a very painful, unbearable, maybe the most painful feeling that a human being can ever feel. These traumatic feelings can remain locked in a person's biosystem and although they are not consciously remembered they affect him for life.

As medical ergonomists we are deeply moved whenever we see a patient during the therapeutic process experience these feelings. They are very intense and emerge from a deep biological realm.

Clinical Vignette: Contact just after birth. Observations during a home birth.

Several months ago I participated in a home birth. A pregnant woman who was in therapy with me was giving birth to her first child with the assistance of a midwife. Everything went smoothly and nicely and soon the mother was squatting, supported by her mate. When the baby emerged from the mother's body, we all had tears in our eyes, overwhelmed with emotion and awed by the start of the new life.

The mother laid on the sofa and the midwife put the newborn baby on her belly, skin to skin. The umbilical cord was not cut yet. There was complete silence and the dawn had just started to lighten the room. The mother looked puzzled, overwhelmed with emotion and then the newborn baby started talking. He didn't open his eyes. He just laid on his mother's belly and talked. A nice, calm baby talk.

The mother looked at him in wonder. "He is talking to you," I whispered in her ear. She looked at him again and perceiving his reaching out to her she responded with tender words of love. I was enthralled by this mother — newborn conversation. I felt it lasted forever.

The midwife nodded at me to touch the umbilical cord. There was no pulse anymore and then she nodded to the father to cut it.

The mother and the baby continued their talk and later on he opened his eyes, found his way to the breast, and started suckling.

I have participated in a number of births, mostly home births, and this was the first time I saw a newborn initiate contact with his mother, . The newborns are usually the excitant. Usually they perceive the excitation of another person and then respond to it. But each newborn makes contact with his mother in his own way. This particular baby had developed the capacity to initiate communication long ago, in the womb. As the mother reported later her baby many times "called" her by active movements while she was relaxing in bed during the last months of pregnancy. She responded by talking, singing to him and caressing her belly.

Observations of fetuses with ultrasound images demonstrate the continuity of expressive movements in the last months of gestation through to the psychological abilities of infants after birth. Emotional and physical contact is the most essential element in the interrelationship between mother and infant, particularly prenatally and during the first days and weeks of life. The newborn infant's development and the future fate of the child depend on it. The capacity to love starts from conception, deepens during pregnancy, folds up with birth and develops with the intimate contact between the mother and the child.