

White Paper on the Prenatal Period of Human Development
Gladys T. McGarey Medical Foundation
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**Womb Health Equals World Health
Redefining Human Development**

Executive Summary:

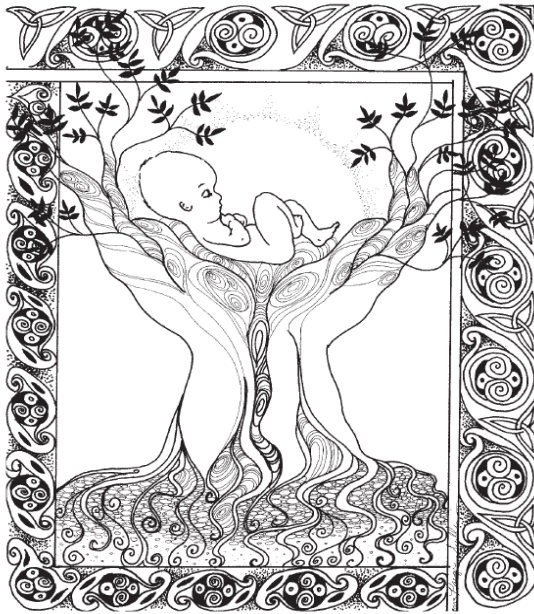
The prenatal period of human life has been vastly underestimated in its potential to either insure the optimum development of unborn babies or to imprint unborn babies with psychological wounds that reflect being unwanted and unloved. This paper introduces this topic and presents data that supports our contention that pregnancy is the first stage of development and the most important stage for setting lifelong patterns of physical, mental, and emotional health. Every citizen has the right—the birthright—to be lovingly conceived, tenderly gestated, and gently born. Our customary policies and procedures are harming our unborn children—our future citizens—reducing or denying them their full capacity for life, liberty, and the pursuit of happiness.

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Introduction

What if you were to plant an orchard and the extent of the knowledge about trees was limited to the trees as they existed above the ground? What if there was no recognition of the importance of seeds, or moisture, or planting in fertile soil? What if the root system was of no importance so awareness was not given to the choice or health of the ground? The orchard could possibly survive, but not thrive.



This is how our culture perceives human babies. The focus of this paper illuminates the vital and unrecognized first stage of human development -from one year before birth to the critical 24 hours after birth. (12/24) This requires a paradigm shift. When we understand and respect the importance of our origins we will be able to prevent and heal much of the pain of our humanity.

Psychology since the time of Freud identifies the first stage of emotional development from birth to three. This still is the standard of psychological reference. The first true stage of development we now know, is from before conception until birth. In this psychological stage the spectrum of love or fear is imprinted on the prenatal brain. Hundreds of therapists in thousands of sessions can attest to the implicit memories with prenatal origins surfacing spontaneously in therapy. New research published July 15, 2009, has found fetal short-term memory in 30 week old fetuses. (Aspects of Fetal Learning and Memory. Child Development Vol. 80 Issue 4). Science is discovering new ways to study the preborn, and findings are substantiating what therapists have experienced with their patients,

Until recently surgery was performed on babies without anesthesia, in the belief that babies' brains were not developed enough to register pain. (Georgia State University, 2009, Sept. 28 *Infant Pain, Adult Repercussions: How Infant Pain Changes Sensitivity in Adults*). It is now recognized that "hypertension and diabetes trace their origins to detrimental prenatal conditions. What goes on in the womb before you are born is just as important to who you are - as your genes". (Dr. Peter Nathanielsz - (NY Univ. School of Medicine, *Time Magazine* Nov.11, 2002 pg 73). "There appears to be a kind of metabolic memory of prenatal life that is permanently retained." (Dr. Wulf Palinski, Endocrinologist UCSD *Time Magazine* Nov 11, 2002, pg. 78).

What is standing in the way of this valuable knowledge? The abortion issue. Because of the huge emotional and religious weight, it has been difficult to begin the discussion of the prenatal stage of development. It can be used by those that support and those who oppose in the abortion debate. We want to overcome this controversy by focusing on Prevention and Education. At this moment in time 50% of births are to single mothers. Also 50% of all conceptions are unplanned, that is over three million pregnancies and of this number about two thirds of the unplanned pregnancies are unwanted, therefore approximately **one third of all births are unwanted children**. (May 2008, The National Campaign to Prevent Teen and Unplanned Pregnancy) These statistics are devastating to our future population. When we can look at and discuss preconception and pregnancy rationally, we can begin to change the conversation. Abortion is not a good solution to birth control. However, children born to mothers who do not want them can be damaged in a profound way. These babies and children often find their way into the foster care system. The cost of foster care is both financially and personally are devastating.

A review of child welfare data and various social work textbooks indicates that there are roughly 12 million American adults who experienced foster care at some point in their childhood. The foster care system currently provides service to nearly 800,000 children per year-with approximately 519,000 children and youth living within foster care at any given point in time. The U.S. spends \$22 billion dollars (\$5 billion from the Federal government and the balance from state/county governments) to provide services for children and youth in foster care. This averages out to \$40,000 per child.

Whenever a new concept is released into human consciousness, there is often resistance. If that concept is fundamental to the way we perceive ourselves, it is often met with ridicule. However, when a concept is so radical that it strikes at the very heart of what we have been denying and avoiding, and redefines our humanness, it is considered dangerous. Such ideas challenge moral, religious, and accepted realities. This is one of these ideas so please proceed with an open mind.

Our mental and physical future can be improved and changed with these suggestions.

14 Essential Truths

We are shedding light into what is a cultural blind spot. This lack of consciousness and awareness is dearly costing our society in sick, disturbed children and unhappy families. We can change by adapting this information into our conception, birth and parenting wisdom. Babies are conceived with little planning, often with less consideration than ‘what’s for dinner’.

1. A baby who is nurtured in the womb of a healthy, happy, and peaceful mother receives the best possible start in life.
2. The ability to nurture children is strongly influenced by a person's own birth, childhood, and life experiences. The more conscious we are of our own unmet childhood needs, the better we can respond to the needs of children in our care.
3. What happens in the earliest stages of life—at conception, in the womb, at birth, and in the first days and months—establishes the foundation for that person's life. A happy, low-stress pregnancy, natural birth, and an uninterrupted period of bonding through the early months greatly benefit both baby and parents.
4. Breastfeeding, skin-to-skin contact, and being carried on the body—in-arms, slings, etc.—are important for brain, nervous system, and immune system development and promote long-term health benefits for both baby and mother.
5. All babies are dependent on others to meet their physical, emotional, intellectual, and spiritual needs. When their needs are met with loving and consistent care, children are happier, healthier, and more cooperative.
6. Every child needs to be securely bonded with at least one human being who is a loving and consistent presence in the child's life.
7. Every baby is born with the desire to communicate, to cooperate, and to learn about the world. Children learn primarily by unstructured play and by imitating those around them.
8. Every child develops at a unique rhythm and pace. A child's developmental process should not be hurried or forced.

9. Children are dependent upon their parents and caregivers to protect them from emotional and physical neglect, violence, sexual abuse, and other toxic experiences, including toxins in their food, air, water, toys, and environment.
10. Children express their needs through behaviors that are shaped by their individual temperament, their life experiences, and by how others around them behave and treat them.
11. The consistent, loving presence of a father, or father-figure, in a child's life is highly significant to that child's optimal development and wellbeing.
12. Children who have lost one or both of their biological parents, whether at birth or years later, naturally have feelings of abandonment and therefore have special needs. Foster or adoptive parents, as well as single parents, have special challenges and need extra help and support from family, friends, and their community.
13. Children learn to respect and respond to the needs of others when they feel seen and heard, and their opinions and needs are respected.
14. Effective parenting is an art that can be learned. All parents benefit from being prepared for parenting and having a supportive, nurturing community of adults around them who care about them as parents.

Never before has one generation of American children been less healthy, less cared for, or less prepared for life than their parents were at the same age.

—National Association of State Boards of Education, 1990

Never before has there been such a wealth of information on keeping children healthy, caring for them, and preparing them for life.

—The Alliance for Transforming the Lives of Children, 2001

We have a vision that all babies are desired, conceived in love by a healthy woman and enter the world through a gentle, normal, natural, birth. We envision these babies having a parent or consistent person to whom they can bond and grow. We promote pregnancy and childbirth as a natural process that has lifelong impact, mentally, physically and socially. We encourage medical intervention be given only when medically necessary by competent, comprehensive prenatal/neonatal care professionals.

There are four areas of interest that need to be addressed

1. BEFORE CONCEPTION

- + Ensure every woman and man have access to free or low cost birth control.**
- + Promote reproductive life planning and preconception health. This will include comprehensive, reproductive, sexuality education.**
- + Provide accurate age appropriate reproduction education to children through High School.**
- + Offer prospective parents psychological insight. Pregnancy is the first stage of development and the most important stage for establishing lifelong emotional and physical health.**
- + Acknowledge that the choice to not have children is a loving choice.**
- + Encourage prospective parents to carefully consider their readiness to assume the roles and responsibilities of becoming parents.**

2. PREGNANCY – THE PRENATAL PERIOD

- + It is critical to encourage the ideal of every baby bring a wanted baby. There are studies that show a wanted child is healthier, smarter, and more secure. Children that are cherished and maintain spiritual and creative integrity. Health risks that have their origins in gestation are diabetes, heart disease, and obesity.**
- + Educate women about their bodies and the birth process including various birthing options.**

- ✚ **Encourage parents to bond with their unborn child. Bonding starts in the womb not when a baby is born. These activities not only connect the family but stimulate the baby's brain and foster healthy emotional development.**
- ✚ **Increase awareness that drug use by the mother during pregnancy and delivery directly affect her baby. Prescribed drugs administered in adult doses during labor cross the placenta and affect the child and the birthing process.**
- ✚ **Bring awareness to the consequences of maternal addiction to drugs and alcohol especially Methamphetamine use for her baby. If the mother is addicted, so is her unborn baby.**
- ✚ **Consider the moral and legal effects of mother's drug abuse during pregnancy.**

3. BIRTH

- ✚ **Recognize birth for what it truly is - a spiritual event, capable of transforming and healing.**
- ✚ **Change the paradigm of 'delivering a baby' (by the doctor) to 'birthing a baby' by the mother**
- ✚ **Promote the use of Doulas and Midwives for healthier birth outcomes. (Supported by evidence based medical practices).**
- ✚ **Remove childbirth from a paradigm of fear, replacing the perception with love. Birth is a normal, healthy process, and part of women's natural physical gifts.**
- ✚ **Coordinate with hospitals to establish separate birthing centers, staffed by midwives with medical assistance used when necessary. (European Model)**
- ✚ **Encourage health insurance companies to decrease malpractice insurance for birthing centers and midwives so they can support the birthing process.**
- ✚ **Reduce the number of inductions and unnecessary cesarean sections.**
- ✚ **Focus on decreasing the number of premature babies and low birth weight babies. Science has associated low birth weight**

babies and premature babies with depression and stress in pregnancy.

Current Trends in Birthing Today

According to Listening to Mothers II Survey 2005 Childbirth Connection
The following represent the increased, even overuse, of technology:





- 93% exposed to continuous electronic fetal monitoring
- 86% women received intravenous (IV) fluids
- 76% received epidural or spinal analgesia
- 67 % had artificial rupture of membranes
- 71% of women who birthed vaginally were flat on their backs
- Ultrasound use = 68%
- 71% immobilized/confined to bed/not permitted to walk
- 63% had labor induced or accelerated with prostaglandins or artificial oxytocin
- 35% had episiotomies
- 87% of neonatal admissions to special care units are a direct complication of epidural use.

Maternity care equals 20% of the national health budget.

Forty percent of all births are paid for by the federal Medicaid program.

4. THE FIRST TWENTY FOUR HOURS AFTER BIRTH

- ✚ **Educate mothers to breastfeed their babies according to the recommendation of the American Academy of Pediatrics –for one year.**
- ✚ **Promote the use of Doulas and Midwives for healthier initial and long-term birth outcomes.**
- ✚ **Institute uninterrupted 60 minutes skin to skin contact with the mother and baby directly after birth and before non medical procedures**
- ✚ **All births and babies will have complete health care coverage.**
- ✚ **Reduce post partum depression through increased support and respect for motherhood. Urge proactive effort on behalf of the medical caregiver to reduce prenatal depression and stress. These are indicators for post partum mood disorders.**

-  **Raise awareness and offer solutions to the increase and severity of post-partum psychosis.**
-  **Begin immediate grief support for the range of less than desired birth outcomes including fetal or maternal death.**
-  **Offer accurate information to our population about the dynamics of multiple births and the impact these high risk births have on the families both psychologically and financially, and the cost to the medical insurance field.**
-  **Increase the awareness that the mother's experience during pregnancy and labor are also the baby's experience.**

**Position Statement on
Hospital Birth vs. Homebirth
From the Gladys T. McGarey Medical Foundation**

This statement was created in recognition of the differing views of the safety of home and hospital birth.

- 1. Where a baby is born is not as important as the love with which it is conceived.**
- 2. Where a baby is born is not as important as the love a baby feels while in utero. This is reflected, in part, by the thoughts, feelings and actions of the mother, father, family, friends and caregivers. Specifically, the food a mother eats, the time she spends bonding , communicating and reflecting on her baby, preventing exposure to the energy of interpersonal conflict and violence, and time spent communing with nature all have a positive impact on the fetus that far outweighs the location of its birth. The origins of human health and happiness begin with conception, prenatal life and birth, and the awareness that unborn babies are conscious and sentient beings. Mothers and babies are the most important partners in the childbirth process.**
- 3. Where a baby is born is not as important as how it is born. The way in which caregivers, mothers, father and family think, feel and act during labor will have a far greater impact on the emotional, spiritual and physical health of a newborn than the location. We acknowledge the negative impact of the 'medicalization' of childbirth and the overutilization of obstetric interventions, and scheduled inductions. As technological skills expand, we must never forget the need to balance the gifts of modern science with the fragile gift of human life. The most important birth intervention is to make sure that childbirth is a sacred, loving and conscious process. We honor that mothers, not doctors, can give birth to their own babies, with occasional help**

from medical personnel. We also are aware that a nurturing, conscious birth can happen both at home as well as a hospital setting- in such a way that brings love and joy to the hearts of all those in attendance, including, of course the baby.

4. We agree that the origins of health and individual psychology lay in the atmosphere around conception, and in the womb. The kindness shown and experienced at birth becomes the imprint for life. The love shown a child in utero and at birth becomes the foundation of how this child will think, feel and perceive itself and its relationship to the world. Birth is an imprint. Each new member of the human family deserves to grow, develop and be born in a safe continuum of compassionate care – be it in a bed at home or a high tech hospital.

National Institute of Health - CDC

In April of 2006 the National Institute of Health through the Center for Disease Control made these National recommendations to improve the Health of Babies and Moms.

All women and men of childbearing age have high reproductive awareness (i.e. understand risk and protective factors related to childbearing).

All women have a reproductive life plan (e.g., whether or when they wish to have children, and how they will maintain their reproductive health).

All pregnancies are intended and planned.

All women and men of childbearing age have health coverage

All women of childbearing age are screened before pregnancy for risks related to the outcomes of pregnancy.

Key Tasks to Focus on Prevention and Education.

Support and endorse programs that promote optimal prenatal brain development, breastfeeding and bonding.

Develop and disseminate educational programs that inform families of birthing choices as well as the short and long-term consequences of medical interventions during pregnancy and at birth.

Present this information to Medical Schools, Nursing Schools and other public health venues.

Promote mandatory observation of natural non-medical births for obstetricians and nurses during their medical training.

Move to legally and medically and socially empower Midwives and Doulas

Open discussion with insurance companies about the cost effectiveness of these solutions.

Create a model birth center attached to and supported by a teaching hospital

Partner with other agencies and organizations with an aliened vision to create more venues for education.

Conclusion

Our greatest challenge is to convince the public that not only is the time before conception through birth the most important time of a baby's life, but that this period has a lifetime influence. Babies are imprinted for physical health, mental health, and love. Sadly, medicine and psychology have not caught up to these facts. But it is changing, due to new research and a ground swell of aware parents. They are leading the way and our government needs to support them.

"Nearly 30% of Americans believe that an adult's psychological problem can be traced back to his or her childhood." (*Newsweek*, March 27 2006 pg 46). That means that 70% of Americans *do not believe* that psychological problems can be traced back to childhood. The deeper issue here is that not only is childhood the source of most psychological issues, but many begin even earlier in the conception to birth stage of development. We are pushing back the envelope by nine months. This is the paradigm shift.

We could change the world in one generation from fear to love if each child was a wanted child.

Womb Health Equals World Health

Your
 Planet
Plan it.

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Thank you from the Gladys T. McGarey Medical Foundation.

www.mcgareyfoundation.org.

In The Womb Project – Wendy McCord, PhD, Susan Highsmith, PhD