

# Post-natal homeopathy

Powerful support for the transition into parenthood – part two

by Amanda Saurin MARH SDSHom



Amanda Saurin has a legal background and is a qualified teacher. She trained at the South Downs School of Homeopathy. She is a homeopath and birth doula with a particular interest in pregnancy, labour and the post-natal period. She has five children and she completed specialist birth training with Michel Odent.

Amanda has three practices: Wellgreen Homeopathy based in Lewes, Campus Homeopathy at the University of Sussex and she sees patients in Turkey and Cyprus.

She regularly attends births both at home and in hospital. She runs birth preparation days for pregnant women and their partners and also specialist pregnancy and birth information days for homeopaths, students and birth doulas.

She lectures as part of the Chantry Homeopathy Women's Health Series.

This article intends to consider the prevailing culture that surrounds the period after birth in the UK and to discuss the role of homeopathy in supporting women and their partners into parenthood and through those first testing weeks. Although the experience of having subsequent children is demanding and deserves attention, this article concentrates on first babies.

The baby has been delivered. If the mother is at home she will be snuggled up in her bed, the detritus associated with the labour strewn all about the room; if she is in hospital she will be checked out, cleaned up and transported to the post-natal ward for a welcome cup of lukewarm milk with a dash of tea and a couple of slices of rubberised white toast with a scraping of margarine. Her baby will be placed beside her in a clear plastic cot wrapped in a blanket (often fluorescent orange I've found). All those months of preparation for the birth, thought about the birth and expectations of the birth are over. It is the end and the beginning.

## The puerperium

For the first few days after the birth, there will be endless questions about how it all went, a stream of family and friends bearing balloons, flowers, too big/too small baby-grows and chocolates. Sleep will be snatched between visitors and their insistent cameras demanding photographs of the happy couple and their sleepy offspring. Feeding, whether breast or bottle, will be started and slowly mastered over the course of a few weeks. The handling of this tiny

baby with wayward limbs and a wobbly head will gradually change from the hesitant to the more confident. It is a sharp learning curve.

But what happens after the initial flurry of attention has died down? It is a curious transition to parenthood in the UK. The emphasis is placed almost exclusively on the pregnancy and birth with little time devoted to discussing the post-natal period. Consequently, after the birth many couples find themselves totally unprepared for the days and weeks ahead.

The arrival of a baby produces a host of new and often conflicting emotions in women and their partners such as:

- intense love and attachment
- feelings of vulnerability not experienced before
- emotional equilibrium completely out of balance
- nothing – numbness, a sense of distance from the baby and often the partner as well. This is more frequent after a difficult birth particularly if there has been an instrumental delivery. Currently women who give birth vaginally to a first baby can expect to stay in hospital for one day (NHS statistics 2006). After

discharge, some can anticipate visits from a midwife and health visitor for up to 14 days. After that they are on their own.

Interestingly, the time spent in hospital has gradually reduced in recent decades.

### Post-natal duration of hospital stay

Year	Post-natal length of stay
1980	5.5 days
1986	4.2 days
1992	3.1 days
1996	2 days
2006	1 day

This is not to suggest that a longer hospital stay equates with good care, but its erosion is indicative of a diminution of understanding of women's needs post-natally.

In many other cultures there is a celebration of birth as a valued rite of passage. The process of birth is regarded as strengthening rather than diminishing and women are acknowledged for having achieved something profound in giving birth to their baby. There is also a system of protection, where women are looked after and cared for by family and friends so that they have the time and energy to recover from the birth, to establish feeding and to get to know their new baby.

In the UK in contrast, within a few days of the birth, women are out shopping in supermarkets,

cooking, cleaning and receiving visitors. There is little protection and no broader societal acknowledgement that *everything* has changed – that there is life ante-baby and post-baby. It is as if there is an expectation that once at home, everything resumes where it left off and the order/control lost during birth can be regained in early parenthood.

In fact, the only actual specific post-natal ‘ritual’ that women themselves experience in the UK is the six-week GP check where the main emphasis is on contraception rather than celebration.

So thinking about the post-natal period, what is often given up temporarily?

- Relationship with partner as it was pre-birth
- Sleep
- Spontaneity
- Plans
- Income opportunities
- Even basic things such as going to the loo in peace or enjoying an uninterrupted meal.

In the light of the current post-birth



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culture, the mental/emotional effects *in extremis* on key constitutions can be, to some extent, anticipated. The table below sets out some of the more common sensations women report. If, however,

**Having a child changes a couple's relationship.**

they are treated expeditiously with a well-selected remedy, women can be supported.

In the weeks that follow a birth, positive changes need to take place that will foster a good long-term relationship both with the baby and between the parents. Sometimes these adaptations are difficult to make precisely because they represent a complete shift from life pre-baby. Additionally there can be unresolved needs that manifest strongly in reaction to the demands following birth, for example:

- *Pulsatilla* and the need to feel needed
- *Calcarea phosphorica* with unfulfilled wanderlust
- *Medorrhinum* with the need to live life to the very limit
- *Nux vomica* and *Sepia* where a baby can represent interrupted ambition
- *Lycopodium* where the responsibility feels overwhelming
- *Calcarea carbonica* where routine has been the anchor of security.

For each of these remedies, as with most others, the transition from being childless to a parent can bring firmly into view, and then exacerbate, that which has not been resolved within our relationships and ourselves. What homeopathy does so well is to gently help couples adapt to life with their new baby.

Where these issues are not resolved, however, people can be pushed to the furthest polarity of their constitutional state which can lead, amongst other things, to:

- debilitating lack of confidence
- relationship breakdown
- resentment
- depression
- anger
- guilt
- over-protectiveness
- negligence
- anxiety states
- isolation.

Thus where we are privileged enough to treat women through the pregnancy and birth, there is a real need to follow up regularly after the birth in order to catch potential problems before they become significantly problematic for either mother or baby.

**Changing relationships**

In 1994 Belsky and Kelly published research entitled *The Transition to Parenthood: How a First Child Changes a Marriage*. Their research >

Post-natal mental/emotional symptoms	
Remedy	Mental/emotional symptoms
<i>Sepia</i>	The great NBWS childbirth remedy. Indifference to loved ones, averse to family, sad over health and domestic affairs. If previously a committed career woman, she may feel bereft over ‘not being able to get things back on track’. Worn out, but will push partner away. <i>Sepia</i> often goes into <i>Nux vom</i> so look out for anger.
<i>Silica</i>	Lacking in self-confidence and dreading failure, anxious, sensitive to all impressions but obstinate. Very difficult because <i>Silica</i> hears all the advice but will stick to her own way while feeling that she is not doing a good job.
<i>Lycopodium</i>	Extreme lack of confidence, overwhelmed by the responsibility, helplessness and fear of being left alone with the baby. Will try to cover up lack of confidence with false bravado – will rarely seek help. <i>Lyc</i> women often seem to produce babies with colic.
<i>Sulphur</i>	May feel stifled by the lack of time for thought and where there is the time there won't be the energy. Can sink into irritable domestic chaos. May lose sight of the baby's needs in attending to her own.
<i>Natrum mur</i>	Birth trauma will go on and on and on ... it will affect her relationship with her partner and baby. Critical and picky. Desires time for herself but rarely gets it. May become totally over conscientious. Will need consolation from the person she chooses – not necessarily the midwife or health visitor.
<i>Phosphorus</i>	Will need constant reassurance, limited energy – once it's gone, it's gone. Anxious about herself and her baby. Keen to be out and about sharing her baby with the world – boundaries! Post-birth lochia may persist for weeks causing tiredness and exhaustion.

➤ concentrated on 250 couples. Their findings bear scrutiny and have relevance for us as homeopathic practitioners. In the months following the birth of their baby:

- 12% of relationships were in severe decline
- 39% were in moderate decline
- 30% were neither better nor worse
- 19% improved.

Thus 128 of the couples studied found that their relationship post-baby suffered, 75 maintained the status quo and only just over 47 out of 250 couples saw an improvement. This is indicative of the difficulties new parents face.

Interestingly, the 19% whose relationship improved managed to 'surrender individual goals and needs', 'work together as a team' and 'resolve differences about the division of labour relating to work inside and outside of the home'. In other words they managed to create and sustain equilibrium within their relationship. Clearly, if a woman is 'in balance' homeopathically with both physical and mental/emotional symptoms being addressed as they arise, she is going to be in the best possible state for the demands of early parenthood and to maintain the relationship with her partner.

Of the couples whose relationship declined either severely or moderately, one of the key areas identified related to 'disconnection, stress and loneliness' in the months following the birth. This corroborates the argument that there needs to be a sea change in the way women are treated after birth, with very good care post-natally and acknowledgement that having a baby produces enormous change.

### Common puerperium physical complaints

On a purely physical note, women frequently ask for a home visit soon after the birth for residual problems associated with the labour and birth. The most common complaints in the days after birth relate to breast-feeding, which will be discussed later but also the following:

- Pain from stitches in the perineum – *Hypericum/Calendula* tincture, ten drops in a small bowl of boiled, cooled water applied to the perineum on a pad after urination.
- Incontinence post-birth –

## There needs to be a sea change in the way women are treated after birth



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*Causticum 6c* twice per day is excellent.

- Anal fissure usually from hard pushing in the second stage of labour and often from resisting bowel movements after the birth because of anxiety over stitches – I use a three phase approach *Nitric acid 6c* daily, increasing fluids and liberal consumption of enriched flapjack (add treacle, lots of dried fruit, nuts, sesame, sunflower and pumpkin seeds). This combination, although unusual, seems to work very well.

### Later presenting complaints

After about 3–4 months there are generally another group of women who arrive at the clinic. Where mother and baby are treated as one symbiotic unit, problems that affect one are discussed in relation to the other. Thus a woman might come

ostensibly to discuss her baby's sleep but, quite commonly, go on to reveal that she is feeling overwhelmed, sometimes isolated and frequently guilty for having feelings that are less than perfect joy and contentment. The words 'it's not what I expected' are regularly uttered. Three to four months seems to represent the point where fantasy and reality have well and truly collided.

Usually this state can be helped with a remedy – *Sepia* typically, but there is useful adjunctive advice that can be offered as well. I generally suggest that they get help – a friend, family member or better still someone to whom they owe no other obligation than pay –

for two hours a week. That becomes exclusively *their* time, all household tasks are banned, and the time must be used purely for pleasure.

Even two hours a week to read, have an uninterrupted bath, a quiet walk or just to sleep can make a huge difference to how a woman feels and copes, and if combined with an appropriate

remedy it makes a big difference quickly.

remedy it makes a big difference quickly.

### Breastfeeding

Before discussing the problems of breastfeeding, it's worth briefly mentioning a little information about the mechanism of breastfeeding. Essentially it is an incredibly clever interplay of hormones and emotions that lead to successful breastfeeding. Milk production starts after the delivery when the body detects a drop in placental hormones. This allows high levels of prolactin to initiate milk production.

The milk release itself is under the control of two hormones, prolactin and oxytocin. The prolactin is the milk producer and oxytocin, released in pulses, expels the milk. Initially sucking stimulates the 'let-down' reflex but later the 'let-down' becomes a conditioned reflex. This explains why a woman

may be far away from her baby but suddenly experiences a gushing 'let-down' with the consequent damp-rings-on-shirt-look.

For the first few hours after birth, when the baby suckles, it receives colostrum containing millions of immune active cells per cubic millimetre which is, in effect, an army established to protect the baby. After a week this drops to a few thousand per cubic millimetre emphasising the importance of early establishment of good breastfeeding.

After around three days, there is foremilk, which is high in volume, low in fat and hind milk, which is low-volume, high fat. The 'coming in' of the milk can be an alarming experience for some women who go to sleep on night two with manageable breasts only to wake in the morning of day three with vastly enlarged, full breasts. This is known as engorgement. *Bryonia* given as repeated dose of 30c is a key remedy where the breasts feel so full that the mother will hold them as she moves gingerly around. Equally, organic savoy cabbage, kept in the fridge, peeled off leaf-by-leaf with the hard vein cut out and inserted into the bra is wonderfully cooling and comfortable. It should be replaced as it cooks with a fresh leaf. Its efficacy was confirmed in the *New Scientist* in May 2007. I might add that the smell is redolent of school lunches but the benefits definitely outweigh the association.

The World Health Organisation asserts that breast-milk is ideal for babies and in their guidelines they advocate that there should be:

... on a population basis, exclusive breastfeeding for six months [as it is] the optimal way of feeding infants. Thereafter infants should receive complementary feeding with continued breastfeeding up to two years of age or beyond.

This makes sense; it is free, perfectly formulated, sterile food.

**Breastfeeding statistics 2005 UK**

Unfortunately the statistics for the UK from the Office of National Statistics for 2005 don't make comfortable reading. The headline figure appears moderately encouraging, standing at 69.5% of women who start breastfeeding, but within six weeks this figure has fallen to 48% and by six months only 25% of women continue to breastfeed at

<i>Exclusive breastfeeding statistics 2005</i>	
Breastfed exclusively at one week	45%
Six weeks	21%
Four months	7%
Six months	Less than 1%

all. However, it is the statistics in relation to *exclusive* breastfeeding, in other words babies who are *only* breastfed that tell the real story.

Interestingly, there are three main factors that women cite as the reason they have not continued with exclusive breastfeeding beyond a week:

- Insufficient milk
- Painful nipples
- Baby rejected the nipple.

From a homeopathic perspective,

these problems are eminently treatable if we are able to offer support as soon as a problem is revealed.

The table below differentiates between the main remedies for breast and nipple problems associated with feeding. However it can be useful to give women to hold, a combination of *Phytolacca*, *Castor equi* and *Bellis perennis* in a 30c with instructions to take a dose am and pm for three days at the first sign of a problem. Equally important is the positioning of the baby at the breast, so involving an NCT or La Leche breastfeeding advisor is a good plan too.

By way of adjunctive advice, it is worth explaining to women that they almost certainly do have the capacity to produce enough milk but they need to increase the frequency and duration of feeds to

<i>Breastfeeding remedies other than the magic trio above</i>	
Remedy	Physical symptoms
<i>Sepia</i>	Nipples cracked across the crown, induration of breasts, tenderness, burning pains.
<i>Silica</i>	Breasts likely to form abscesses during mastitis, nipples liable to ulcerate, inverted funnel shaped nipples.
<i>Lycopodium</i>	Hard, burning, lumpy breasts, stitching, aching pains. Raw fissured bleeding nipples.
<i>Sulphur</i>	Nipples cracked around the base, smarting, burning pain, bleed after feeding. Pain extends to the back. If your patient has a <i>Silica</i> constitution it's worth considering giving <i>Silica</i> as a tissue salt prophylactically whilst she is breastfeeding.
<i>Natrum mur</i>	All about fluid balance – breasts often don't feel full.
<i>Phosphorus</i>	< Left breast, bleeding, hot, sore nipples.
<i>Lac caninum</i>	Breasts seem very full, mastitis < least movement, sharp darting pains, constant pain in nipples and breasts. Loss of milk whilst breastfeeding. Will also help to dry up milk. Good for after pains whilst feeding.
<i>Graphites</i>	Slow milk-flow, cracked, fissured end of nipple, blisters issuing honey-like discharge.
<i>Hepar sulph</i>	Will help if suppuration is threatened.
<i>Mercury</i>	Swelling abscesses without heat, cracked nipples, intolerance of heat and cold.
<i>Belladonna</i>	Mastitis, breast has characteristic red triangle and is hot to the touch. Very sensitive to touch, often feverish. < Right breast.

➤ encourage milk production. If however there is a continued feeling that sufficient milk is not being produced, *Urtica urens* 30c is an excellent galactagogue and *Natrum mur* as a daily 6x can help.

In terms of babies rejecting the breast, this is actually quite unusual and generally only occurs at the point that supplementary feeding with a bottle has started, thus if women can delay bottle-feeding, it isn't an issue.

**Post-natal depression**

It is very common for women to experience what is described as 'the baby blues' in the days shortly after birth. This can often be explained by a combination of plummeting hormone levels, interrupted sleep, stress and strain after a difficult birth or problems of breast-feeding; but where this continues into a chronic, persistent state it

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may indicate depression and should be taken very seriously.

Symptoms of depression unsurprisingly vary from woman to woman but frequently reported feelings are of bewilderment, insomnia, profound despondency, loneliness, significant anxiety, lack of confidence, aversion to touching or engaging with the baby, crying and a sensation of being frighteningly out of control with nowhere to turn.

Under these circumstances homeopaths can help women by being able to individualise care and offer women a safe non-judgemental space in which to discuss their feelings. The aetiology of the birth and those few post-partum days following the birth are often the key to understanding how the depression has arisen. Some of the useful remedies for post-natal depression are differentiated below. The utmost care is needed, however, in treating this condition and a multi-disciplinary approach is frequently most appropriate.

**Sleep**

Sleep is one of the areas that regularly brings women and their partners to the clinic. Exhausted, bleary-eyed parents drag themselves in to ask which remedy will bring sleep-filled joy to their long sleepless nights.

Physiologically, night sleep requires that there is an established circadian rhythm (this is our sleep/waking internal clock) which helps us to know when to be awake and when to fall asleep. Prior to 12 weeks it is not fully developed and parents can be reassured that disturbed nights are part of developmental change.

Equally until babies attain 11lbs there is actually a need to wake to feed in the night at least twice to maintain growth; this is particularly so for breastfed babies.

Interestingly, Siegal has researched human neonate sleep and found that 50% is spent in REM sleep as opposed to adults who devote only 20% to REM. This is significant because REM sleep has some of the qualities of wakefulness and is characterised by high brain metabolic and neuronal activity rates coupled with changes in respiration and thermoregulation. This suggests that the sleep/waking patterns that babies create may in fact play

<i>Remedies to consider for post-natal depression</i>	
Remedy	Mental/emotional symptoms
<i>Aurum met</i>	Depression feels like an inescapable black cloud. Very hard on themselves, feel that they should have given birth 'better'. Feel worthless. Will do what is required of them but joylessly. Constant feeling that they are neglecting their duty. All symptoms < night.
<i>Cimicifuga</i>	Profound gloominess and sadness. Feels trapped. Will talk incessantly about the birth with grief and disappointment, jumping from one aspect to another. May have had a long, exhausting labour with over-sensitivity to the pain and significant after pains.
<i>Pulsatilla</i>	Great sadness and feeling of loss after the birth. May have had a lot of intervention because of position of the baby. Very sensitive, vulnerable and insecure – abandonment issues. Wildly fluctuating moods. Craves attention and may manipulate to get it.
<i>Ignatia</i>	Lots of spasmodic sobbing and sighing, may even alternate laughing and crying. Wretched when she realises that the fantasy of having a baby does not match up to the reality both in terms of birth and post-partum. Grief ++ over disappointed expectations.
<i>Sepia</i>	Complete detachment from partner and baby. Loss of freedom issues, may want to run away from it all. Flashes of anger. Tears ++, especially when recounting her story. May have had a difficult pregnancy as well as birth.
<i>Natrum mur</i>	Introverted in depression. Will often not ask for help but rather try to manage it on her own, < consolation. Crying in private +. Will hold onto the distress of a difficult labour and relive it.
<i>Anacardium orientale</i>	Discouraged/despair about the birth, blames everyone for her experience of birth. Very easily offended. Irresistible urge to curse and swear. Feelings of separation from the world. No confidence in her ability to care for the baby. Suspicious of help offered.

a very important, but little understood, role in their development and perhaps therefore caution should be exercised before attempting to control and manipulate it.

However, having regard for the caveats above, after 12 weeks (and 11lbs) babies can acquire the habit of night feeding even though they don't actually *need* it. So what adjunctive advice can be offered to help promote sleep?

#### General advice

- Try and lie the baby down before she is asleep so that she gets used to the idea of falling asleep by herself without rocking, feeding etc.
- Establish routines that remind her that it is the end of the day and sleep time – feed, bath, nightie, bed – dark rooms are good.
- When she wakes in the night don't switch on the light, play or talk to her and don't change her unless it's obviously more than urine – help her to differentiate between night and day.
- For daytime sleep keep the room light, have background noise nearby and when she wakes chat to her.

#### Specific advice

- At her last evening feed make sure she fills up – burp or change her in the middle if she is dropping off just to wake her up a bit.
- Wake her for a feed before falling asleep for the night.
- If the milk supply seems inadequate, increase length of daytime feeds to stimulate flow and give *Urtica urens* 30c am and pm for three days.
- If there is a feed in the night that needs to be dropped make it a really quick one – hardly worth waking up for.
- Try and get the partner to comfort baby rather than the mother – the milky smell will disturb her.
- Don't jump up immediately when she squeaks, REM sleep produces squiggles and whimpers.

#### Homeopathic remedies to consider for sleep

A single split dose of the constitutional remedy for the baby over 24 hours can usually help but

others worth considering are *Calc carb*, *Pulsatilla*, *Chamomilla*, *Aconite*, *Belladonna* and *Phosphorus*.

Finally, it can be a mistaken assumption that it is the baby who needs treating. There are sometimes other considerations, for example:

- Dependent remedies – *Puls* mothers may feed the baby to a point of exhaustion because she needs to feel needed.
- Problems with boundaries – *Phos*
- The need to be perfect mother, to give all of herself and then a little bit more – *Carc*, *Nat mur*.
- Uncertain and unconfident – *Lyc*, *Argentum nitricum*.

## Sleep is one of the areas that regularly brings women and their partners to the clinic

The baby blues is common after birth.



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## Homeopathy is a powerful ally for the transition into parenthood

It is worth looking at the relationship between the mother/father and the baby, where does the demand for night feeding lie?

There is little doubt that the post-natal period is incredibly demanding for all concerned but with good, well timed support, homeopathy is a powerful ally for the transition into parenthood. Homeopaths, in being able to individualise the care offered to new parents and their baby, can be outstandingly sensitive and responsive to their needs.

#### REFERENCES

- Belsky J and Kelly J (1994). *The Transition to Parenthood: How a First Child Changes a Marriage, and Why Some Couples Grow Closer and Others Apart*. Moorhead, Minnesota: Delacorte Press
- Breast-feeding statistics (2005): [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH\\_4079223](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_4079223)
- Hospital stay statistics (2007): <http://www.statistics.gov.uk/STAT-BASE/ssdataset.asp>
- NHS statistics (2006): <http://www.ic.nhs.uk/statistics-and-data-collections/hospital-care/maternity/nhs-maternity-statistics-england-2004-05>
- Siegel JM (2005) 'Clues to the functions of mammalian sleep' *Nature* 437, 1264-1271
- Tuffnell V (2007) No title. *New Scientist*, 2604, 19 May 2007
- WHO guidelines: [http://www.who.int/childadolescenthealth/NUTRITION/infant\\_exclusive.htm](http://www.who.int/childadolescenthealth/NUTRITION/infant_exclusive.htm)

Amanda Saurin can be contacted at [ajsaurin@gmail.com](mailto:ajsaurin@gmail.com). Her website is [www.wellgreenhomeopathy.co.uk](http://www.wellgreenhomeopathy.co.uk) □