

Ingeborg Stadelmann



A Consultation with a Midwife

*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.*

Ingeborg Stadelmann

A Consultation with a Midwife

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



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)

ISBN 13: 978-3-943793-00-0

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Stadelmann Verlag, Nesso 8, 87487 Wiggensbaach

Fax +49 (0)8370/8896

www.stadelmann-verlag.de

E-Mail: info@stadelmann-verlag.de

Translation of the third german printing of the thoroughly revised edition 2006

Illustrations: Torill Glimsdal-Eberspacher, Betzigau

Editing: Marina Burwitz, Munich

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English German Language Service

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!

Contents

Foreword to the Newly Revised Edition	9
Foreword to the First Edition	12
PREGNANCY	15
THE FIRST THREE MONTHS	16
Common Minor Problems during Early Pregnancy	18
Medication and Dietary Supplements during Early Pregnancy	24
Antenatal Care	26
Naturopathy and Individuality	31
Home Birth or Independent Birth Centre	32
Partnership	34
Antenatal Screening	34
THE SECOND TRIMESTER	39
Changes in the Body	39
Antenatal Classes	42
Natural Pregnancy	45
Natural Support	46
Nutrition and Dietary Supplements	47
Common Minor Problems	49
Partnership and Sexuality during Pregnancy	60
The Home Birth	61
Independent Birth Centres	62
Twin and Multiple Pregnancies	63
THE LAST THREE MONTHS	67
Development/Sensory Organs	67
Working Women/Maternity Rights and Benefits	68
Preparation for Childbirth	70
Changes in the Woman's Body	70
Preparing the Breasts for Breastfeeding	72
Common Minor Problems	75
Antenatal Care	88
Assessing Contractions	92
High-Risk Pregnancy/Hospitalization/Preterm Childbirth	98
Severe Problems during Pregnancy	100
The Breech Position	110
Partnership/Parenthood	119

Baby Care	124
Home Birth/Independent Birth Centre	125
Early Discharge from the Hospital	130
THE LAST SIX WEEKS – PREPARATIONS FOR CHILDBIRTH.	138
Moodiness and Pulsatilla	138
“Very Pregnant”	140
The Expectant Father/The Partner Relationship	140
Going Swimming	141
Choosing the Independent Birthing Centre or Maternity Unit	141
Packing for the Hospital	146
Birthing outside the Hospital	151
Antenatal Care	154
Problems during the Final Weeks.	158
Natural Methods of Preparation for Childbirth	164
Postterm Pregnancy/“Going Overdue”	174
Alternative Methods of Inducing Labour	183
CHILDBIRTH	191
THE BIRTH EVENT	192
Natural Childbirth	192
Operative Childbirth	201
THE SIGNS OF LABOUR	204
Contractions	205
Rupture of the Membranes: The Water Breaks.	209
The Breaking of the Waters from a Natural Perspective	215
Methods of Establishing Contractions	217
Mucous Discharge/Mucous Plug	218
Bleeding	219
Nausea/Vomiting.	220
Diarrhoea	221
THE STAGES OF LABOUR.	223
The First Stage of Labour: The Active Phase.	223
The First Stage of Labour: The Transition Phase	224
The Baby Makes Its Way through the Birth Canal.	224
The Birthing Position.	226
The Woman in the Transition Phase.	227
The Atmosphere in the Birthing Room.	229

The Function of the Contractions: The Turtleneck Principle	229
The Second Stage of Labour	230
The Last Bit of Work	232
The Hormonal Self-Regulation Mechanism	232
THE BIRTH OF THE CHILD	235
A Midwife's Guidance	235
How the Partner Can Help	237
Natural Remedies during Labour	241
The Third Stage of Labour: The Afterbirth	248
STILLBIRTH	253
WHEN LIFE BEGINS WITH DEATH.	253
Taking Leave	255
SIDS: Sudden Infant Death Syndrome	255
The Days and Weeks after the Death of the Child	256
Ritual instead of Burial	257
CHILDBED: THE POSTNATAL PERIOD.	261
Postnatal Care by a Midwife	262
The Meaning of the Postnatal Period.	262
THE EARLY POSTNATAL PERIOD	266
The Postnatal Period at Home and in the Hospital	266
The Postnatal Period Step by Step	268
Helpful Measures during the Postnatal Period	281
Problems during the Early Postnatal Period	284
The Pelvic Floor	293
Injuries to the Pelvic Floor	295
The Father during the Postnatal Period	302
THE NEWBORN	307
From the Womb to the World	307
The First Minutes of Life	308
The Hour That Follows	311
The First Hours, Days and Weeks of Life	313
A Midwife's Care Following Discharge from the Hospital	340
Essential Oils and the Newborn	340
The Care of the Navel	342
Neonatal Jaundice (Icterus)	346

Initial Minor Illnesses	352
Concluding Remarks	367
THE BREASTFEEDING PERIOD	370
The Prerequisites for Successful Breastfeeding	371
Changes in the Breasts	375
Being a Breastfeeding Mother	377
Practical Information on Breastfeeding	382
The Composition of Breast Milk	387
Initial Engorgement	388
Milk Quantity/Weight Gain in Breastfed Children	392
Influencing the Milk Quantity	394
The Care of the Breasts	398
The Breastfeeding Mother's Diet	400
Special Circumstances in Connection with the Mother	401
Breastfeeding Aids	404
Pumping and Freezing Breast Milk	406
Blocked Milk Ducts/Inflamed Breasts (Mastitis)	407
Special Circumstances in Connection with the Child	415
Supplementing the Breast Milk	416
Breast Milk and Contaminants	417
Weaning	418
THE LATE POSTNATAL PERIOD	421
Everyday Family Life/Being a Housewife	421
Symptoms Accompanying the Late Postnatal Period	424
Sexuality after Childbirth/Contraception	428
The Adventure of Parenthood	433
Basic principles of herbal medicine	434
BASIC PRINCIPLES OF HOMOEOPATHY	438
Basic principles of aroma therapy	444
A Midwife's care for mother and child	456
SUPPLIER REFERENCES	460
ACKNOWLEDGEMENT	462
BIBLIOGRAPHY	464
INDEX	467

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 confidence 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.

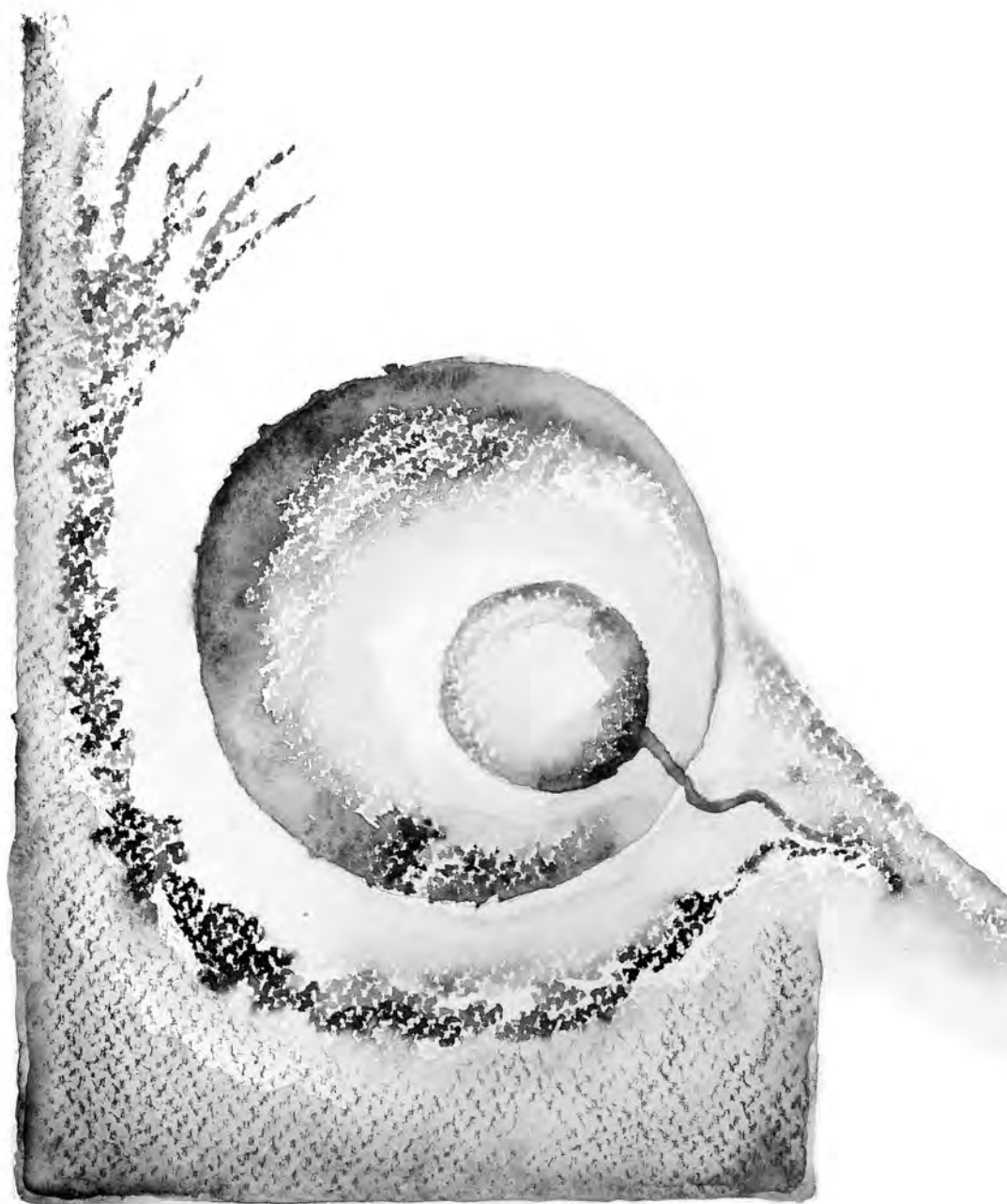
In the following sections of the book – on pregnancy, childbirth and postnatal period – I will report alternately on my experience in the area of herbal medicine, homoeopathy and essential oils. I mean to provide pointers and advice – not compulsory prescriptions. Every pregnant woman will recognize 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 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,