

Birth Journey of a Newborn: Transition from Intrauterine to Extrauterine Life

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Abstract

The process of birth is an important factor that determines the kind of a person one will be in the future and how we see the world. This study examines the psychological experiences of newborns from the intrauterine to the extrauterine world. The study used English–Turkish language papers and was conducted in PubMed, Scopus, Cochrane and Google Scholar, using a combination of key words like ‘transtation extrauterine world’, ‘newborn’, ‘newborn psychology’, ‘birth and newborn’. During birth, babies undergo a lot of stress. Foetuses and babies can react to signals from their environment. Newborns listen intently to their mothers and prefer to hear those heard weeks before birth. Infants are also great dreamers, according to studies of brain waves. The newborn trauma at birth affects adult life and plays a role in many psychiatric disorders. So delivery rooms should be quieter places with dim lighting and even soft music.

Keywords: Newborn, transtation, extrauterine, intrauterine life, psychology.

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1. Introduction

The process of birth is an important factor that determines what kind of a person one will be in the future and how we see the world. Freud describes the pain and pleasures of birth as ‘primary emotions’. According to Freud, nobody can get rid of these effects completely [1]. Taken together, even healthy newborns from uncomplicated deliveries need to rapidly mobilise adaptive physiological processes during their transition from the intrauterine to the extrauterine world. Psychological investigation of the newborn, however, has been scarce. When a child is born, it comes out of a warm uterus, 37 °C, into about 18–20 °C. But it could survive that if the following didn’t happen: As it comes out, it is picked up by the legs and slapped on the buttocks. The first greeting is a slap. The next greeting, take it away from the mother. The mother must not touch or see the baby. The baby has no body contact after having had nine months of body contact at a very high temperature—what we call the ‘orgonotic body energy contact’, the field action between them, the warmth and the heat [2].

During birth, babies are under a lot of stress due to the pressure being exerted on them by uterine contractions and by the bones of the maternal pelvis on the foetal cranium. At various times, babies experience a great deal of disorientation and pain. The longer babies are under stress, the more likely they are to experience this as traumatic (Table 1). The baby that has fully integrated the experience of birth in this way develops a sense of relaxation and resilience. It is the foundation of an underlying sense that ‘I can encounter difficulty and overcome it’. But babies are not able to integrate the experience of birth on their own [3].

Table 1. Newborn experiences by type of birth

Vaginal birth	Newborn experience
Early labour	Pressing his head into the birth canal to start the dilation of the cervix (opening of the neck of the womb)
Active labour	Getting a bit squashed. A baby gets all of his oxygen from his mother’s blood vessels in the placenta, which means when he is squeezed during a contraction he receives slightly less oxygen. But he is well equipped to cope with this
Transition	A bit surprised that the walls are caving in on him, but he’s unlikely to be in any pain. It appears that the neural connections that would lead a baby to interpret sensations as ‘pain’ may not be developed at the time of labour
Second stage	Trying to get on with the job in hand. Posterior, transverse and breech babies tend to have a harder, longer experience of labour because they’re not in the ideal position for dilation and for moving down the birth canal. All babies, however, are physiologically prepared for the narrow journey. Because the plates of his skull aren’t fixed, his skull is able to ‘mould’ to the shape of the birth canal as he travels through it
Delivery	Feeling a tight squeeze and getting ready to breathe. The pressure on your baby’s body as he squeezes through the narrow birth canal is actually helpful in preparing him to live outside the uterus. The compression expels fluid and mucus from his lungs and also prevents him from breathing and inhaling fluid and blood as he passes through the birth canal. This all helps to prepare him to take his first breath
Caesarean birth	Newborn experience
Anaesthesia	Nausea, hot-cold, alone, fear, being attacked
Incision	Shock, rape, shuddering, unable to resist
First touch	Pleasure/pain
Delivery of the head	Ecstatic explosion into the light, sense of going home, awareness into,

	head not body, meeting the obstetrician's eyes
Suctioning	Bad tastes, unsatisfied sucking reflex, strange sensations, some scary
Body being pulled out	Terror, loss, explosion, falling, fragmentation, loss of boundaries explosive dying, futile attempts at control
Cutting the cord	Death, defeat, total loss of support, being attacked by tens, anger, fighting, own breathing as a strange sensation in the belly
Stimulation to start breathing	Being attacked, anger, fighting, own breathing as a strange sensation
Moment of awe and wonder	Surrender, bonding with doctor, accepting his help
Separation from doctor	Grey, bleak stillness, depression, some relief
Being handled mechanically	Apprehension, scary intensity, separation
Being taken care of	Opening, accepting, feeling nourished

Source: It is done by the researcher using [4, 5].

1.1. What Does the Newborn Feel During Birth?

Babies are aware, conscious, interactive and social human beings. Foetuses and babies can react to signals from their environment and can be traumatised by overwhelming input to their system. Babies considered unable to feel are easily victimised; they become non-persons with minimal rights. But recent investigations have shown that babies do a lot of thinking, with or without language. Newborns also listen intently to their mothers reading stories and prefer to hear again those heard weeks before birth. More tellingly, infants are great dreamers, according to studies of brain waves [6].

Babies can experience emotional pain, anxiety, rage, loneliness or sadness during and after birth. Birth is, in the words of Odent [7], a biochemical symphony, stating that we have biochemical solutions for this difficult process of entering the world. This birth process is biologically programmed in every baby. The baby knows when to activate his birth process, knows how to go through the birth canal, knows how to cooperate with his mother and expects to end up in her arms. Any interruption of this process can be harmful, stressful or even traumatic to the baby [8, 10]. In *Birth without Violence* (1975), French obstetrician Frederick Leboyer describes what he considers to be the horror, agony and suffering experienced by newborn babies during medical births. He suggests that these negative experiences occur because the transition from the womb to the outside world is abrupt and insensitive to the newborn [11].

1.2. Is Birth a Trauma for Newborn?

Trauma can start very early in life and is cumulative; unresolved trauma becomes multigenerational, passed on from one generation to the next. Adult trauma patterns may reflect a reoccurrence of very early learning, extending back to intrauterine life [12]. Otto Rank developed the idea, originated from Freud, that all anxiety goes back originally to the birth anxiety. He devotes the term '*trauma of birth*' as the first human experience full of pain and warning for all the pain which will come into life. After publishing of Otto Rank's book, '*The Trauma of Birth*' in 1924, high priority was given to the birth process as regards the roots of psycho-emotional and physical disorders. He considered that real trauma is leaving the maternal matrix, a calm and secure place, and being thrown into a cold and hostile world. From a psychological point of view, complications at birth can be traumatic for different reasons. Every human intervention changes and influences the natural birth process [13].

The most common injuries caused by infants from birth are:

- Birth too long, too painful and exhausting for the child,
- Hospital room,

- Injections to speed up or slow down event (which disrupts the participation of both mother and child at birth),
- Mother's anaesthesia,
- Too long separation from the mother,
- Caesarean birth,
- Cutting the umbilical cord.

1.2.1. Cutting Umbilical Cord

This cutting requires the child to face death. Being deprived of oxygen it is sentenced to death or to breathe. Choosing life in a state of emergency, in a brutal way and fighting against imminent death causes great pain in the lungs. Moreover, the bronchi fluid aspirated from inspiration amplifies the beginning of asphyxia, causing a state of suffocation, blocking breathing. This first experience results in the installation of fundamental anxieties. For him, life and death overlap partly because of negative feelings and emotions, imprinted in the nervous system. Crisis of tetany is associated, often by the one who experiences it, with some fragments of the moment of birth, especially in terms of sensations: tension, anxiety, fear of dying, shortness of breath, feeling of crossing a tunnel very narrow, dizziness and pain. We see the similarity with symptoms of panic disorder that may have originated here [14].

1.2.2. Too Long Separation from the Mother

There is a vital power in the baby's look and touch to turn on feelings and skills necessary for successful mothering. Babies need to hear their mother's voice, learn her sleep cycles, and recognise her body odours and facial expressions. Babies need to know that their mothers are alright. When the mother is in a different place, her own lack of contact with her body, her needs or internal pain means she can't meet the baby's need for love, warmth and attention, so she is unable to provide safety to the baby who is overwhelmed by fear [8].

1.2.3. Caesarean Birth

According to William Emerson [9], birth traumas as caused by obstetrical interventions have three most common long-term outcomes, such as bonding deficiencies, chronic shock and invasion control complex. His clinical research for over more than thirty years indicates that caesarean deliveries can result in immediate symptomatic effects in babies such as nocturnal awaking, hyper alertness, extensive and prolonged crying (trauma crying), feeding difficulties, digestive difficulties, colic, tactile defensiveness and bonding deficiencies [15].

1.2.4. Hospital Delivery Rooms

Obstetrical instruments and medical routines were all designed before babies were thought to have senses, and thus have no regard for babies' comfort. Rooms are frigid, lights blinding, surfaces are hard and flat, the atmosphere is noisy and the handling of newborns is too upsetting. Newborns are routinely traumatised and punctured [16]. The brightness of the lighting, the hubbub of the delivery room, the idea that the child was taken from the mother straight after birth – all this was put under scrutiny by Leboyer, for the first time in history. 'Imagining birth as the baby experiences it was an entirely new way of looking at it', he says today [5].

1.3. The Effects of Birth Trauma on the Newborn

1.3.1. Trust–Mistrust

Erik Erikson [17] theorised the first stage of psychosocial development, trust versus mistrust. He theorised that when the caregiver fails to meet an infant's primary needs, the child will develop basic mistrust, which could result in depression, withdrawal and maybe even paranoia later in life. The sense of trust that develops when a baby's needs are responded to is the basis for attachment. When an infant is forming these early relationships, crying plays an important role in establishing the bond between the caregiver and baby [18]. Owings *et al.* [19] stated that 'the unique potency of human infant crying to mobilise a response by most adults, even compared to other alarming sounds, is striking'. Infants will cry to begin interaction with the caregiver; when the caregiver responds properly, the crying will encourage attachment behaviours [20].

1.3.2. Dissonance

Dissonance disrupts bonding and attachment, disrupting what is known as the First-Year Attachment Cycle. This cycle begins when a baby feels a need. As babies are unable to satisfy their needs on their own, they become sympathetically aroused. If the need is gratified, the baby feels relief and relaxes. The repetition of this experience creates a foundation of trust in relationship and the world as being places where needs get met. Babies feel this and become more embodied, as they trust that their inner sensations and the response from the environment are coherent and meaningful [3].

2. Conclusions and Recommendations

The foetus, which completes the intrauterine life, makes the birth journey and makes transition to the extrauterine life. In the transition from intrauterine to extrauterine life, great changes occur. The newborn, which is previously dependent on the placenta, must undertake the tasks of the placenta quickly. While the newborn does not need much help when experiencing this adaptation process, it is seen in situations that need to be supported.

The newborn can be exposed to many traumas at birth. This trauma that the newborn is experiencing at birth causes the newborn to experience negativities such as insecurity, inadequacy in maternal attachment, incompatibility and anxiety fear. In addition, the newborn's trauma at birth affects the adult life and plays a role in many psychiatric disorders.

Recommendations for health professionals to reduce the trauma experienced by newborns at birth:

- Delivery rooms should be quieter, calmer places with dimmed lighting and, sometimes, music playing quietly.
- Provided a baby is breathing, and its life isn't in danger, what matters most after birth is skin-to-skin contact and gentleness.
- To facilitate adaptation to the external environment of the newborn and to ensure that the newborn feels more secure, a child should be bathed as soon as possible after delivery.
- Laying the baby on the mother's stomach allows the infant to listen to a familiar heartbeat and remember the womb.
- Delaying the cutting of the umbilical cord allows the baby time to adjust to breathing with his or her lungs and prevents shock from the sudden lack of umbilical cord oxygen.
- Infant massage is meant to recreate the wave-like movement in the womb and a warm bath serves as an imitation of the weightless feelings from early embryonic development.

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