



Lotus Birth Method and Nursing Care

Lotus Doğum Yöntemi ve Hemşirelik Bakımı

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ABSTRACT

Lotus birth, or not cutting the umbilical cord, is a practice in which the umbilical cord is not separated from the placenta after birth, but is instead allowed to dry and fall off on its own. It is practised in regions such as the USA, Australia, New Zealand and India, including our country, albeit to a lesser extent. Studies on lotus birth are limited in the literature. While it has benefits such as an increase in mother-baby bonding, a healthier puerperium process for the mother, and babies whose cord is not cut immediately after birth are calmer and more peaceful than babies whose cord is cut immediately after birth, there are also risks that threaten the life of the newborn such as hyperbilirubinemia, endocarditis, idiopathic hepatitis, staphylococcal infection, sepsis and neonatal omphalitis. Healthcare workers (physicians, midwives and nurses) should be provided with in-service training on the subject and pregnant women requesting lotus delivery should be informed about the positive and negative aspects of the method and this method should be explained in detail.

Keywords: Lotus delivery, Placenta, Umbilical cord.

ÖZET

Lotus doğum veya göbek bağının kesilmemesi, göbek bağının doğumdan sonra plasentadan ayrılmadığı, bunun yerine kurumasına ve kendi kendine düşmesine izin verilen uygulamadır. Ülkemiz dahil ABD, Avustralya, Yeni Zelanda ve Hindistan gibi bölgelerinde az da olsa uygulanmaktadır. Literatürde lotus doğum ile ilgili çalışmalar sınırlıdır. Anne ile bebek bağlanmasında artış, annenin daha sağlıklı bir lohusalık süreci geçirmesine, doğumdan sonra kordonu hemen kesilmeyen bebeklerin, kordonu hemen kesilen bebeklere oranla daha sakin ve huzurlu olması gibi yararları varken, hiperbilirubinemi, endokardit, idiyopatik hepatit, stafilokok enfeksiyonu, sepsis ve neonatal omfalit gibi yenidoğanın hayatını tehdit eden riskler de bulunmaktadır. Sağlık çalışanlarına (Hekim, Ebe ve Hemşire) konu ile ilgili hizmet içi eğitim verilmesi sağlanarak, lotus doğumu talep eden gebelere yöntemin olumlu ve olumsuz yönleri hakkında bilgi verilerek bu yöntem hakkında detaylı bir şekilde açıklanmalıdır.

Anahtar Kelimeler: Lotus doğum, Plasenta, Göbek kordonu.

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Introduction

The placenta forms a life link between the foetus and the mother during pregnancy. It plays a role in distributing all the necessary nutrients and oxygen between the mother and the foetus through the vessels in this life link. By strengthening the bond between the mother and the baby, the placenta may help mothers to increase their interest in birth rituals and prefer lotus birth (1).

Lotus Birth or uncut umbilical cord is the practice of not clamping the umbilical cord after birth, instead of clamping and cutting the umbilical cord (2). Here, the umbilical cord and placenta are waited until they dry and fall off naturally from the newborn. This practice can last between 3 and 10 days on average (3). In lotus labour, the third stage of labour is managed passively, without the administration of uterotonic drugs and without pulling on the cord. After birth, the placenta is washed, salted and covered with an absorbent material. Sometimes, plants such as lavender are used as it can help to keep bad odour away (4). Lotus birth method is practised in regions such as USA, Australia, New Zealand, India and Tibet, including Turkey (5).

Lotus birth is preferred by pregnant women in our country, albeit in small numbers (6). It is important that midwives and nurses who encounter pregnant women who prefer lotus birth have information on the subject. Studies on lotus birth are limited in the literature (6, 7). In this review, it is aimed to share current information about lotus birth and to provide information about lotus birth to healthcare professionals and pregnant women.

History of Lotus Birth

In the animal world, mothers usually eat their own placenta after birth. But Jane Goodall's

observations in her studies were different. Instead of eating the placenta after birth, chimpanzees left it for a long time without severing the cord and without eating the placenta. These studies inspired the emergence of Lotus Birth (7).

In the 1970s, Claire Lotus Day, a healer living in San Francisco, was conducting various researches during her pregnancy and was intrigued by the observations of the famous primatologist Jane Goodall about chimpanzees. After noticing that mother chimpanzees leave their babies attached to the placenta after birth and do not cut the cord, Claire Lotus Day began to be known as the first woman to perform Lotus Birth in the Western world after she discussed various rituals related to the baby and placenta in countries such as New Zealand and Bali. After hearing about this practice, many mothers and birth professionals who heard and adopted the idea of lotus birth paved the way for the spread of this method all over the world (8).

In 1974, when Claire Lotus Day gave birth in Australia, she requested that her baby's umbilical cord not be cut. In the same year, Shivam Rachana in Australia and Jeannine Parvati Baker, a midwife and yoga master in the USA, became strong advocates of this practice (5).

Although the prevalence of lotus birth is not known, it is known to be widespread in certain regions of Australia, Turkey, USA and Italy. Although approximately 100 women per year want to give birth with this 'integral birth method' or 'lotus birth' application, it is known that lotus births cannot be performed due to the lack of hospital procedures. The incidence of lotus birth in our country is low. There is a phenomenological qualitative study on women experiencing lotus birth in our country (6). The application steps of lotus birth are summarised in Table 1 (9, 10).

Table 1. Lotus birth application steps.

1- The umbilical cord is left intact when the baby is born. If the cord is around the baby's neck, it is removed.	2- The placenta is expected to be born naturally. Oxytocin is not used.	3- When the placenta is born, it is placed in a bowl next to the mother	4- Before the placental procedure is performed, a complete transfusion of umbilical blood to the baby is awaited.
5- If leakage occurs, the bag is changed daily or more frequently. Alternatively, the placenta can be covered with sea salt	6- The placenta is wrapped in absorbent cloth and placed in a placenta bag.	7- The placenta is placed in a sieve or colander for 24 hours to ensure drainage	8- The placenta is gently washed with water and then dried

Table 1. Lotus birth application steps (continued).

<p>9- The mother holds and feeds her baby as she wishes</p>	<p>10- The baby is loosely covered</p>	<p>11- The doll can be washed in the usual way. The placenta is kept with the baby</p>	<p>12- Movements of the baby and placenta are kept to a minimum</p>
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Lotus Birth Types

1. Full Lotus Birth

Full lotus birth is defined as the placenta-baby-cord triad in which the umbilical cord and placenta of the newborn dry up and fall off, lasting 3-10 days (11).

2. Short Lotus Birth

Short lotus delivery is defined as the umbilical cord of the newborn remaining unclamped and uncut for 4-6 hours (11).

Benefits of Lotus Birth

As the newborn receives all the blood from the placenta, it can be adequately nourished with all the nutrients and stem cells it needs. Remembering the presence of the baby at every moment, instead of cutting out everything related to the birth, helps the mother to have a more positive and beautiful puerperium. It can have a positive effect on the attachment process of mother and baby. Keeping mother and baby together for a longer period of time can help the mother to cope with puerperium syndromes more easily. Since babies are attached to the placenta, they remain more stable and are moved less, which helps babies to feel safe. It has been observed that babies whose cord is not cut immediately after birth are calmer and more peaceful than babies whose cord is cut immediately (12).

Contraindications to Lotus Birth

The arguments for and against lotus delivery focus on the physiological effects of the placenta, umbilical cord function and fetal circulation. Will it hinder or enhance the newborn's adaptation to life outside the womb? Lotus delivery is contraindicated in maternal and neonatal emergencies such as maternal haemorrhage, separated placentas (such as placenta previa and abruption of placenta), placental abnormalities

(13). Other contraindications include traumatic births and the following placental attachment abnormalities.

1. Placenta accreta - The placenta is attached too deeply into the uterus.

2. Placenta increta - Not only is the placenta attached too deep into the uterus, but the placenta extends into the muscle, even deeper into the muscle wall of the uterus.

3. Placenta percreta - The placenta grows into the uterus, muscles and surrounding organs such as the bladder and intestines.

These emergencies and other obstetric disorders can cause further harm to the patient if active treatment is not given in the third stage of labour. In some cases, such as placental attachment abnormalities, the patient may require emergency surgery for hysterectomy. In obstetric emergencies, active management of the third stage of labour may be required. It is mandatory for lotus birth practitioners to screen their patients for potential risk factors that may be contraindicated for lotus birth (13).

Risks of Lotus Birth

Critics of lotus birth argue that the potential risk of infection for the newborn increases if the placenta becomes infected. Infection can be rapidly passed to the baby. Since most health care providers are not familiar with lotus birth, it may not be allowed in some hospital settings. Also, obstetric staff may not be willing to assist with the practice. This practice may expose the newborn to potential trauma if the cord is accidentally pulled or severed. Finally, the placenta and cord can decay if not cared for properly (14).

Danger Signs After Lotus Birth

Although there are benefits of lotus birth, there are also risks such as hyperbilirubinemia,

endocarditis, idiopathic hepatitis, staphylococcal infection, sepsis and neonatal omphalitis that threaten the life of the newborn. For these reasons, attention should be paid to the following danger signs in newborns born with lotus birth;

- Body temperature more than 38° C
- Any swelling, redness, warmth in or around the umbilicus
- Sleeping more than usual
- Malnutrition

It is difficult to recommend lotus delivery method to pregnant women because of the risks mentioned for newborns. Considering the benefits of lotus delivery, it may be recommended to apply individualised developmental care, especially waiting for the pulsation to stop in cord clamping of the newborn (15).

Nurse's Role and Responsibilities in Lotus Delivery

- When nurses plan lotus delivery for pregnant women, they should question the patient's past medical history.
- The nurse should inform the patient and her relatives about the benefits and risks of lotus delivery.
- The nurse should anticipate actual and potential problems that may arise from lotus delivery.
- The nurse should prepare all materials and equipment needed for lotus delivery.
- The nurse should warn the mother to avoid pulling the placenta while breastfeeding the baby.
 - The nurse should encourage the mother to care for the baby's skin and socialise with relatives.
- The nurse should inform the doctor in case of possible trauma or accidental rupture of the umbilical cord (13).

Conclusion

Lotus birth is a holistic approach that keeps the baby and placenta connected to each other after birth and allows the placenta to separate naturally. In line with the available data, lotus birth has benefits such as an increase in mother-baby bonding, a more positive puerperium

process for the mother, and babies whose cord is not cut immediately after birth are calmer and more peaceful than Babies whose cord is not cut immediately after birth are calmer and more peaceful than babies whose cord is cut immediately after birth. It should be ensured that an infrastructure is established for healthcare professionals to provide the necessary training and support to pregnant women. In addition, it is important to continue social awareness-raising activities and to carry out more studies on the subject in order to raise awareness.

Author Contribution Statement

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Data curation or/and Analysis: OP, RK, MS

Funding acquisition: OP, RK, MS

Investigation: OP, RK, MS

Project administration or/and Supervision: OP, RK, MS

Resources or/and Software: OP, RK, MS

Validation: OP, RK, MS

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