

# The APPPAH Newsletter

News From the First Frontier: Conception To Birth

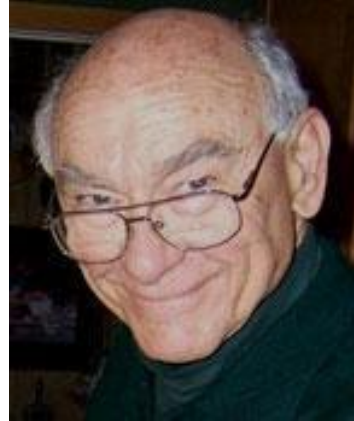
Official Bulletin of the Association for Prenatal & Perinatal Psychology & Health, Spring 2014

## David Barnes Chamberlain

1928 - 2014

You Are Our Hero

By John Chamberlain



The way you did anything was the way you did everything

You showed us how to lead by being a leader

You taught us the value of literature and reading through your own research and exploration

You created strength in each person you encountered by seeing their innate value, by being brave and principled and committed to your beliefs, discoveries and insights

You helped us to understand the wonder and power of nature by seeking closeness with the earth and with a multitude of plants and insects – most of all you choose to help bees

Your practice in helping humans to heal their fears yielded a most amazing journey into the psychology of human babies and their undiscovered life in the womb

You embraced the capabilities of humans to heal through foods, exercise, repose and prayer

You understood the way Jesus loved and have helped countless couples to grow in theirs

You gave hope to those who had lost hope

You brought together thought leaders from all over the earth to study and share discoveries in prenatal and perinatal psychology to improve the journey of humans during the miracle of gestation and Newborn life

Your fatherhood, friendship, research, insight, leadership and LOVE inspire us and launch each one of us into a better life

With GRATITUDE and PRAISE

HUMANKIND

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### **Biographical Note:**

David Chamberlain was a California psychologist, author, and editor who lectured on birth psychology in 20 countries. In 1974 he began using hypnotherapy to discover and resolve traumas arising in the womb and at birth. In landmark research with mother and child pairs in 1980, he demonstrated that birth memories were reliable memories. David served as President of **APPPAH** for 8 years from 1991-1999. His book, *The Mind of Your Newborn Baby* (1986/1998) currently travels the world in 13 languages. His last book was, *Windows To the Womb: Revealing the Whole Baby From Conception to Birth*.

Here is a short excerpt from his essay, “**Babies Remember Pain**”

Infant pain is emotional and mental as well as physical. Harder to measure than exposure to light and cold, these pains show up commonly in birth memories of adults obtained in hypnosis. Impressed at a deep and unconscious level they manifest as depression, phobias, mistrust, and guilt feelings requiring psychotherapy years later (Cheek, 1975; Janov, 1983). Rejection of newborns for their facial features or sex, hostility toward them for causing pain and financial hardship, fears planted about their safety and well-being can create their own kind of pain...

What can we do about newborn pain and suffering? Some pain may be part of a natural process that is beyond our control. If it is truly so, we should be alert to its coming and provide what comfort we can. Doing this will require letting go of the myth that babies do not feel pain. Some pain seems inevitable but is not. This is often revealed by women whose birth is "physiologic" or "natural": birth in a familiar environment, with constant support, freedom to move about, take whatever positions feel right, and make whatever sounds she wants. These freedoms seem to lower pain in both mother and infant. Family-centered birth in or out of hospital, including options for laboring in warm water and delivering in water further reduces both mother and infant trauma. We can read this on baby faces. We must not accept that baby pain at birth is inevitable.

An especially heavy burden rests on professionals who make birth painful for newborns. Here we confront, not the pain of nature, but the pain created by science, obstetrics, and psychology. We are still enthralled by popular myths that babies don't feel, don't think, don't remember, and have no sense of self. The truth about newborn abilities, gleaned from scientific discovery in the last two decades, leaves us ripe for scandal-insisting on painful rituals that are inhumane and unnecessary. Here we confront the "cultural lag" between what we know and what we do.

All painful procedures at birth should be reconsidered and peaceful alternatives pursued.

<http://primal-page.com/babies.htm>

- Peter G. Prontzos

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## *Letter from the President*

Dear Members,

First of all thank you to those of you who have joined or renewed your APPPAH membership recently. It is wonderful to have more interested folks involved in moving birth psychology information forward. Your membership also helps increase the money used to support APPPAH's projects. Currently our membership is back up to 300 members. Our goal for the year is to have over 500 active members again. If each of us brought in just one of our colleagues, we would reach that goal easily. Join our current membership drive; talk to a friend and help them join us.



The newly launched pre and perinatal education (PPNE) certification project is moving along well. There are now over 70 students, from around the world, studying more about PPNE. Educating the public about birth psychology issues is APPPAH's main mission and we are so very happy to have this program moving forward. Over the past 30+ years, so many great leaders have laid a firm foundation for us and it is exciting to be able to now disseminate some of that information through furthering PPN education. APPPAH wants to support many of you who are presently working directly with PPN issues as therapists by utilizing your honed skills as part of the PPNE certification training. Kate White, as our administrator, is working diligently to administer the educator certification program. Go onto **[www.classroom.birthpsychology.com](http://www.classroom.birthpsychology.com)** website for further information and updates.

From March 8th through the 18th, APPPAH members Julie and Francois Gerland, from our partner organization, OMAEP, invited Dr. Thomas Verney to join OMAEP's presentation "Maternal Empowerment & the MDG's" (millennial development goals) at the UN Commission on the Status of Women (CSW) event. The panelists were from around the world. Florence Von Erb, president of Make Mothers Matter International (MMM) spoke about, "Achieving MDG's-a Global Priority." Dr. Verney, from APPPAH, spoke on "How the 9 months in the Womb Affect Human Development and Society"; Andrea Leadsom, British Member of Parliament, spoke about the recent 1001 Critical Days Manifesto of Great Britain, "Conception to Age Two at the Heart of Policy Making"; and Dr. Julie Gerland from OMAEP spoke of "A Paradigm Shift for the World We Want Post 2015." It was a very well done presentation and brought much enlightenment and enthusiasm to those who attended.

As APPPAH president, I was also invited, as a team member for OMAEP, to experience the week-long CSW gathering and learn how APPPAH can be a helpful "partner organization" in OMAEP's worldwide efforts concerning PPN. (One of APPPAH's past presidents, Barbara Findeisen, also attended). Delegates from around the world made presentations about their concerns for women's rights in their own country. Julie and Francois Gerland have been traveling all around the world, diligently working on the Global Prenatal Initiative (GPI), a campaign of OMAEP to raise awareness that "how we treat the Mother during pregnancy directly effects the baby and ultimately society."

Bringing awareness of this important issue is Julie and Francois's passion. APPPAH was honored to be a part of their UN/CSW presentation. As a result of their invitation, I became aware that working through the UN is a VERY delicate process, and Julie and Francois are negotiating it well. We will continue strengthening APPPAH to be a solid foundation for the work of PPN and our partnership

with OMAEP. APPPAH will continue working on achieving NGO status in order to be a more supportive organization for OMAEP and Julie and Francois will direct our UN involvement.

Following the week at the UN, I was hosted at an APPPAH open-house gathering at the home of Ellyne Skove and family. It was a lovely afternoon, during which I had the opportunity of meeting several of our wonderful APPPAH members in and around New York. I admire what they are doing and I look forward to having more contact with them. APPPAH is interested in groups forming regionally and once again starting up our regional conferences on the alternate year from our main international conference, e.g. eastern members start thinking about the spring or summer of 2016. A regional conference is being organized for September in the N.W., so Spring or Summer in the east. Many thanks to Ellynne and Roger for providing a great atmosphere for this gathering.

From March 27th through the 29th, I attended the REACHE conference in Seattle, in support of APPPAH members living and working in the area. It was entitled, "Whose Birth Is It?, balancing evidence, expectation, culture, and choice" It was an excellent conference featuring many wonderful speakers. Dr. Raylene Phillips spoke on the "sacred hour" for babies, Sharyne Shiu Thornton, PhD, spoke on a social, cultural, and political construct that involved choice and the birthing experience, and Kim James, ICCE, LCBE, BDT(DONA) spoke about examining and avoiding the pitfalls of teaching medical interventions. It was well attended and a lovely day.

As APPPAH president I also had the opportunity of meeting privately the next day with Leanne Brock, one of your board members, and two other APPPAH members to continue the plans for the September 2016 APPPAH NW regional conference. Watch the APPPAH website: [www.birthpsychology.com](http://www.birthpsychology.com) for further details as to exact plans.

I am happy to report to you that APPPAH continues to move forward. We are pleased to support APPPAH members whose many activities, occurring daily, are bringing awareness of the important message of PPN. Specifically related to this newsletter, APPPAH wants to remind you to check with our Newsletter Editor, Peter Prontzos, concerning advertising opportunities in the Newsletter, or sharing pertinent information that would be beneficial for APPPAH members. Like the bees, let's continue working together to build a strong APPPAH hive.

Joy & Blessings, Sandra Bardsley, APPPAH President

### **APPPAH Board Update**

John Ham has resigned as Chief Financial Officer and as a board member.

Deb Puterbaugh has resigned as a board member. She has also indicated that she will be taking a sabbatical from other voluntary duties with APPPAH due to her current family obligations.

The board will soon announce the appointment of new board members to serve until the next general membership meeting.

## Sharp decline in maternal, child deaths globally

### The United States was among just eight countries that experienced an increase in maternal death rates

May 2, 2014 Institute for Health Metrics and Evaluation

Since the start of an international effort to address maternal and child mortality, millions of lives have been saved globally, two new studies by the Institute for Health Metrics and Evaluation (IHME) at the University of Washington show.

In 2000, the Millennium Development Goals (MDGs) were established by the United Nations to drive maternal and child deaths down by 2015. Child and maternal deaths had been falling in most countries since the 1980s, but the pace accelerated after the goals were set. If countries continue on this course, child deaths will fall from more than 6 million in 2013 to fewer than 4 million in 2030.

The results appeared in two separate studies. "Global, regional, and national levels of neonatal, infant, and under-5 mortality during 1990-2013: a systematic analysis for the Global Burden of Disease Study 2013" and "Global, regional, and national levels and causes of maternal mortality during 1990-2013: a systematic analysis for the Global Burden of Disease Study 2013" were published May 2 in The Lancet.

The first installment in IHME's new updates to the Global Burden of Disease (GBD) study finds that **child death rates dropped by 48% globally between 1990 and 2013. However, 6.3 million children still died before their fifth birthday in 2013. Maternal deaths fell significantly over the same period, though 293,000 women still died in 2013 from pregnancy-related causes.** The vast majority of countries have seen accelerated reductions in maternal and child deaths -- with child deaths declining by 3.5% per year since 2000 and maternal deaths by 2.7% per year since 2003.

Forty-five countries, including 27 in the developing world, are on track to meet the MDG 4 target of reducing child death rates by two-thirds of 1990 levels by 2015, while only 16 countries -- most in Central and Eastern Europe -- are likely to achieve the MDG 5 target of a 75% reduction in their 1990 maternal death rate by 2015.

The study on child mortality shows that maternal education and income growth have had a significant impact in reducing child deaths. In addition, there is a strong trend in rich and poor countries that appears to be related to technological and other advances, such as vaccine and drug innovations.

A separate IHME study found that donor spending on maternal and child health grew substantially since 2000, indicating that the decline in deaths comes at a time of increased investment.

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**The leading cause of maternal death globally is medical complications of childbirth and the period post-delivery.** Approximately one-quarter of maternal deaths were found to occur during childbirth and the 24 hours following. Another quarter happen during pregnancy, and the remaining deaths occur up to one year after delivery. Globally, HIV accounts for less than one out of every 100 maternal deaths, but in southern sub-Saharan Africa the virus causes 6.2% of deaths during pregnancy and childbirth.

**For children, the data show that the earliest days of life are the most dangerous.** In 2013, nearly 42% of global child deaths occurred in infants less than one month old. The 10 countries with the lowest child survival rates were all in sub-Saharan Africa.

**Key drivers of progress in reducing child deaths at the global level include maternal education, medical and public health innovations, and rising income.** For each additional year of school mothers complete, child deaths drop by more than 8%. New drugs, vaccines, and other health innovations led to 4.2 million fewer child deaths in 2013, compared to 1990; and rising per capita income led to more than 900,000 fewer child deaths. Policies that reduce anemia and malnutrition, prevent malaria during pregnancy, provide calcium and micronutrient supplementation, and encourage skilled birth attendance likely will lead to even greater improvements in child and maternal health, the researchers note.

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The trends show that it's possible for millions of children's lives to be saved in a short amount of time. If current trends persist, there would be 3.8 million child deaths worldwide in 2030. Under the most ambitious child mortality scenario, though -- if all countries saw declines as strong as the countries that saw the fastest declines -- there would be 2.4 million child deaths in 2030. The expected number of maternal deaths by 2030 globally is 184,000, and 53 countries will still have maternal mortality ratios over 100.

#### **Key child survival (MDG 4) regional and country findings:**

Forty-five (24%) of the countries -- 27 in the developing world -- included in the study are on track to meet the MDG 4 target of reducing child death rates by two-thirds of 1990 levels by 2015.

Two-thirds of the global decline in child deaths since 2000 occurred in just nine countries -- India, China, Ethiopia, Bangladesh, Indonesia, Pakistan, Brazil, Afghanistan, and Nigeria.

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Turkey and China received relatively little international funding for health, yet made significant progress, reducing child deaths by the MDG goal of more than 4.4% per year since 1990. These gains are likely due to national policy change and health system strengthening.

The 10 countries with the lowest child survival rates in 2013 were all in sub-Saharan Africa. In these countries -- Guinea-Bissau, Mali, Chad, Central African Republic, Nigeria, Sierra Leone, Democratic Republic of the Congo, Niger, Somalia, and Equatorial Guinea -- children have more than a 1 in 10 chance of dying before their fifth birthday.

"While a majority of the world's countries will not achieve MDG 4, tremendous progress has been made," said study author Haidong Wang, Assistant Professor at IHME. "Policy changes, increased development assistance for health, expanded HIV treatment programs, and greater access to child services are all important benefits of the push to achieve these goals. In the post-MDG era, countries will be well-served to continue these efforts."

Key maternal survival (MDG 5) regional and country findings:

**The United States was among just eight countries that experienced an increase in maternal death rates since 2003 -- joining countries including Afghanistan and El Salvador.**

Sixteen countries -- most in Central and Eastern Europe -- are likely to achieve the MDG 5 target of a 75% reduction in their 1990 maternal death rate by 2015. They are Albania, United Arab Emirates, Bosnia and Herzegovina, Belarus, China, Estonia, Lebanon, Lithuania, Latvia, Morocco, Maldives, Mongolia, Oman, Poland, Romania, and Russia.

East Asian countries have made the most progress toward MDG 5, reducing maternal mortality by an average of 9% per year since 1990.

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Maternal death rates were highest in South Sudan and lowest in Iceland.

"In the next 15 to 20 years, it is possible to bring maternal death rates down to levels currently seen in most high-income countries, but much work remains to be done," said study author Dr. Nicholas Kassebaum, Assistant Professor at IHME. "This will require increased funding to strengthen health systems and improve access to interventions that are known to improve maternal health."

Journal References:

Haidong Wang, Christopher J L Murray et al. Global, regional, and national levels of neonatal, infant, and under-5 mortality during 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013. *The Lancet*, 2014; DOI: 10.1016/S0140-6736(14)60497-9

Nicholas J Kassebaum et al. Global, regional, and national levels and causes of maternal mortality during 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013. *The Lancet*, 2014; DOI: 10.1016/S0140-6736(14)60696-6

**Full story:** <http://www.sciencedaily.com/releases/2014/05/140502102502.htm>

## MEDIA WATCH

*This section features items in the news that are pertinent to prenatal and perinatal psychology. APPPAH does not necessarily agree with, or vouch for, the scientific worthiness of any of the news items mentioned here.*

**Missing Microbes: Are we killing off bacteria at our own peril?** Antibiotics have changed medicine and saved lives, but while killing certain illnesses they may have also enabled others. Dr. Martin Blaser argues the overuse of antibiotics has altered the delicate balance of microbes living in all of us, making us vulnerable to a range of new diseases. In his new book, Dr. Blaser raises alarm bells about how the overuse of antibiotics and Caesarian sections may be taking a toll on the diversity of bacteria in our bodies, with consequences for our metabolism, immunity, and cognition. (NOTE: See article by Blaser on next page). [May 6, 2014; CBC : <http://www.cbc.ca/thecurrent/episode/2014/05/06/missing-microbes-are-we-killing-off-bacteria-at-our-own-peril>]

**Moms' brains permanently altered by pregnancy.** “Our research shows that, as a result of these transformations, mothers experience different cognitive abilities and health risks than women without children... women who’ve borne children may even react to medication differently. [May 2, 2014; CBC News: <http://www.cbc.ca/news/canada/british-columbia/moms-brains-permanently-altered-by-pregnancy-ubc-expert-1.2629995?cmp=rss>]

**Mother's Diet at Time of Conception May Alter Baby's DNA.** A woman's diet at the time of conception might cause lasting changes in the DNA of her children, potentially influencing their development, researchers say. [Apr 30, 2014; Scientific American: <http://www.scientificamerican.com/article/mothers-diet-at-time-of-conception-may-alter-babys-dna/>]

**Development in the womb: New insight on epigenetic influence on baby.** Scientists have performed an analysis of epigenetic marks on DNA to measure how much a baby's development in the womb is determined by the genes inherited from the parents, as compared with the mother's nutrition, mental health and lifestyle... The results showed that genetic differences alone best explained 25 per cent of the epigenetic variation between babies, with the remaining 75 per cent best explained by the interaction of genetic differences and the prenatal environment. [April 28, 2014; ScienceDaily: <http://www.sciencedaily.com/releases/2014/04/140428074640.htm>]

**Abuse jeopardizes new mothers' mental health.** Researchers have advanced previous research that links intimate partner abuse to postpartum mental health problems. [April 28, 2014; ScienceDaily : [http://www.sciencedaily.com/releases/2014/04/140428121355.htm#.U1\\_LJRzjBE0.email](http://www.sciencedaily.com/releases/2014/04/140428121355.htm#.U1_LJRzjBE0.email)]

**Babies in Vietnam still being born with birth defects due to Agent Orange, despite 40 years since conflict with U.S.** by Jennifer Newton. Chemical was sprayed on crops, plants and trees by U.S. military to destroy cover for guerrilla fighters. The dioxin can cause a range of birth defects as well as cancer and reproductive abnormalities. [April 25, 2014; Daily Mail: <http://www.dailymail.co.uk/news/article-2613038/40-years-Agent-Orange-heartbreaking-pictures-babies-Vietnam-born-horrific-defects.html#ixzz31C2caUya>]

**Healthy eating may reduce the risk of preterm delivery.** In a new study, participants completed a scientifically evaluated questionnaire about what they had been eating and drinking since becoming pregnant. The results show that the group of women with the 'healthiest' pregnancy diet had a roughly 15% lower risk of preterm delivery compared with those with the most unhealthy diet. The correlation remained after controlling for ten other known risk factors for preterm delivery. [March 10, 2014; ScienceDaily: <http://www.sciencedaily.com/releases/2014/03/140310102226.htm>]





HOW THE OVERUSE OF ANTIBIOTICS  
IS FUELING OUR MODERN PLAGUES

# MISSING MICROBES

MARTIN J. BLASER

## Excerpted from *Missing Microbes* by Martin J. Blaser

(Thanks to Thomas Verny for sending this story)

As microbes in the mother's intestinal tract store up energy, another population of microbes—this time in her vagina—begins shifting as well. Women of reproductive age carry bacteria, primarily lactobacilli, which make the vaginal canal more acidic. This environment provides a hardy defense against dangerous bacteria that are sensitive to acid. Lactobacilli also have evolved a potent arsenal of molecules that inhibit or kill other bacteria.

During pregnancy, these tiger-mother lactobacilli flourish, crowding out other resident species and potential invaders. They are gearing up for the main event—birth. When the mother's water breaks, a rush of fluid is unleashed, sweeping up bacteria as it flows onto her thighs. This splash, now dominated by lactobacilli, rapidly colonizes the mother's skin.

Whether the birth is fast or slow, the formerly germ-free baby soon comes into contact with the lactobacilli. The baby's skin is a sponge, taking up the vaginal microbes rubbing against it. The first fluids the baby sucks in contain mom's microbes, including some fecal matter. Labor is not an antiseptic process, but it has been going on like this for a long time—at least 70 million years since our earliest mammalian ancestors.

**The first fluids a baby sucks in contain its mother's microbes. Labor is not an antiseptic process, but it's been this way for at least 70 million years.**

Once born, the baby instinctively reaches his mouth, now full of lactobacilli, toward his mother's nipple and begins to suck. The birth process introduces lactobacilli to the first milk that goes into the baby. This interaction could not be more perfect.

Lactobacilli and other lactic acid-producing bacteria break down lactose, the major sugar in milk, to make energy. The baby's first food is a form of milk called colostrum, which contains protective antibodies. The choreography of actions involving vagina, baby, mouth, nipple, and milk ensures that the founding bacteria in the baby's intestinal tract include species that can digest milk for the baby. These species are also armed with their own antibiotics that inhibit competing and possibly more dangerous bacteria from colonizing the newborn's gut. The lactobacilli become the earliest organisms to dominate the infant's formerly sterile gastrointestinal tract; they are the foundation of the microbial populations that succeed them. The baby now has everything it needs to begin independent life.

Breast milk, when it comes in a few days later, contains carbohydrates, called oligosaccharides, that babies cannot digest. But specific bacteria such as *Bifidobacterium infantis*, another foundational species in healthy babies, can eat the oligosaccharides. The breast milk is constituted to give favored bacteria a head start against competing bacteria.

### **The Cost of Modern Medical Miracles**

Cesarian delivery is a largely unrecognized threat to the microbial handoff from mother to child. Instead of traveling down the birth canal picking up lactobacilli, the baby is surgically extracted from the womb through an incision in the abdominal wall.

When the mother's or baby's life is in danger for any reason, emergency C-sections are performed, often with short notice. Physicians also influence their patients' choices. Some are very conservative when they see any signs of fetal stress or suspect that the mother will have problems. On a more cynical note, it takes less time and fuss to do a C-section than to wait out a vaginal birth. And most doctors and hospitals make more money from performing C-sections than from natural births.

For all of these reasons, U.S. C-section rates increased from fewer than one in five births in 1996 to one in three births in 2011—a 50 percent increase. If this trend continues, half of all U.S. babies (2 million a year) might be delivered surgically by 2020.

### **The founding populations of microbes found on C-section infants are not those selected by hundreds of thousands of years of human evolution.**

But so what? Why not perform a Cesarian if it makes the mother more comfortable and is easier on the physician, if there is no cost other than the hospital bill? Well, there is a cost—a biological one—and it affects the baby.

A few years ago in Puerto Ayacucho, Venezuela, my wife, Gloria, conducted the first study of its kind to test whether the microbes found on newborn babies delivered vaginally or by C-section varied in any way...

The mouths, skin, and first bowel movements of babies born vaginally were populated by their mother's vaginal microbes: *Lactobacillus*, *Prevotella*, or *Sneathia* species. Those born by C-section harbored bacterial communities found on skin, dominated by *Staphylococcus*, *Corynebacterium*, and *Propionibacterium*.

In other words, their founding microbes bore no relationship to their mother's vagina or any vagina. At all the sites—mouth, skin, gut—their microbes resembled the pattern on human skin and organisms floating in the air in the surgery room. They were not colonized by their mother's lactobacilli...

### **How Safe Is Too Safe?**

Another threat to a baby's newly acquired resident microbes involves antibiotics given to the mother. Most doctors consider it safe to prescribe penicillins for all sorts of mild infections in pregnancy—coughs, sore throats, urinary tract infections. Sometimes when doctors think that the mother has a viral infection they also give antibiotics just in case it is actually a bacterial infection.

As we know, the antibiotics affect the mother's resident microbes, inhibiting susceptible bacteria and selecting for resistance. The closer the dose is to birth, the greater the possibility that she will pass a skewed population of microbes to her baby.

Then comes the birth itself. Women in labor routinely get antibiotics to ward off infection after a C-section. Antibiotics are also used to prevent a serious infection in newborns caused by Group B strep, a bacterium that between a quarter and a third of U.S. pregnant women carry. It lives in the gut, mouth, skin, and sometimes the vagina and rarely causes any problem in the mother. But sometimes Group B strep can be lethal to newborns' fragile immune systems. While such infections are uncommon, professional groups recommend that all pregnant women be screened for the microbe near the time of delivery...

**Antibiotics are broad in their effects, not targeted. While they kill Group B strep, they also kill friendly bacteria, thus selecting for resistant ones.**

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The problem, of course, is that we know antibiotics are broad in their effects, not targeted. While the antibiotic kills Group B strep, it also kills other often-friendly bacteria, thus selecting for resistant ones. This practice is altering the composition of the mother's microbes in all compartments of her body just before the intergenerational transfer is slated to begin.

The baby also is affected in similar unintended ways. Any antibiotic that gets into the bloodstream of the fetus or into the mother's milk will inevitably influence the composition of the baby's resident microbes, but we are only beginning to understand what this means...

Although babies are born into a world replete with diverse bacteria, the ones that colonize them are not accidental. These first microbes colonizing the newborn begin a dynamic process. We are born with innate immunity, a collection of proteins, cells, detergents, and junctions that guard our surfaces based on recognition of structures that are widely shared among classes of microbes. In contrast, we must develop adaptive immunity that will clearly distinguish self from non-self. Our early-life microbes are the first teachers in this process, instructing the developing immune system about what is dangerous and what is not.

In our first three years of life, a great diversity of microbes self-organizes into a life-support system with the complexity of the adult microbiota. This critical period lays the foundation for all the biological processes that unfold in our childhood, adolescence, adulthood, and old age—unless something comes along to disrupt it.

*Adapted and excerpted from Missing Microbes: How the Overuse of Antibiotics Is Fueling Our Modern Plagues. Copyright 2014 Martin J. Blaser, M.D. Reprinted with permission from Henry Holt and Co.*

## Do Our Kids Get Off Too Easy?

Alfie Kohn - NY Times May 3, 2014

The conventional wisdom these days is that kids come by everything too easily - stickers, praise, A's, trophies. It's outrageous, we're told, that all kids on the field may get a thanks-for-playing token, in contrast to the good old days, when recognition was reserved for the conquering heroes.

Children are said to be indulged and overcelebrated, spared from having to confront the full impact of their inadequacy. There are ringing declarations about the benefits of frustration and the need for grit.

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Most of all, it's assumed that the best way to get children ready for the miserable "real world" that awaits them is to make sure they have plenty of miserable experiences while they're young. Conversely, if they're spared any unhappiness, they'll be ill-prepared.

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Fury over the possibility that kids will get off too easy or feel too good about themselves seems to rest on three underlying values.

The first is deprivation: Kids shouldn't be spared struggle and sacrifice, regardless of the effects. The second value is scarcity: the belief that excellence, by definition, is something that not everyone can attain. No matter how well a group of students performs, only a few should get A's. Otherwise we're sanctioning "grade inflation" and mediocrity. To have high standards, there must always be losers.

But it's the third conviction that really ties everything together: an endorsement of conditionality. Children ought never to receive something desirable — a sum of money, a trophy, a commendation — unless they've done enough to merit it. They shouldn't even be allowed to feel good about themselves without being able to point to tangible accomplishments. In this view, we have a moral obligation to reward the deserving and, equally important, make sure the undeserving go conspicuously unrewarded.

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Interestingly, no research that I know of has ever shown that unconditionality is harmful in terms of future achievement, psychological health or anything else. In fact, studies generally show exactly the opposite. One of the most destructive ways to raise a child is with "conditional regard."

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Other researchers, meanwhile, have shown that high self-esteem is beneficial, but that even more desirable is unconditional self-esteem: a solid core of belief in yourself, an abiding sense that you're competent and worthwhile — even when you screw up or fall short...It's precisely what we should be helping our children to acquire.

The author of "The Myth of the Spoiled Child".

**Full article:** <http://nyti.ms/1kzPh7U>

## Are Permissive Parents Spoiling Their Children?

May 6, 2014

**Alfie Kohn**, PhD writer and speaker, talks with **Robbyn Peters Bennett** (StopSpanking.org) about moving beyond rewards and punishment. Dr. Kohn, using compelling scientific evidence, challenges the popular cultural belief that permissive, overly protective, and non-punishing sympathetic approaches to parenting is creating spoiled children. He argues that in fact, the major threat to healthy child development is posed by parenting that is too controlling rather than too indulgent.

**<http://www.youtube.com/watch?v=-THHTczXBRA&feature=youtu.be>**

### ***Epigenetics: The Controversial Science Behind Racial and Ethnic Health Disparities***

Why what we eat, are exposed to, and experience today may shape the health of our descendants tomorrow. An Emory University study released last year suggested just how large epigenetics may loom in one of the country's most egregious racial and ethnic health disparities—premature births. The United States' premature birth problem is the worst in the industrialized world...

**<http://www.nationaljournal.com/next-america/health/epigenetics-the-controversial-science-behind-racial-and-ethnic-health-disparities-20140320>**

### □ **Do You Have A Story to Tell?** □

APPPAH is interested in documenting the stories of members who want to tell their story of how they discovered pre and perinatal psychology, how they learned, and then how it affected their practice. These stories will be included in Module 11 for the APPPAH PPNE certification program to inspire students.

**Please contact Kate White at: [educate@birthpsychology.edu](mailto:educate@birthpsychology.edu)**

### **New Educational Opportunity**

**APPPAH** is announcing some more new programs from the education department. We will soon be offering Education Packets and Presentations from PPN Professionals. You can get a taste of the presentation style in a free presentation now listed on the APPPAH Facebook Page.

**Dennis Hertenstein** has over 40 years in practice, over 30 years teaching board certified c-s courses to chiropractors in the US and Europe with an emphasis on resolution of birth trauma using APPPAH body-oriented psychodynamic principles. He has also trained birthing professionals, including labor and delivery nurses, midwives, MDs, and doulas, in what can be done for traumatized babies immediately after birth to decrease the need for medical intervention. He has received training from many c-s teachers and pioneers in the field of PPN and many hundreds of babies, as his main teachers.

He is currently the Vice President of the Board of Directors of APPPAH.

You can see more about Dennis Hertenstein and read his inspiring story of how he discovered and learned PPN here:

<https://birthpsychology.com/inspiring-stories/DennisHertenstein>.

## **APPPAH is on Facebook!**

**<https://www.facebook.com/APPPAH>**

Check out our site for the latest news, research, and events promoting healthy births and healthy babies.



**ALERT!** Please send any stories and/or photos (as well as other news items, book reviews, events, commentary) that you wish to submit before May 20 to the Newsletter Editor, Peter G. Prontzos at: [pprontzos@langara.bc.ca](mailto:pprontzos@langara.bc.ca)

*JOPPPAH (Journal of Prenatal & Perinatal Psychology and Health)* is our peer-reviewed publication whose original mandate to publish current findings from the growing field of prenatal & perinatal psychology later became refined and expanded to cover:

- Psychological factors that affect conception, pregnancy, labor, delivery and the post-partum period;
- The reciprocal mechanisms of interaction between the pregnant mother and her unborn and sentient child and the mother and her newborn;
- The influence of the family, society, and the environment on the pregnant mother and her unborn child;
- Evidence-based measures that will improve the emotional well being of mothers, fathers, and newborns;
- The psychological effects of medical technology during conception, pregnancy, labor, and delivery on all parties concerned;
- Methods of prevention and intervention/resolution of prenatal and perinatal traumas with children and adults;
- Interfaces between prenatal and perinatal psychology and medicine, genetics, developmental psychology, anthropology, ethics and the law.

## **\* OPPORTUNITIES \***

**APPPAH now offers 2 FREE modules on their classroom website:**

**[Classroom.birthpsychology.com](http://Classroom.birthpsychology.com)**

Just log in and create account for yourself using the log in button in the upper right hand corner. The guest passwords are available right on the site! The first two modules, Inspiring Stories and FREE Module in Pre and Perinatal Psychology are there listed with a guest password.

## **Eight Advanced PPN 4 day Workshops in 2014 and 2015 Vancouver BC and Charlottesville, VA**

For clinicians with training in PPN - With Myrna Martin, RN, MN, RCC, RCST  
Please go to Myrna's website [www.myrnamartin.net/training](http://www.myrnamartin.net/training)  
Or email Myrna at [myrna@myrnamartin.net](mailto:myrna@myrnamartin.net) for details.

Topics include Pregnancy loss, Infertility, ART; Couples Therapy: Indepth Work with Infants and their Families; Prematurity; Adoption; Preschoolers and their Families; PPN Group Work; PPN Play Therapy and Sand Tray Work.

### About Myrna Martin

Myrna has 40 years experience working therapeutically as a nurse, family therapist and craniosacral therapist. Her private practice focuses on early trauma resolution with babies and children and their families as well as adults. She is currently teaching a two year Pre and Perinatal Professional Training in Charlottesville, VA and Vancouver, BC that provides professional education for a broad range of people working with pregnant couples and families with children in the early years as well as adults. Myrna also offers advanced trainings in Pre and Perinatal Therapy, and a variety of seminars, as well Somatic Trauma Resolution courses and Biodynamic Craniosacral Therapy Training. She is an approved teacher with the BCST/NA.

[www.myrnamartin.net](http://www.myrnamartin.net)

JOPPPAH is looking for high-quality research or clinical papers focused on the psychological dimensions of human reproduction and pregnancy, as well as the mental and emotional development of the unborn and newborn child.

Please contact the editors at [journal.editor@birthpsychology.com](mailto:journal.editor@birthpsychology.com) for complete author guidelines and/or to submit your manuscript of 2,000 to 8,000 words.

### **NEW: APPPAH Prenatal and Perinatal Psychology Educator Certification Course**



Many very fine articles from JOPPPAH are part of APPPAH's new certification course for educators. This 11 module course offers articles, papers, books, videos and more for students wanting to understand and teach in PPN core competencies. These include history, ethics, prenatal development and bonding, attachment, breastfeeding, epigenetics, neuroscience and more, all from a PPN perspective. We are inspiring our learners with JOPPPAH papers and commissioned papers. Have a look at our curriculum; consider becoming a part of a lively student body. Currently over 50 students from all over the world are enjoying this course under the gaze of professional mentors. You can see more at [birthpsychologyedu.com](http://birthpsychologyedu.com), and apply through [our website](#), and the [Classroom website](#), too





**Marsden Wagner** (died April 2014 at the age of 84)

**Marsden Wagner, MD**, (Denmark/USA) was the European director of Maternal/Child Health for World Health Organization for 15 years. A frequent, passionate speaker at International Conferences for professionals and parents, Marsden was an outspoken supporter and advocate of midwives, the Midwife Model of Care, natural childbirth, breastfeeding and the mother/baby bond as key components of any sane and sustainable public health policy. His books, [\*Born in the USA\*](#), [\*Creating Your Birth Plan\*](#), and [\*Pursuing the Birth Machine\*](#), are valuable reading for anyone involved in pre and perinatal psychology, birth, and primal health. He will be sorely missed.

If you are not already on APPPAH's mailing list, go to <http://birthpsychology.com/> and on the home page near the bottom left, enter your email address into the window that says "join email list." That will put you on the list for regular mailings, such as when a new journal or newsletter is available.

**Early Bird Special for the 2015 Congress \$299 - available until December 31.**

Watch for announcement soon regarding dates, exact location, and keynote speakers  
On the website: [birthpsychology.com](http://birthpsychology.com)

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*APPPAH illuminates the life-long impact of conception, pregnancy and birth on babies, families and society.*