

A Placenta Story—the beginnings of Jeeva

The baby, just born in the small hut and still connected to the placenta via the umbilical cord, lies lifeless, not moving, not breathing. The traditional midwife (dai) picks up the newborn, rubs it—with no result. She then calmly calls for burning embers and a tava, places the placenta onto the hot tava and slowly it starts to pulsate and crackle. Heat, the heat of life, surges through the umbilical cord into the baby. She starts to move, make small sounds—and breathe. This scenario, unknown to most doctors, NGOs and public health professionals, has been repeated for centuries, perhaps millennia, throughout the Indian subcontinent. It may not always work to revive a newborn in trouble, but often it does.

I have just come back from Bhopal where I attended a meeting on the human placenta. Polite society has never mentioned placenta outside of the birthplace. But now with stem cell research by bio-tech companies; with wealthy parents banking placental blood for possible use for their precious offspring; with PETA activists protesting against beauty products manufactured with placental material---it's time to talk placentas and their use by impoverished, often outcaste midwives to save newborns.

Women's health activists, including some doctors, assembled to organize research on the traditional midwives' (dais') use of the placenta to revive newborns. Field level networking had taken place via email documenting the prevalence of this traditional technique. Two women (neither dais nor doctors) attending the meeting had actually used the placenta themselves to resuscitate seemingly lifeless infants.

Lindsay Barnes, who 10 years ago established the NGO Jan Chetna Manch 25 kilometers from Bokaro Steel City, Jharkand, reported using the technique. After a seemingly normal labour the baby came out flat, lifeless. 'Severe birth asphyxia' is the medical term. She cleared the baby's nasal passages and used the ambu bag (a tool for squeezing oxygen into the baby's nose) to no effect. There is no electricity in this primitive clinic, not to mention sophisticated drugs or technologies. In fact there is no fully functioning Primary Health Centre in the area and no MBBS doctor in residence and available in the whole block of 120 villages. So Lindsay, who had heard of the technique but not seen it done, turned to the humble placenta. She called for the hot water that had been kept nearby for perineal fomentation, put the placenta in it. While her assistant moved the placenta up and down in the hot water, she milked the cord towards the baby who then proceeded to take gulps of air, breathed and cried. This occurred two weeks before the Bhopal meeting.

Shashi Maurya, working at the time with Kishore Bharti, Hoshangabad District, Madhya Pradesh, remembered that during a discussion about whether to transport a mother to the hospital, the baby was born, healthy looking, but not breathing. She recalled hearing about the placenta-heating method so called for dung cake coals and dry grass, put the placenta on top of it and covered it with more burning grass. Soon the placenta began to

make sputtering noises. She massaged the cord towards the infant and there was slight movement that gradually increased. The child's mouth was opening, but no sound was heard. She grasped it by the feet, held it upside down and gently patted the back. The child started crying and lived.

Dr. Mira Sadgopal, the convener of this effort to research the practice, first observed an elderly and half-blind dai (exactly the description reviled by British colonial writers) revive a newborn almost 30 years ago in Hoshangabad, Madhya Pradesh. She had assembled the feedback from health workers in 13 states of India—all reporting the technique traditionally occurring in their areas. “Certainly the practice has long been perceived as effective by dai-midwives and their communities—who hold a common basic cultural paradigm bridging great linguistic diversity. Thus, its existence has both socio-cultural and bio-physiological relevance as it poses a puzzle to the medical world, is it *really* effective, and if so how?” Dr. Sadgopal states.

CAM (complementary and alternative medicine) is gaining popularity among urban, educated populations, however indigenous practices and practitioners are often ignored, or being erased in contemporary state and NGO efforts to deliver modern medical services to poor communities. This research project to document, analyze and promote the consolidation of local knowledge and skills, like the placental resuscitation technique, seeks to promote the well being of newborns by forging linkages between the indigenous and the modern—neither denigrating, nor romanticizing ‘tradition’.

Janet Chawla

Dr. Zafrullah Chowdhury, head of Gonoshasthaya Kendra in Bangladesh has successfully delivered modern medical services to the rural poor, even establishing a generic drug production company. GK is a widespread people-oriented NGO. In an email to Dr. Sadgopal he expressed surprise at his own lack of knowledge about this low-tech, accessible health intervention and invited her to Bangladesh. “Though my paramedics knew of placenta heating, they did not think this information is of great importance. I think it would be very useful if you organize a workshop with the presence of old TBAs (traditional birth attendants) who have practiced this method and their findings.”