

Lotus birth: an uncommon birth practice with possible neonatal complications

Lotus birth, also known as umbilical cord non-severance, is the uncommon birth practice of leaving the placenta attached to the umbilical cord following delivery. This article reports the case of a baby with a non-severed umbilical cord who was admitted to the neonatal unit with possible neonatal sepsis. The practice of Lotus birth is reviewed to inform healthcare practitioners and raise awareness of its potential risks in the neonatal period.

Ahmed Yousef

Locum Neonatal Consultant, City Hospital
Birmingham, Sandwell and West
Birmingham NHS Trust
ahmed.yousef3@nhs.net

orcid.org/0000-0001-5009-1631

What is a Lotus birth?

In a Lotus birth, the placenta and umbilical cord are left attached to the baby until they naturally separate from the mother's body at about 3-10 days after birth.¹ The practice is named after Clair Lotus, who noticed that chimpanzees did not separate their newborn from the placenta.²

Following birth, the placenta is cleaned, salted and covered in absorbent material. This helps to dry it out. It may also be wrapped in herbs, such as lavender, or essential oils to help with the unpleasant odour.³ The placenta and baby are necessarily kept close until separation.

Although it is uncommon, it would appear that Lotus birth is practised in many countries, usually associated with home deliveries. There is a lack of epidemiological data.³

These include reducing stress in a newborn baby while promoting immune induction and mother-child bonding.¹⁻⁵

Risks to the newborn

A Lotus birth is not a recommended, evidence-based practice. Little research exists but there doesn't appear to be any medical evidence that it is of benefit to the baby. It is not known if it increases risk in the postpartum period or whether it may cause neonatal complications. There may be a potential risk of infection, for example, a risk of infection in the placenta, which is essentially dead tissue, and this could consequently spread to the baby. It poses difficulties when histological examination of the placenta is needed.¹⁻⁵

The case

This case report concerns a neonate who was born to parents from a black Caribbean background by a Lotus birth and was admitted to our neonatal unit with suspected sepsis. The baby was born at 40 weeks' gestation as a home delivery accompanied by a midwife. The Apgar scores were 9 and 10 at one and five minutes, respectively. The umbilical cord was not severed from the placenta. Resuscitation at birth was not necessary but at 24 hours of life the baby was noted to have tachypnoea and so it was admitted to the neonatal unit at City Hospital Birmingham. It did not require respiratory support but chest X-ray changes were noted; a partial septic screen was undertaken and first line antibiotics were started. The blood film showed toxic granulation of neutrophils. C-reactive protein levels were 4-5mg/L. The blood culture was negative.

Keywords

Lotus birth; umbilical non-severance; umbilical cord; neonatal sepsis

Key points

Yousef A. Lotus birth: an uncommon birth practice with possible neonatal complications. *Infant* 2023; 19(4): 139-40.

1. Lotus birth is not a common birth practice and academic literature is scarce.
2. Healthcare practitioners need to be familiar with management of a Lotus birth.
3. The article describes the case of a Lotus birth baby admitted to the neonatal unit with tachypnoea and possible neonatal sepsis.
4. It is important to ascertain whether umbilical cord non-severance is associated with neonatal complications; staff are encouraged to report such cases and gather epidemiological data.

Why do some parents choose a Lotus birth?

Supporters of a Lotus birth may have cultural beliefs or spiritual motivation. They may regard it as a natural process that keeps the baby and placenta connected following birth without intervention, leading to optimisation of bonding and attachment.²

Monroe et al looked at a case series of four Lotus births and considered maternal reasons for opting for it. The women spoke of the practice in spiritual terms, viewing the placenta as belonging to the baby and that the baby has control over the placenta, choosing when to detach.⁴

Many factors supporting a Lotus birth have been established by its followers, despite the lack of scientific evidence.

On examination, the umbilical cord, which was drying up, was attached to the placenta, which was wrapped in fabric and herbs beside the baby (**FIGURE 1**). The parents declined to cut the cord initially, but after it was explained to them that there might be a risk of infection to their baby, they accepted and the cord was safely cut under aseptic technique. The baby was discharged home in a good stable condition after completing the five-day course of antibiotics.

Discussion

This is the first case of a Lotus birth admitted to the neonatal unit at City Hospital Birmingham. It is not possible to say whether this is common practice in the UK as there are no published national or global statistics. In our case, the baby had symptoms at the age of 24 hours related to suspected neonatal sepsis as a possible complication of this practice. However, the finding could be unrelated or complicated by a home birth.

Of the limited research available, two cases of Lotus birth were reported from a Tanzanian tertiary hospital. The authors concluded that the mothers and newborn babies had no complications.⁶ A six-case series of Lotus births in Michigan, USA, was published in 2019, with no reported adverse outcomes.⁴

In one reported case, a newborn baby presented with neonatal hepatitis following a Lotus birth, which clinical and lab data suggested was due to an infection. The case might imply that Lotus birth may be a risk factor for neonatal hepatitis.⁷ Other cases associated with a Lotus birth have been reported for neonatal *Staphylococcus lugdunensis* infection, neonatal hyperbilirubinaemia and neonatal omphalitis without bacteraemia.⁸ There is also a report of a case of omphalitis and *Escherichia coli* bacteraemia and urinary tract infection following a Lotus birth.⁹

Conclusion and recommendations

The practice of Lotus birth is uncommon and there is a lack of academic literature available on the topic. There is limited research regarding its safety and no published epidemiological data. The



FIGURE 1 The umbilical cord still attached to the placenta, which was kept beside the baby wrapped in a cloth and herbs.

practice is not scientifically justified and the World Health Organization does not support it.¹⁰

Nevertheless, it is important that healthcare practitioners are aware of Lotus births and able to give consistent messages to parents. We should continue to gather insight into this practice by publishing case reports when encountered and harnessing data on incidence.

Before opting for a Lotus birth, women should be fully informed of the potential risks, which may include infection and associated risks to the baby's health. Babies with non-severed umbilical cords should be carefully monitored for signs of infection.

Patient consent and acknowledgement

The authors received verbal consent from the patient's parents to publish this report and the photographs.

Special thanks to neonatal nurse Maariyah Kola for help with the photography.

References

1. Funai EF, Norwitz ER. Labor and delivery: management of the normal third stage after

vaginal birth. 2022 online at: www.uptodate.com/contents/labor-and-delivery-management-of-the-normal-third-stage-after-vaginal-birth

2. Zinsser LA. Lotus birth, a holistic approach on physiological cord clamping. *Women Birth* 2018;31:e73-76.
3. Gonenç IM, Aker MN, Ay E. Qualitative study on the experience of lotus birth. *J Obstet Gynecol Neonatal Nurs* 2019;48:645-53.
4. Monroe KK, Rubin A, Mychaliska KP, et al. Lotus birth: a case series report on umbilical nonseverance. *Clin Pediatr* 2019;58:88-94.
5. Steer-Massaró C. Neonatal omphalitis after lotus birth. *J Midwifery Womens Health* 2020; 65:271-75.
6. Kyejo W, Rubagumya D, Mwalo C, et al. "Do not detach the placenta from my baby's cord" - Lotus birth case series from Tanzania tertiary hospital. *Int J Surg Case Rep* 2022;99:107630.
7. Tricarico A, Bianco V, Di Biase A, et al. Lotus birth associated with idiopathic neonatal hepatitis. *Pediatr Neonatol* 2017;58:281-82.
8. Ittleman BR, German KR, Scott E, et al. Umbilical cord nonseverance and adverse neonatal outcomes. *Clin Pediatr* 2019;58:238-40.
9. Lanni L, Panning K, Monroe K, et al. Cutting ties with an old friend: omphalitis and bacteremia with umbilical cord nonseverance. *Pediatrics* 2021; 147:e2020008938.
10. Park K. Mothers dying needlessly due to lack of proper health support. WHO 2018 online at: www.who.int/vietnam/news/commentaries/detail/mothers-dying-needlessly-due-to-lack-of-proper-health-support

infant

Subscribe today!

www.infantjournal.co.uk

The **essential** journal for neonatal and paediatric healthcare professionals