



Is PITOCIN Associated with Childhood AUTISM?

 By Karen Michney-Heipp



Did you know that autism is the number one childhood disorder in America? According to the Centers for Disease Control (CDC), a new diagnosis is made every twenty minutes, making autism more prevalent than Down Syndrome, childhood diabetes and childhood cancer combined. Many today consider the current crisis an epidemic. According to the

CDC, one in 5,000 children was diagnosed with the disorder in 1980. In 1990, it was one in 1,000 children. In 2000, it was one in 500 children. In 2004, it was one in 166 children. In 2007, it was one in 150 children. Currently in 2010, one in 110 children is diagnosed with autism, and one in 70 boys carry this diagnosis. These statistics are frightening, as nearly one percent of our children are struggling with a disability. Many people are asking "Why?"

To be sure, there has been research done on this question, but no cause for autism has been identified to date. Many debates rage as to the cause of autism, including those surrounding vaccines, genetics and environmental toxins. Studies on both genetics and environmental factors (including vaccines) are warranted in light of our current crisis. However, is there enough study being done on birth practices and autism? There is a growing trend of thought that is encouraging the study of what happens during birth and its causal connection to autism, especially with regard to Pitocin and the concomitant medical management of birth.

Pitocin is commonly used for labor augmentation and induction. Pitocin is a synthetic exogenous source of the natural hormone oxytocin that is vital to the labor and birth process. Pitocin is made from the pituitary glands of cattle and is used to stimulate the uterus to start or speed up labor. Does the use of Pitocin (and perhaps the cascade of other interventions inherent to its use, as well as surgical births) contribute to the incidence of childhood autism? The rate of childhood autism has

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steadily climbed for two decades. Labor inductions and the use of Pitocin have steadily climbed for two decades. Many doctors maintain that “Pitocin doesn’t hurt the baby.” But does it? Is Pitocin associated with childhood autism?

Research into a connection

The CDC says that there might be an association between autism and Pitocin and the World Health Organization (WHO) says that there is. In the February 20, 2009 edition of the *Las Vegas Sun*, the head of the National Center for Birth Defects and Developmental Disabilities, Catherine Rice, was quoted as saying that autism could not be explained by genetics alone and that environmental factors could contribute to the onset of autism. Rice stated that these environmental factors consist of many things, including “drugs used in the birthing process, such as Pitocin [sic].” Material published by the WHO in its “Safe Motherhood” series also points out an association between childhood autistic disorders and the use of Pitocin. Even mainline publications have picked up this trend. *Newsweek Magazine* presented data associating autistic disorders (and other disorders) with the use of Pitocin in its July 31, 2000 issue. So, why is this data not affecting current obstetrical practices by calling into question the assumption that Pitocin has no harmful effects on babies? People in the birthing community, the medical community and the autism support community are all asking the same question.

Autism Today, an organization dedicated to educating and supporting the families of children with autism, has called for more research on this question by publishing an open letter written by the American College of Midwifery

Midwives/California College of Midwives (http://www.autismtoday.com/articles/ATTN_Researchers.htm). In this letter, the midwifery organization maintained that

...virtually 100 % of medically-managed births are subjected to a high level of pharmaceutical interventions that have never been approved for use in fetuses. It seems prudent to research the possible association with pharmaceutically-augmented labors in an attempt to discover the cause of the rising tide of autistic disorders. It may be necessary to amend our current obstetrical practices...

In the current quest to research the environment as to the cause of autism, they recommend that researchers start with the first environment—the womb—and childbirth.

In addition to citing anecdotal data of the nonexistence of autism in non-medicated, homebirthed babies in their twenty year practice, the letter also includes an insightful connection between Pitocin, oxytocin and social behavior. Naturally produced oxytocin is called the *love hormone* by many sources because it is responsible for the physiological onset of labor, breastfeeding and sexual orgasm. These physical experiences include important emotional bonding and loving connection for those involved. If artificially produced oxytocin (Pitocin) is used instead of allowing the body to manufacture its own, at its own pace, perhaps there are ramifications in terms of the baby’s ability to love. The letter says specifically that,

[s]ince autistic disorders produce an inability to make or maintain affectionate bonds or have normal social relationships, one cannot help but wonder if perhaps there is a causal

relationship between these disorders and exogenous sources of an artificial form of oxytocin. Perhaps flooding the immature body of the fetus (especially boy babies) with this gender specific hormone from animals somehow interferes with the eventual function of these psychological systems.

Keeping in mind that autism is primarily a neurological behavioral disorder and is much more prevalent in boys than in girls, this insight deserves serious consideration.

In fact, oxytocin is already being used therapeutically in a nasal spray for autistic adults. While it has been used alternatively by the autistic community for many years, the findings of a recent study published in the February 16, 2010 issue of *The Washington Post* explored the implications of oxytocin-based therapy. When inhaled by autistic adult patients, the hormone has been found to have a positive effect on social behavior, sensitivity, generosity and trust. In other cases, it has been demonstrated to increase eye contact, facial recognition, social cues and identification of emotions. Previous research has demonstrated that people with autism generally have low levels of oxytocin; and Dr. Eric Hollander, Director of the Compulsive, Impulsive and Autism Spectrum Disorders Program at the Mount Sinai Medical Center in New York, stated, “All the data seem to suggest that manipulating the oxytocin system has a powerful effect on the core symptoms of autism.” In an article in *Newsweek* dated May 13, 1996, Dr. Hollander stated, “Most of the mothers of patients we see have had Pitocin induced labor.” He suspected *then* that “Pitocin somehow messes up the newborn’s oxytocin system, producing the social phobias of autism.” While oxytocin replacement therapy may be beneficial to autistic adults, perhaps we need to question why the natural oxytocin balance went wrong in the first place. Humans first experience oxytocin in the womb. What happens when the natural flow of natural oxytocin is interrupted by synthetic Pitocin? If autism presents symptoms of oxytocin deficiency, could that be connected to synthetic Pitocin?

The Pitocin trigger

As reported in the January 28, 2010 issue of *Newsweek*, Dr. Hollander is trying to find out by tracking 58,000 children whose mother's treatments were monitored during their pregnancy. Also noted, this would not be the first *toxic substance* to affect newborns, as babies exposed to thalidomide in the late 1950s suffered from birth defects and autism.

While the bulk of the research into the genetics of autism leans toward the explanation that there seems to be a genetic predisposition to autism, it also indicates that there is often a *trigger* for the disorder, as evidenced by recent court cases settled by the government, especially of mitochondrial dysfunction. According to the *Newsweek* article cited above, twenty percent of births are Pitocin induced. The CDC states that autism affects nearly one percent of the general population of children. Dr. Hollander has observed sixty percent of his autistic patients having had Pitocin induced births. Are these statistically significant relationships? Could this trigger be Pitocin and medically managed births? Midwives, organizations for autism support and doctors who specialize in autism are not the only voices calling for further research into the Pitocin-autism connection. Doctors specializing in childbirth are as well.

Birth incidents

Dr. Michel Odent, prolific author, childbirth expert, and founder of the Primal Health Research Centre in London, cites important evidence in an exclusive interview published in *Midwifery Today E-News*. In the interview, he states, "We have many reasons to suspect a link between [the] autism epidemic and [the] labour induction epidemic." He maintains that "[s]everal authoritative studies indicate the paramount importance of what happened at birth in the genesis of the autistic spectrum disorders." According to recent large and authoritative studies, the main risk factors for autism occur in the perinatal period and individuals with autism were "more likely to have induced births, to have experienced fetal distress and to

have been born with low Apgar scores. Compared with control subjects, they were more likely to have been born after induction and by elective or emergency c-section." Another recent report found the rates of birth complications were higher among autistic children. Birth complications are very often a result of medically managed births initiated with Pitocin. We are all too familiar with the *snowball effect* of birth interventions and complications once they begin.

In the interview, Dr. Odent also discusses the role and importance of natural oxytocin and artificial oxytocin (Pitocin) in human socialization and bonding. He maintains that "autistic children show alterations in the oxytocin system." Additionally, he states

[w]e are learning that, among humans, the period surrounding birth is a period of dramatic reorganization of central oxytocin binding. Artificial induction of labour creates situations that undoubtedly interfere with the development and the reorganization of the oxytocin system in such a critical period.

Obviously, a doctor who claims that "Pitocin doesn't hurt the baby" may be seriously wrong on several counts.

While Pitocin may be associated with autism because of its physiological interference with the production of naturally produced oxytocin, it may also be implicated because of what it does physically to mother and baby during labor. Dr. Lawrence Lavine, an expert in neurology, neuroepidemiology and cranial osteopathy, argues that today's obstetrical practices are the reason for most of the autism epidemic and that Pitocin and epidurals may be connected to autism as structural factors. In Stephanie Marohn's *The Natural Medicine Guide to Autism*, Dr. Lavine explains that medically managed births disrupt the natural rhythm of birth by distorting the natural expansion of the mother's pelvis. The baby's head is then subjected to enormous abnormal pressure during birth, resulting in cranial compression (a compression of the baby's skull). When Pitocin is used to force the uterus to contract

in artificial labor, "[i]t is as though we are using the child's head as a battering ram to force the pelvis to reshape to accommodate it" (Marohn 164). These compressions become *locked in* and the nervous system and cranial nerves are compromised. Dr. Lavine cites a personal clinical analysis that found Pitocin was used in 60 percent of the births of autistic children. Dr. Lavine has firmly advocated for reclaiming natural labor and pain management to help the pelvis accommodate the baby in the birth canal naturally.

So, is Pitocin associated with childhood autism? As the autism rate continues to climb, finding the answer to this question is becoming imperative. There are voices from the medical, childbirth and autism support communities calling for research to answer this question. While many obstetricians claim that "Pitocin doesn't hurt the baby" and use it in up to sixty percent of births, there is certainly substantial research indicating that Pitocin may very well be associated with childhood autism. There are many reasons to avoid Pitocin and medically managed births. Perhaps our children's development is the biggest reason of all. 🐾

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- This article was originally published in Conscientious Childbirth, the ICAN of Greater Cleveland Newsletter, Winter 2009-10 issue.*