

Qualitative Study on the Experience of Lotus Birth

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ABSTRACT

Objective: To describe the experiences of women who had lotus births, that is, leaving the umbilical cord uncut so that the placenta remains attached to the newborn until the umbilical cord naturally detaches.

Design: Descriptive phenomenological.

Setting: Seven cities in four geographic regions of Turkey.

Participants: Nine women who experienced lotus birth.

Methods: Data were collected through semistructured, face-to-face interviews.

Results: Our analysis revealed six themes: *Meaning of the Lotus Birth Experience, Decision Making Regarding Lotus Birth, Lotus Birth Process, Perceived Benefits and Disadvantages of Lotus Birth, Reactions to Lotus Birth, and The Future of Lotus Birth*. In addition, we created 15 subthemes related to these overarching themes.

Conclusions: The themes we extracted are reflective of the desire for a natural and healthy birth that is experienced as positive and beneficial. Our results contribute to a deeper and more nuanced understanding of lotus birth. Moreover, our findings provide women and all health care providers, especially maternity nurses, with valuable information and increased awareness of lotus birth.

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Lotus birth is the practice of leaving the umbilical cord uncut and keeping the newborn attached to the placenta after birth; the placenta and the umbilical cord are expected to separate naturally from the newborn (Katheria, Troung, Cousins, Oshiro, & Finner, 2015). This practice is named for Clair Lotus Day, who in 1974 observed that a chimpanzee did not separate the placenta from her newborn (Zinsser, 2018). Lotus births were first used in home births and are currently used in hospital births, including cesarean births (Rachana, 2011). The incidence of lotus birth is not known; however, lotus birth is practiced in many countries, including the United States, Australia, Italy, and Turkey (Burns, 2014; Karakoç, Demirgöz, Bingöl, & Cerit, 2018; Rachana, 2011).

During a lotus birth, the third stage of labor is passively managed. The placenta is expected to deliver spontaneously, oxytocic drugs are not used, the umbilical cord is not clamped, and traction is not applied to the cord (Karakoç et al., 2018). When the umbilical cord is not cut, umbilical veins constrict and placental blood circulation generally stops in 5

minutes (Hutchon, 2012). After birth, the placenta is washed, salted, wrapped in an absorbent material, and, after 2 to 3 hours, wrapped in herbs such as lavender and/or rosemary. The salting process continues at least once a day until the umbilical cord separates on its own. The moisture of the umbilical cord and placenta are examined daily. If the moisture does not diminish, salting is increased to twice a day (Zinsser, 2018).

According to advocates of lotus birth, because the fetus and the placenta are formed from the same cell, they represent a single unit. Thus, if the newborn is not artificially separated from this part of itself, a considerable amount of blood will be transported to the newborn through the umbilical cord (Vidhya & Kalaimathy, 2011). In addition, advocates believe that energy flow from the placenta continues after birth to the newborn and that the interruption of this flow adversely affects the newborn (Zinsser, 2018).

Lotus birth also promotes more bonding between a woman and her newborn because it is unlikely

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Limited information exists with which to guide women and health care professionals regarding lotus birth.

that the newborn will be easily separated from her for unnecessary medical procedures (Rachana, 2011). Lotus birth ensures that the woman and her newborn are isolated from the negative effects of the external environment in the first few days after birth. This practice is focused on the initiation of physical, emotional, psychological, social, and spiritual relations among the newborn, the mother, and the nuclear family; initiation of breastfeeding; and facilitation of attachment (Karakoç et al., 2018).

However, it is not known whether lotus birth poses any risks or leads to infant complications after birth. There is no placental circulation during the postnatal period, and the newborn becomes particularly vulnerable to infection (Tricarico et al., 2017; Zinsser, 2018). The placenta is nonviable, and the blood in the placenta does not circulate after birth. Hence, the placenta may be a source of infection, and the infection could theoretically spread to the newborn, although there is no strong evidence of the incidence or severity of this occurrence (Monroe, Rubin, Mychaliska, Skoczylas, & Burrows, 2019). Furthermore, the lotus birth may expose the newborn to potential trauma if the umbilical cord is pulled unintentionally (Zinsser, 2018). Delayed umbilical cord clamping, including lotus birth, should not be implemented in maternal or neonatal emergencies, such as the need for immediate resuscitation of the newborn, maternal hemorrhage, placental abnormalities such as placenta previa or placental abruption, and placental attachment abnormalities (American College of Obstetricians and Gynecologists, 2017).

Although lotus birth is becoming a preferred approach for some women (Katheria et al., 2015), it occurs rarely, and minimal research has been conducted to explore the practice, consequences, and benefits of lotus birth (Monroe et al., 2019). Given the rarity of the request for lotus birth, maternity care providers may not have information available to guide care and clinical decisions. Investigation of this practice will provide guidance for women and maternity care providers. Therefore, the aim of our study was to describe the experiences of women who experienced lotus birth. We were particularly interested in how women described the significance of lotus

birth, their reasons for choosing it, their sources of information about lotus birth, and their pre- and postnatal experiences related to their lotus births.

Methods

Design

We used a descriptive phenomenological design to investigate women's experiences of lotus birth. In phenomenology, the experiences of a few individuals related to a phenomenon or concept are defined and reduced to a universal description (Creswell, 2013). We defined *lotus birth* as the phenomenon to be described through the experiences of women who had lotus births. The study was approved by the ethical board of Ankara University.

Setting and Participants

Women who experienced lotus births in Turkey participated in the study. The first lotus birth in Turkey was recorded in 2013, and the second occurred in 2014 (Dursun, 2019). For this reason, we attempted to reach all women in Turkey who had lotus births since 2013. The inclusion criteria for participation was having a lotus birth, speaking Turkish, and being 18 years of age or older. Rubin and Babbie (2011) recommended the use of snowball sampling when it is difficult to obtain the required number of participants. Because lotus birth is quite rare, we used snowball sampling to recruit participants. Through key informants, we contacted women who had experienced lotus birth and recruited new participants from referrals. Turkey is divided into 81 provinces and seven geographic regions. We conducted the interviews in seven provinces of four geographic regions of Turkey with nine women. We finalized the data collection process when no new referrals were received.

In Turkey, 97% of births occur in hospitals (Hacettepe University Institute of Population Studies, 2014). The postpartum hospital stay is 24 hours if the mother and newborn are healthy after a vaginal birth and breastfeeding has been initiated (Republic of Turkey Ministry of Health, 2014).

Procedures

We collected data between December 2017 and May 2018 using a personal information form and a semistructured, in-depth interview guide (see Table 1). The personal information form included questions related to age, educational level, marital status, mode of birth, location of birth,

Table 1: Interview Guide

225	What is the significance of lotus birth?
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227	What was the experience of lotus birth like for you?
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229	Could you tell us about your decision-making process
230	related to lotus birth?
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232	What did you experience with lotus birth (problems,
233	benefits, harm)?
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235	Would you like to talk about the reactions of the people in
236	your circle about lotus birth?
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238	How would you assess the health care staff related to lotus
239	birth?

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time of umbilical cord natural separation, and complications of the newborn, including hyperbilirubinemia and infection.

We conducted the interviews in Turkish using the interview guide (see [Table 1](#)). One of the authors (M.N.A.) obtained participants' permission to audiotape the interviews and conducted the interviews. The recorded interviews lasted for 45 to 65 minutes and were transcribed verbatim. A graduate student in midwifery who holds a bachelor of science degree in English translation and interpretation translated the transcribed interviews into English. Native English speakers verified the accuracy of the quotations.

Data Analysis

Analysis of the interview transcripts was based on the [Moustakas \(1994\)](#) phenomenological procedure for data analysis. The general components of this procedure consist of epoché, phenomenological reduction, imaginative variation, and essence (synthesis of composite textural and structural descriptions). During the process of epoché, we consciously blocked our assumptions and experiences from the study so that each participant's experience was presented thoroughly with no prejudgment. In our study, to treat each statement of the participants anonymously, we assigned a number to each sentence. In the phenomenological reduction step, we synthesized participants' descriptions of their experiences, excluded repetitive or irrelevant text in the data, and then identified significant statements within each set of data. In the imaginative variation process, we constructed a global sense of the transcripts by rereading them several times and dividing the data into meaning units that were gathered under themes. With this approach, we

The study participants stated that cutting the umbilical cord was a disruption of a natural process and showed disrespect for the placenta.

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obtained participants' structural descriptions of the lotus birth experiences that formed the imaginative variation part of the study. Subsequently, we developed possible descriptions for the overlapping statements of all participants to construct new meanings. In the process of essence, we combined these textural and structural descriptions for an accurate representation of the lotus birth experience. This process also included the final step of the data analysis, which yielded the phenomenological perspectives of the participants. Consequently, we identified the meaning of themes that constitute the essential structure of the phenomenon of lotus birth.

Lincoln and Guba explained that confirmability, dependability, credibility, and transferability ensure rigor in qualitative research ([Lincoln & Guba, 1985](#)). To increase the confirmability of the study, the process of the study and the procedures carried out in this process were explained in detail (audit trail). To increase the transferability of the study, future research findings could be compared and/or replicated through use of thick detailed descriptions of the phenomena under study. To increase the dependability of the study, the study data were coded separately by two researchers. Eventually, the transcripts were double-checked by an independent researcher with experience in qualitative research (external audits). To increase the credibility, we had participants read the findings and asked them by e-mail whether the statements were accurately reflected in the themes (member checking).

Results

The ages of the nine participants ranged from 25 to 38 years, six had bachelor's degrees, three were high school graduates, and all were married. All participants gave birth vaginally, one at home and the others in hospitals (see [Table 2](#)). All participants initiated breastfeeding within the first 30 minutes after birth. An independent midwife, who was not part of the hospital birth teams, provided support to all participants for the care of the placenta after lotus birth. This midwife continued to provide care until the umbilical cord separated from the newborn at an average of 5 days after birth.

Table 2: Characteristics of Participants

Participant Number	Age in Years	Education Level	Birth Place	Mode of Birth	Age of the Infant at Time of Interview	Natural Separation of Umbilical Cord	Neonatal Hyperbilirubinemia	Neonatal Infection
1	29	University	Hospital	Vaginal	3 years	4th day 3rd day	No Yes	No No
2	38	University	Hospital	Vaginal	22 days	3rd day	No	No
3	33	University	Hospital	Vaginal	5 years	4th day	No	No
4	30	University	Hospital	Vaginal	1.5 years	7th day	No	No
5	27	High school	Home	Vaginal	24 days	5th day	No	No
6	35	University	Hospital	Vaginal	1 year	7th day	No	No
7	28	University	Hospital	Vaginal	3.5 years	7th day	No	No
8	37	High school	Hospital	Vaginal	6 months	5th day	No	No
9	25	University	Hospital	Vaginal	1.5 years	5th day	No	No

Note. Participant 1 had two lotus births.

The essence of participants' experiences was their desire to choose the healthiest and most natural mode of birth. Participants preferred lotus birth because they perceived it as a natural process. They also believed that there is a spiritual relationship between the newborn and the placenta and that cutting the umbilical cord is disrespectful to the placenta. Participants gave positive feedback about the benefits of lotus birth and wanted to have lotus birth for their subsequent births. They described the crucial need for information about the process of lotus birth and that their sources of information were limited.

Q2 The following six major themes emerged from the findings: *Meaning of the Lotus Birth Experience*, *Decision Making Regarding Lotus Birth*, *Lotus Birth Process*, *Perceived Benefits and Disadvantages of Lotus Birth*, *Reactions to Lotus Birth*, and *The Future of Lotus Birth*. Fifteen subthemes were organized under the six primary themes.

Meaning of the Lotus Birth Experience

The primary expressions used to describe the meaning of lotus birth experiences were respect for birth and the placenta (five participants), naturalness and preservation of the naturalness of birth (six participants), saying goodbye to the placenta (three participants), and completion and integrity (three participants). One participant described respect for birth as follows:

If they are moving out together, I think they should decide for the separation themselves and they should convince themselves and say goodbye. So lotus birth is the continuation of that respect. As a continuation of respect for birth, a state of showing respect for leaving its placenta.

Decision Making Regarding Lotus Birth

Participants shared their experiences regarding the decision-making processes they used when considering lotus birth, including motivation for and sources of information about lotus birth. Participants were motivated by their desire for noninterventional, natural birth; the spiritual meaning they attributed to the placenta; and the desire to choose the most beneficial option for the newborn. One participant described the placenta as follows:

The child lives with the placenta for 9 months, in the womb, establishing a bond in one way or another. It's actually part of you and the baby. And you are separating it suddenly.... We have a materialist approach to everything.

Participants accessed information about lotus birth through prenatal education, Web sites, social media, other women who previously had lotus births, and health care professionals:

Table 3: Steps in the Process of Lotus Birth

1	The newborn is placed on the mother's chest after birth while the placenta is delivered gently and spontaneously.
2	The blood flow in the umbilical cord spontaneously ends a few minutes after birth. The umbilical cord is not clamped.
3	After the placenta is delivered, a general examination is performed.
4	The placenta is washed or kept in a container until all the blood is drained.
5	A sterile gauze compress is placed in the container to absorb the blood, and this material is changed at certain intervals.
6	A mixture of 1 kg sea salt, 0.5 kg rosemary, and 0.5 kg lavender is made. Half of this mixture is sprinkled on the placenta on the first day and the other half on the second day. This is done to dry the placenta, prevent infection, and eliminate foul odor.
7	The placenta is stored in a special bag that allows air circulation until the umbilical cord separates from the newborn.
8	The umbilical cord becomes dry and hard after 1 day.
9	The newborn, cord, and placenta are carried together until the umbilical cord separates from the newborn spontaneously.
10	After the separation, the placenta can be dried and stored or buried.

I started searching for it on the Internet after I talked to my midwife.... I called and talked to the friend who had the second lotus birth in my country. My midwife advised me to talk to her about the negative aspects, positive aspects. I wanted to talk to someone who had a real experience, and I was convinced.

All participants said that their information sources were limited and that they wanted to access more information. Although two participants described the roles of physicians and midwives in their processes for decision making and obtaining information, all participants thought their maternity care providers generally had inadequate knowledge about lotus birth:

The health care [sic] staff has no idea [about it].... They gave extra care. For it was a different birth.... They looked at it with curiosity. They are curious, but they do not know it.

Lotus Birth Process

The theme *Lotus Birth Process* included three subthemes: *Lotus Birth Preparation*, *Lotus Birth Rituals*, and *First Encounter With the Placenta*. During the preparatory phase, all participants stated that they had cotton fabric bags prepared and that they had obtained sea salt and some herbs for the placenta:

I made bags to put, to put the placenta [in]. The bloody fluid of the placenta would leak for a while, so it would get wet, thus I prepared two of them. My midwife said that lavender would be useful to avoid infection and bad smell. Lavender, I went [to the shops] and tried to get the best and the most natural. I found rosemary, and I made some sea salt available in the same way.

The process of lotus birth is given in [Table 3](#). All participants reported that there were rituals related to lotus birth. They stated that they washed the placenta after birth or that they kept it in a container until all the blood was drained. They also stated that they placed some material in the container to absorb the blood and that they changed this material at certain intervals. They later salted the placenta to prevent infection, repeated the salting process at certain intervals, and sprinkled rosemary and lavender to eliminate foul odor.

Two participants hid and four buried the placenta after the umbilical cord had fallen off. Some said that they expressed thanks to the placenta and said goodbye (three participants):

It stayed at home for a year. I looked at the way how [sic] it petrified. I remember thanking it so sincerely. It is the thing that fed my baby. I think we have established a bond. Saying goodbye was not easy. We buried it under an olive tree that looks young, and we visit it every year.

Participants stated that they had positive or neutral feelings when they first saw the placenta. Some participants cried and were excited when they first saw the placenta; others said that they did not feel that much:

Table 4: Participants' Experiences of the Positive and Negative Aspects of Lotus Birth

Positive Aspects	Negative Aspects
Prevention of anemia	Potential for hyperbilirubinemia (requiring treatment)
Strengthens the mother–newborn bond	Difficulty when carrying the newborn around
Promotes breastfeeding	
Peaceful and calm newborn	

I cried. You actually think of it as a piece of flesh but it's weird to know that it hosts so much code. I mean, it is something with no eyes, hands, or arms but, that's, it's my son's partner. It arose positive things in me.

jaundice. What if the baby develops jaundice? And does anyone relate it to this [lotus]. I've had a lot of worries about this, too. Thank goodness, nothing happened.

Another participant stated, "I did not feel that much, a piece of flesh. I did not look at it that pleasantly in the way I looked at my baby."

Perceived Benefits and Disadvantages of Lotus Birth

The theme of *Perceived Benefits and Disadvantages of Lotus Birth* included three subthemes: *Perceptions of Harm*, *Perceptions of Benefits*, and *Worries About Lotus Birth*. No participants perceived negative effects of lotus birth to their newborns or themselves: "No, I do not think there is any harm. There was no written evidence of its harm in any sources we have read."

Participants experienced several benefits of lotus birth. All participants reported that their newborns were peaceful and calm after lotus birth. Four participants reported that it prevented anemia, as evidenced by their newborns' blood test results; two participants reported better breastfeeding, and one participant reported better mother–infant bonding.

Participants stated that they experienced some worries during this process. The greatest concern was about how to carry the placenta and newborn together, which participants described as difficult. They were worried that the placentas would pull on the umbilicus and hurt their newborns. Another concern was the fear of infection, jaundice, and damage to the umbilical cord. One participant reported jaundice that required treatment, but none reported infection of their newborns (see Table 4):

I was very worried due to hearing the word jaundice, jaundice, jaundice repeatedly. Breastfeed the baby a lot, if not it develops

Reactions to Lotus Birth

Participants experienced some positive and negative reactions to lotus birth, and these were captured under two subthemes: *Reaction of the Social Environment* and *Reaction of Health Care Personnel* (obstetricians, pediatricians, family physicians, midwives, and nurses). Participants stated that they received positive and negative reactions from their social environment (family members, friends, neighbors, etc.). One participant described a positive reaction: "Mom has shown a positive reaction, and my husband is happy about my decision."

However, most participants reported negative reactions: "A total disappointment after the birth. Everybody is treating you as if you have leprosy. This has worn me out much."

They believed that many people had outdated information and were not open to newly acquired information. Therefore, participants believed that people reacted negatively when they saw something different from their own experiences. Participants reported that many people told them to cut the umbilical cord off, which irritated them.

Participants generally were disturbed by the reactions of health care personnel and the inadequate support they received from those personnel. They said that they needed the support of health care personnel in this process:

I definitely wanted to get support from the physician professionally. I was in a state hospital after the birth, and I encountered a doctor there referring me to a university hospital on the grounds that he had never conducted lotus birth before. This made me so unhappy. For this reason, because it

was a lotus birth, they did not examine my baby. Literally, we felt alienated.

The Future of Lotus Birth

All participants stated that they wanted to have lotus birth again at their next births: "I can run counter to everyone and have lotus birth again. I want something beneficial for my baby." They also recommended lotus birth to other women. Most participants believed that lotus birth would be widespread and that women would demand it in the future. To make lotus birth widespread, they expressed that media should emphasize it, scientific studies should be conducted on its effects, the knowledge and support of doctors and midwives should be increased, women's instincts should be taken into consideration, the birth method should be questioned, and the best birth method should be investigated. At the same time, there were participants who thought that lotus birth would not become widespread and believed the most important obstacles to this type of birth were the perspectives of health care personnel and the fears of women.

Discussion

In our first theme, we defined *Meaning of the Lotus Birth Experience* for the women. Our participants experienced lotus birth as a natural and necessary process. They reported that lotus birth should be used as a way to respect the placenta and the birth itself. Similarly, Burns (2014) noted that the purpose of rituals related to the placenta is primarily to show respect and honor for the placenta.

Our second defined theme was *Decision Making Regarding Lotus Birth*. Our findings indicated that the desire for a noninterventional natural birth, the spiritual meaning attributed to the placenta, and the desire to choose the most beneficial method for the newborn motivated the participants to choose lotus births. Similarly, Zinsser (2018) found that women decided to have lotus births because of spiritual motivations and the desire to have natural births and natural postnatal care. The reason for choosing lotus birth stemmed from the perceived spiritual connection between the newborn and the placenta (Williams, 2017).

Participants in our study emphasized that their sources of information were limited, they wanted access to more resources, and the lack of resources was frustrating. This underlined the significance of closing the gap in the literature related

Health care professionals should increase their knowledge about lotus birth, help women make informed choices, and respect women's preferences for lotus birth.

to lotus birth. Our participants also reported that research about lotus birth was inadequate and that most women could not access the research because most studies were published in English. Grimes, Forster, and Newton (2014) found that women with non-English-speaking backgrounds used fewer written and online sources and that the current sources of information for pregnant women did not meet their needs. The literature about lotus birth, which is a rare practice, is very limited (Monroe et al., 2019). Thus, studies on lotus birth, expansion of resources, translation of those resources into different languages, and development of educational materials for women and their families would help women collect reliable information.

Lotus Birth Process was the third theme in our study. All of our participants reported that they performed rituals during the lotus birth process. Zinsser (2018) found that women washed and salted the placenta, used dried lavender, and kept the placenta in a bag, a small pillow cover, or a case. Similarly, in lotus births in Michigan, the placenta was checked, washed, and salted, and women placed it in a package of their choice (Monroe et al., 2019). These findings indicated that lotus birth rituals were applied similarly in different cultures (Rachana, 2011).

Our participants also reported that they performed rituals related to the disposal of the placenta. They thanked the placenta and said goodbye to it. They hid or buried it and attributed spiritual significance to the place of burial. Similarly, Burns (2014) reported that the placenta of each infant in the family was buried under a fruit tree in the garden as an indication of respect. Young and Benyshek (2010) found that the most common method for the disposal of the placenta was burying, and that in many cultures, individuals buried the placenta in their backyards or at the place of the birth.

The fourth theme that we defined was *Perceived Benefits and Disadvantages of Lotus Birth*. Our participants emphasized that the placenta affected the child's life. They believed that lotus-born newborns were peaceful and calm and that lotus birth helped promote the

785 mother–newborn bond and breastfeeding. Young
786 and Benyshek (2010) reported that a child's life,
787 or at least some aspects of it, could be influenced
788 by a number of cultural ideas regarding the
789 placenta. Vidhya and Kalaimathy (2011) reported
790 that after lotus birth, newborns seemed more
791 peaceful, more relaxed, calmer, and healthier
792 than their counterparts whose cords were cut
793 immediately after birth. These authors highlighted
794 lotus birth as an enjoyable bonding experience.
795 However, there was minimal research evidence to
796 support these effects, and no data were available
797 about the safety of lotus birth (Tricarico et al.,
798 2017).

800 According to the experiences of our participants,
801 lotus birth prevented anemia, but we did not find
802 an effect of lotus birth on reported anemia in our
803 study. However, in other studies, late cord
804 clamping was associated with a reduction of
805 anemia in infants at 8 and 12 months after birth
806 (Kc et al., 2017; McDonald, Middleton, Dowswell,
807 & Morris, 2013).

809 Carrying the placenta and the newborn together
810 was the biggest problem for participants in our
811 study. They also expressed concern about the
812 development of infection, jaundice, and fear of
813 harming the umbilical cord. One participant re-
814 ported that her newborn needed treatment for
815 hyperbilirubinemia, which is also a concern with
816 late clamping of the umbilical cord. Tricarico et al.
817 (2017) reported that a case of acute jaundice and
818 hepatitis was associated with a lotus birth. Their
819 findings suggested that infants whose mothers
820 chose a lotus birth should be monitored closely
821 for serum bilirubin levels (Tricarico et al., 2017).
822 Another point of concern our participants expe-
823 rienced was the potential for the development of
824 infection, although none of the participants'
825 newborns developed infection. Similarly, Monroe
826 et al. (2019) reported that no infants developed
827 infections among six women who had lotus births.
828 According to some literature, the lack of circula-
829 tion in the placenta after birth in lotus birth is
830 thought to pose an infection risk that can spread
831 to the infant (Ittleman & Szabo, 2018; Monroe
832 et al., 2019). Ittleman and Szabo (2018) re-
833 ported that as an atypical birthing practice, lotus
834 birth might contribute to the development of such
835 infections. Before choosing lotus birth, all women
836 should be fully informed of the potential risks,
837 which may include infection and associated risks
838 to the newborn's health.

839 Our last themes were *Reactions to Lotus Birth* and
840 *The Future of Lotus Birth*. Our participants found

841 that the knowledge and practices of the health
842 care staff about lotus birth were inadequate and
843 resulted in inadequate professional support. In
844 addition, they were disturbed by the reactions of
845 the health care personnel and thought these re-
846 actions stemmed from lack of information. Some of
847 our participants reported that they were alienated
848 by the health care staff because they had lotus
849 births. However, as Suárez-Cortés, Armero-
850 Barranco, Canteras-Jordana, and Martínez-
851 Roche (2015) pointed out, it is the natural right of
852 women to decide how they wanted to give birth,
853 and this right is grounded in the bioethical princi-
854 ple of autonomy. The Royal College of Midwives
855 maintained that all women should have the right to
856 make informed choices about the birth process
857 and postpartum options (Royal College of
858 Midwives, 2014). Women should be given
859 enough information about the potential risks,
860 including risk of infection and associated risks to
861 the health of the newborn, when they consider
862 lotus birth. In this regard, it is unethical for nurses,
863 midwives, or physicians to ignore or react nega-
864 tively to lotus birth. It is necessary for health care
865 personnel, especially midwives and nurses, to
866 know the positive and negative effects of lotus birth
867 for women and newborns, to inform women about
868 these effects, and to show respect for women's
869 preferences.

870 Limitations

871 One limitation of our study is the issue of accurate
872 recall: it becomes more difficult to remember past
873 experiences as time passes. Our data, past ex-
874 periences that participants recalled and put into
875 words, depended on their memories. Another
876 limitation is the small sample size, which limits
877 generalizability of the findings. Finally, potential
878 adverse effects cannot be studied qualitatively
879 because of the relative infrequency of these ef-
880 fects (e.g., infection and hyperbilirubinemia).
881 Larger sample sizes are needed to determine if
882 they are more frequent with lotus births.

884 Conclusion

885 The experience of lotus birth was shown by six
886 themes: *Meaning of the Lotus Birth Experience*,
887 *Decision Making Regarding Lotus Birth*, *Lotus*
888 *Birth Process*, *Perceived Benefits and Disadvan-*
889 *tages of Lotus Birth*, *Reactions to Lotus Birth*, and
890 *The Future of Lotus Birth*. On the basis of these
891 themes, the essence of the phenomenon of lotus
892 birth in this study is the woman's desire to have a
893 natural and healthy birth. Lotus birth generates a
894 positive experience, which inspires women to
895 continue using it. Women and health care
896

professionals require information about the lotus birth process. Health care personnel, especially maternity nurses and midwives, should be informed about lotus birth. It is crucial for maternity nurses to discuss the potential risks of lotus birth with women and provide them with information about these risks. The themes we identified about women's experiences of lotus birth provide a deeper and more nuanced understanding of a topic about which only limited knowledge exists. These findings may help guide women and health care staff and increase their awareness about lotus birth.

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