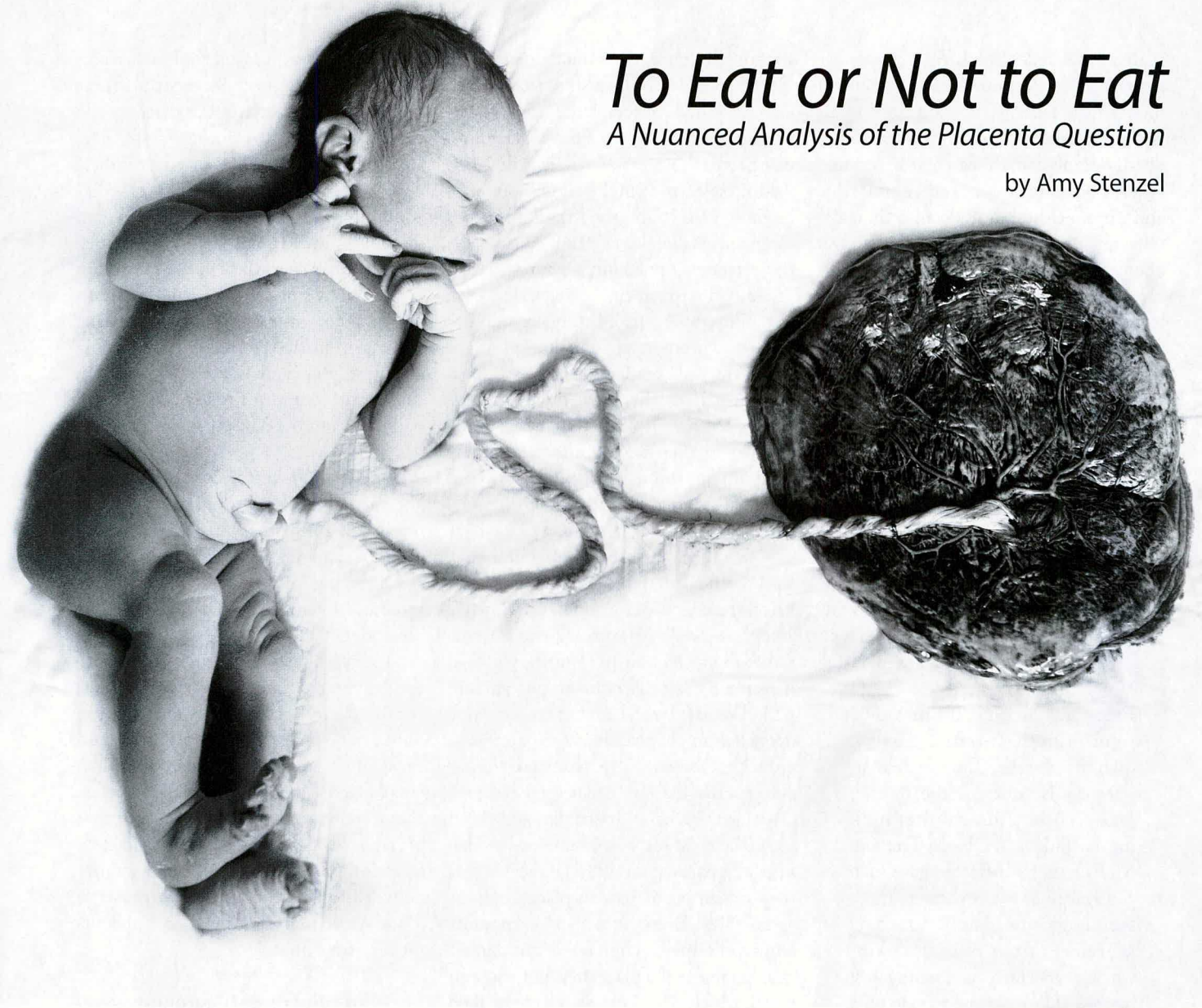


To Eat or Not to Eat

A Nuanced Analysis of the Placenta Question

by Amy Stenzel



Every one of us has had intimate bodily contact with a placenta. We relied on this amazing organ in utero, yet the mainstream public is often unaware of what the placenta is, let alone what it does. Of those people who do know about the placenta, there is a veritable war going on, and the battlegrounds are hidden in plain sight. Hospital wards, research laboratories and living rooms are all sites of intense placental debate, much of which is focused on one question: To eat or not to eat?

Consuming the placenta, scientifically known as *placentophagy*, is a complex issue that raises questions of maternal and fetal identity, bodily ownership, models for women's health care and the function

of disgust in the regulation of what we eat and who we are. It challenges the borders between food, medicine and flesh. The post-birth placenta is an object on the edge, not quite living or dead, not quite part of the baby or the mother, trapped in between desire and disgust.

On one hand, the medical community is using disgust to discourage mothers from eating their placentas, and on the other hand, they appropriate those placentas for pharmaceutical research. The natural birth movement utilizes narratives of pride to encourage placenta-eating but leaves little room for more mainstream birth experiences. The majority of women are left out of the discussion entirely. In order to open women's access to placental

healing, we need to develop a new way of thinking about the placenta and what it can provide.

Placentophagy 101: The Proof Is in the Placenta

As evidenced by the buzz of recent media attention, the public is starting to ask questions about the human placenta. Both *The New York Times* and *The Washington Post* have published articles about the placenta within the last year. Shock and curiosity at eating afterbirth has people questioning standard placenta protocol.

The word *placenta* is derived from the Latin word for cake, probably due to the rounded shape of the organ. Still, I find it noteworthy that, in its naming, the placenta

is already related to food. The placenta has many known functions, including nourishment of the fetus, protection from many harmful chemicals, and temperature and endocrine regulation. Researchers have found that the placenta produces more endocrine and immune-system molecules than any other organ, except maybe the brain (Power, Schulkin and the Muse Project 2012). This means that babies are born with immunity to many of the diseases that the mother has encountered in her lifetime. It also indicates that the post-birth placenta likely still contains these helpful molecules, which could be re-absorbed by eating.

One often overlooked study, led by Dr. Charles McKhann in 1933, showed significant evidence that human placental extract contains important immunologic properties and was even more effective in treating symptoms of scarlet fever than the standard injections of the time (Ross 1935). The study was so promising that it earned a brief mention in *Time* magazine and was even related to placentophagy:

Practically all animals, including some primitive women, eat their own afterbirths. The practice apparently is good for the mother and probably, through her milk, for the child. Dr. Charles Fremont McKhann, Jr, of Boston gave such placentophagy a new twist and a sound scientific basis by extracting substances from placentas, with which he inoculates children against measles. He also expects to extract a substance to immunize against scarlet fever, diphtheria, infantile paralysis. ("Physicians" 1935, 54)

That *Time* mentioned human maternal placentophagy in 1935 at all is quite remarkable, as most scientific sources indicate no record of the practice until the 1970s. It is also noteworthy that the "primitive women" in question are overtly animalized. Since measles and scarlet fever have been all but eradicated in the US, McKhann's work has been relegated the status of irrelevant and arcane medical history. Though, as *Time* indicates, McKhann's study does provide placentophagy with "a sound scientific basis," and since its publishing, there has only been more evidence to support the practice.

The benefits of placentophagy seem to be two-fold. Nutritionally, the placenta

contains 10 times more iron than beef liver (Schwartz 2014). Studies show that women lose 3.5 to 18% of total body iron in birthing, and low iron is a major risk factor for postpartum depression (Schwartz 2014). Additionally, placental iron is thought to be more readily absorbed than iron from supplements (Schwartz 2014). Hormonally, the placenta contains massive reserves of progesterone, oxytocin, lactogens and even serotonin (Loke 2013). These hormones are known to promote attachment, mood stabilization, milk production and tissue healing. Particularly after birth, progesterone is known to encourage maternal caretaking behavior for the offspring, and re-absorbing this hormone through placentophagy could potentially strengthen the motherbaby bond (Loke 2013).

The taboo of maternal placentophagy has prevented any large-scale research studies on the effects of the practice. Only one study has asked why women do eat placenta rather than why not; 189 women who had consumed their placentas in postpartum period were surveyed, and the results were overwhelmingly positive. One participant wrote that she would "recommend it to anyone," another that she "had never felt so good after having a baby" (Selander et al. 2013, 106). The most surprising statistic was that "nearly all participants (98%) indicated that they would participate in placentophagy again" (105). Even the medical community admits that placentophagy is not dangerous, as long as the placenta is not contaminated, which is a potential risk of any food or drug (Dovey 2015). Despite the lack of formal studies of placentophagy, it is clear that the placenta is severely undervalued in Western culture.

The Role of Ritual

Placental rituals that reinforce the motherbaby connection are common in non-Western and indigenous populations, but are only beginning to enter Western consciousness. Loke describes the varying status of the placenta in different parts of the world. It is "considered a friend (Nepal), an elder sibling (Malaysia), a twin (Nigeria), or part of the baby itself (Hawaii)" (Loke 2013, 213). Honorary burial of the placenta, common in non-Western cultures, appeals to mothers in the West as a way to reclaim the products of their labor.

Beyond burial, a plethora of rituals and projects have been introduced. There are certifications offered for placenta specialists who go on to offer various services, such as placenta prints, dried umbilical cord keepsakes and medicinal remedies containing the mother's placenta. Amanda Johnson, who owns IPPA, has trained close to 3000 specialists in the US and internationally since May of 2011 (Johnson, personal communication). It seems that there is no end to the creativity of new placental rituals. There is even a kit that will turn a placenta into a teddy bear (Power, Schulkin and the Muse Project 2012).

Modes of Placenta Consumption

The medicinal use of human placenta is not a new phenomenon. For thousands of years, human placenta has been used in Traditional Chinese Medicine to treat fatigue and anemia in both men and women (Selander et al. 2013).

Today, ingesting capsules filled with the dehydrated tissue is probably the most common method of placenta ingestion. Some have raised concerns that the encapsulation process could destroy the benefits of the placenta, but researchers were able to effectively freeze and rewarm rat placenta without notable chemical deterioration (Beacock 2012). Furthermore, dehydration has been used to preserve foods while maintaining their nutrients for centuries (ibid.).

The Bloody Battleground: Disgust versus Pride

The recent attention to maternal placentophagy has brought conflict between the medical and midwifery models of care to the forefront once again. Speaking from a doctor's perspective, medical pathologist William Ober writes that "human placentophagy is as taboo as cannibalism" (1987, 591). The image of mother as a cannibal haunts the medical discourse of placentophagy and serves to discourage women who might consider the practice.

Selander describes intense shame faced by her encapsulation clients, some of whom hid their placenta pills from their partners (2014, 13). The social pressures against placenta consumption are reiterated in the policy of many hospitals in the refusal to release the organ to the mother who pro-

duced it. In 2007, one of Selander's clients was told she would need a court order to obtain her own placenta (14). Amanda Johnson finds the refusal to release placentas illogical. She argues that because the placenta and the baby both come from the womb and are covered in the same fluids, "the placenta isn't any more of a biohazard than the newborn" (Johnson, personal communication).

Scientifically speaking, the jury may still be out on the true benefits of maternal placentophagy, but what is obvious are the strong emotional responses on both sides of the discussion. Artist Nané Jordan hopes to bring a more nuanced understanding of the placenta to the visual culture of the West by sculpting placentas from wool. Through her work, Jordan hopes to challenge the taboos of birth blood in a society with an "insatiable media appetite for gore" (2013, 51). She questions the normativity of violent bloodshed, in contrast to the secrecy and shame surrounding "the blood that gives life" (2013, 51).

Eating Disgust: Humanism and the Pathologized Placenta

Many doctors and scientists seem to share in the disgust at birth blood. Almost all research on the topic has attempted to find a good reason that humans typically don't eat placenta and animals do. The very framing of these studies implies placentophagy is unnatural to humans.

While researchers describe placentophagy as a regressive and animalistic behavior, the placenta itself is maligned for its uniquely feminine physiology. As an organ, the placenta is unparalleled in human biology and resists classification. Loke asks in exasperation: "Is it a transplant, a cancer, a parasite?" (2013, 223). Disturbingly, many researchers describe the placenta as invasive and liken it to cancer. Ironically, the placenta is resistant to, and even blocks the spread of, cancerous cells (Loke 2013, 211). The language surrounding the placenta is often imbued with fear, disgust and even violence. Doctors have called it "explosive" and "a hand grenade" (Loke 2013, 202), comparing its cells to "a column of invading soldiers" (Grady 2014).

Perhaps these violent characterizations of the placenta exist because of its location

in what Loke calls "a kind of no-man's land" (2013, 6). Regardless of the origins of this placental hate-speak, Donna Haraway urges us not to underestimate the "power of biomedical language in shaping unequal experience" (1991). The way the placenta is characterized in the medical world influences the mainstream approach to birthing bodies.

Eating Pride: The Placenta Power Movement

A small but passionate group of people are working to change these attitudes towards the placenta, and the language they use is just as dramatically positive as the medical language is negative. Sister Morning-Star calls the placenta a "miracle worker" and hopes to return men and women alike to the "simple path of honoring placenta wisdom" (2014, 26). Along this path exist artists, midwives and medicine women who celebrate the placenta and its powers. In the poem "Ode to my Placenta," Jenna Hull describes her placenta capsules as "magic pills I adore" (2014, 4). In a different poem, noted herbalist Susun Weed calls the placenta "the crimson-blue pound cake of ecstasy" (2014, 46).

The power of the placenta is felt on a spiritual level for these women. Nané Jordan describes the placenta as "a grandmother within" who speaks to her "through moments of meditative grace" (68). For Jordan, the meaning of the placenta is far greater than its physiological functions. It has "the capacity to nourish and heal beyond the womb" (52). Sarah Buckley conjectures that much of the discontent and materialism of our culture "come[s] from the traumatic loss of our first possession: our placenta" (2005, 54). These women are advocating for more than just respectful engagement with the placenta. They see the organ as a vector for positive transformation of Western culture itself.

Placental Appropriation: From Mom to the Market

Perhaps due in part to the extreme placenta love coming from activists, some researchers in the medical community are beginning to reevaluate their negligence of the placenta. Some scientists now believe that the placenta does contain beneficial substances. However, the focus of cur-

rent placental research is marketability, not motherbaby.

What many mothers don't know is that placentas left at the hospital can be used in research or even sold to pharmaceutical companies (Power, Schulkin and the Muse Project 2012). It is notable that new placental research is being funded primarily by biotech companies, not academia. As recently as February of 2015, the National Institutes of Health granted 41.5 million dollars towards The Human Placenta Project, an initiative to translate the properties of the placenta into technologies that will benefit overall human health (Dovey 2015).

Though the scientific recognition of placental value may affirm placenta-eating mothers, the clear goal of current research is the production of marketable pharmaceuticals. Because of this, in addition to the moral questionability of animal experimentation, I am wary of any continued research on the placenta. Science confirms that placenta-eating is generally safe, and the reports from moms and midwives are overwhelmingly positive. Do we really need inclusion in the scientific literature for women to trust that their body medicine is good?

It appears that we are at a turning point in our cultural awareness of the placenta. Nané Jordan urges us to move "past the disgust and mistrust of birth-blood" (2013, 68). For women like Jenna Hull, who are comfortable writing poems for their placentas, disgust may be a thing of the past, but what about women who still see the placenta as just plain gross?

Anthropologist Melissa Cheyney argues that celebrating the placenta communicates vital messages to mothers about the capability of their bodies and moving toward a more celebratory discourse around the placenta will help empower women to claim its benefits (2011). However, each individual woman need not be a beacon of placental pride in order to participate. Because of the polarized dialogue surrounding placentophagy, it appears that only stereotypically "hippie" moms can use placental medicine.

The Rhizomatic Placenta: Birthing a Frame beyond the Binary

To address this problematic narrative, I refer to Elspeth Probyn's argument about

pride movements in her book *Carnal Appetites*. She contends that in many situations, pride and total self-acceptance is the presumed goal for the individual. This pathway to pride is “dependent on a subsuming of disgust or shame which are banished from any possible understandings of the body or its workings” (2000, 129). If the movement promoting placentophagy continues to focus solely on pride to the exclusion of disgust, any woman who is the least bit troubled by her body will be excluded.

Probyn believes that disgusting things bother us because they reveal the bodily closeness of others, blurring our borders. In the scenario of placentophagy, an internal organ grows with and between two bodies, then detaches from both bodies, re-enters the maternal body through ingestion, and may even enter the infant body through breastmilk. The borders between bodies, in particular regard to ingestion and excretion, are repeatedly disturbed. The placenta can be disgusting precisely because it is so intimate to the material bodies it connects, and in acknowledging our disgust, we also acknowledge that connectedness. Facing our disgust about placentophagy allows us to experience bodies as intimately interconnected. There is power in that which disgusts, and if we embrace that power alongside celebration, the possibilities for radical change are much greater.

In order for the benefits of placentophagy to be available to any woman, we need a strategy that doesn't discourage disgust, but rather, as Probyn says, uses disgust to create “a ground for very public airing of the injustices registered in bodies” (2000, 142). Embracing bodily disgust, along with pride, may ultimately reveal the oppression of female bodies in the medical model of care and present an opportunity for change.

Any woman should feel supported in consuming her own placental medicine, regardless of her feelings towards the placenta itself. I find the concept of the “rhizome,” as introduced by Deleuze and Guattari, to be of particular use in forming new placental understandings. Drawing from the root systems of some plants and fungi, the rhizome spreads in many directions. As Deleuze puts it, the rhizome is “anti-genealogical; it always has multiple entryways” (Probyn 2000, 17). Conceptually, the rhizome refutes any central mode of

engagement. In a rhizomatic view of the placenta, there is no singular, correct way for people to engage with the organ. The rhizome links any point to any other point and does not utilize a hierarchical logic (Deleuze and Guattari 1987, 21). Thinking of placentophagy rhizomatically allows multiple emotional responses to move together without inherent conflict. In the rhizomatic schema, “pride and disgust” and “celebration and uncertainty” are not antagonistic but linked together to create a holistic understanding of what it means to eat a placenta.

In scientific terms, we do not yet know what healing the placenta has to offer, but if we listen to the voices of mothers and midwives, we hear compelling reasons to consider placentophagy as a beneficial practice. Nané Jordan believes that “the placenta itself [is] working to communicate a new paradigm for birth in order to create stronger, happier human communities” (2013, 68). As we reimagine the place of the placenta, on both scientific and emotional levels, perhaps Jordan's vision will become a reality.

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