

Integrative OB/GYN from Preconception to Birth

An Interview with Joel Evans, M.D.

Russ Mason, M.S.

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Dr. Evans is also an assistant clinical professor of obstetrics, gynecology, and women's health at the Albert Einstein college of Medicine in The Bronx, New York. In addition, he is a member of the senior faculty of the Center for Mind-Body Medicine in Washington, DC, and teaches integrative cancer care, nutrition, and mind/body/spirit medicine as part of the Center's professional training programs.

He is also a founding Diplomate of the American board of Holistic Medicine and is recognized as the first physician in Connecticut to be board certified in both holistic medicine and obstetrics and gynecology.

*Dr. Evans helped create a clinical study on the use of black cohosh (*Cimicifuga racemosa*) in breast cancer at Columbia University Medical Center, New York, New York. This work was presented at the 2001 Annual Meeting of the American Society of Clinical Oncologists and later published in the Society's journal.¹*

Most recently, Dr. Evans wrote, together with Robin Aronson, The Whole Pregnancy Handbook: An Obstetrician's Guide to Integrating Conventional and Alternative Medicine Before, During and After Pregnancy (New York: Gotham Books, 2005), which explains his unique approach to combining modern obstetrics with holistic pregnancy care.

Russ Mason: Dr. Evans, please talk about your integration of allopathic and complementary therapies.

Joel Evans: It has to do with bridging the two worlds—the conventional and the alternative. In the conventional world of obstetrics, physicians sometimes don't have the time to spend with patients or the time to learn about variety of treatment options that a holistic physician has.

RM: Can you give me an example of this?

JE: One area of OB/GYN that is frequently overlooked is that of preconception, helping women achieve optimal health before

pregnancy. We're now seeing that how a mother takes care of herself before she gets pregnant can impact the risk of illnesses in her child and the risk of complications during pregnancy. For example, the risk of childhood leukemia, gestational diabetes, or intrauterine growth restriction can all be related to the mother's lifestyle and/or health parameters.

Another area that I am especially concerned about is fetal exposure to environmental toxins, which we are now discovering can lead to adult cancers.

So it is vitally important to bridge this gap between the holistic and conventional medical worlds. For example, though holistic practitioners tend to be very aware of environmental toxins and the detoxification pathways of the liver, they may not know the latest research on the dangers of chemicals to the developing embryo.

Obstetricians, though aware of the dangers of toxins to the fetus, may not know about the ubiquitous presence of chemicals in the environment, the importance of eating organic food, or ways to improve detoxification. So, my lectures and my book are devoted to making both groups of professionals aware of information that may be new to them and to suggest ways they can put that information to use in taking care of patients.

I am on the Board of Directors for a nonprofit pregnancy advocacy organization the Maternity Center Association [MCA], and one of the studies the MCA was funded for, and later published in the journal *Birth*,² was called "Listening to Mothers." We found out that only one third of women had preconception visits and discussion with health care practitioners about getting pregnant. That's a horrible statistic. Any woman who is of reproductive age should be educated about pregnancy-related health issues in the event she should become pregnant.

RM: What do you say to them?

JE: In addition to an annual exam and a Pap smear, we need to talk about things like stopping smoking, rubella vaccination, and achieving ideal body weight. Those are the classic, conventional pieces. But we also need to discuss the importance of reducing stress, or maybe doing a detox program, or to talk about hormone balance. This is a more holistic approach.

The topic of preconception health is extremely important. Now, it may sound a little trite—as though I was preaching to the

choir—but, in terms of the way many conventional practitioners work, this is, unfortunately, still new information. My view of the goal of preconception care is to achieve optimal physical, emotional, and spiritual health.

Now, as I said, your readers already know these elements are important. But it is especially important for preconception health because issues that need to be resolved—physically, emotionally or spiritually—can impact the ability to become pregnant, the ability to have a healthy pregnancy, and impact the child's health as well.

Let's look at stress. Clearly, everybody is aware of the negative impact of stress. Stress can decrease fertility; but it is often associated with the more spiritual issue of fear. Fear I have found is all too common among pregnant women. As you may know, many newly pregnant women have a fear of labor, and this is to be expected during the first few months of pregnancy. However, I truly believe my job is to help transmute that fear so that women go into labor feeling excitement, anticipation, and joy.

RM: Isn't a bit of fear normal?

JE: Yes, but I am talking about when fear becomes the dominant emotion, turning into dread. Now it is easy to come up with a list of common fears as they apply to pregnancy. We have seen that many first-time mothers are fearful about what they will experience.

But sometimes second-time mothers, who had a difficult first experience, may be fearful that the second delivery will be a bad as the first. Or sometimes the expectant mother has had a friend or acquaintance tell her horror stories, and this is something that is, unfortunately, all too common.

Sometimes the mother will be fearful that the baby will not be healthy; or that there will be a problem in labor and that a cesarean section will be necessary; or that labor is going to hurt; or "will I be a good mother?"; or "will I make the same mistakes as a parent that my parents made?"; "will my body ever come back to normal?"; "will my husband still desire me sexually?" I mention these fears, as well as how to address them, in *The Whole Pregnancy Handbook*.

RM: In your experience, do most allopathic OB/GYN doctors address the fears you mentioned?

JE: Usually not the conventional OB/GYNs, and especially if these concerns are not brought up by the patient. These issues are more likely to be brought up by midwives. And, it is my clinical experience that more pregnancy complications occur when fear is present.

RM: What percentage of your mothers-to-be have issues of fear?

JE: At least half, and I've explained why I think it's so important that these issues get resolved. I really believe that fear can impact a labor.

RM: What else isn't usually addressed that you feel is important?

JE: Toxins and toxic load are things that are not often

addressed by conventional physicians. The data show that all human beings have toxic chemicals in their bodies. The data also show that these toxic chemicals are in breast milk as well as transmitted through the placenta to the newborn. When newborns come into the world they have toxic chemicals in their bodies. When they drink breast milk they get more toxic chemicals. Now, breast milk is still the best thing to feed a baby but a mother needs to be mindful that there are toxins in breast milk.

There was a recent study that looked at 10 babies. What was found that there were, on average, 287 toxic chemicals in the blood of a newborn?³ {reference for study?} Those are the facts.

I look at that data and ask: "What can I tell my patients to do so they can lessen the impact?" Because we can't make them toxin-free. But how do we lessen the toxic load so as to give the baby a fresher start on life?

This process begins with a conversation; to make my patients aware of these issues—which can be frightening—but the patients must know about them. Because, without the knowledge, the patients cannot make responsible decisions.

RM: What are some of the decisions the patients come to?

JE: The woman may say: "O.K., I am going to lessen my toxic load, so I will drink spring water. I will buy organic food as much as possible. And if I can't afford organic all the time then I will avoid the most contaminated fruits and vegetables, and only eat the least contaminated ones." It is hoped that they will avoid cooking with Teflon, since Teflon offgases toxic chemicals, and we want to keep those chemicals away. So that is the first step—reducing toxic load.

Next, we want the mother to achieve ideal body weight, because toxins are fat-soluble and are stored in fat tissue. This is another reason, in addition to issues with blood-sugar control, to achieve ideal body weight preconceptionally.

We also look at the mother's liver since it is the main organ for clearing toxins. So we look at ways to optimize liver function and, when necessary, use a 25-day liver detox program, using a medical food, for example. I use Ultraclear Plus[®] by Metagenics (San Clemente, California). So detoxing is very important, along with a very clean diet. All of these interventions help.

RM: What is a very clean diet?

JE: It is primarily a pescitarian diet. This means fruits, vegetables, whole grains, and fish. This means no processed foods.

RM: What if you find that someone is highly toxic with heavy metals?

JE: If someone tests positive for heavy metals, then I will suggest chelation therapy. I do not do chelation, so I would refer the patient to an experienced practitioner.

RM: Are there other factors that need to be addressed for either a preconceptional or pregnant woman?

JE: Yes, insulin/glucose dynamics. This is so important when it comes to getting pregnant, preventing miscarriages, preventing birth defects, and preventing a pregnancy complication called gestational diabetes.

I mention this because the insulin/glucose dynamics are very important but may not be known to the general practitioner. However, if you talk with reproductive endocrinologists, they understand the relationship of insulin and blood sugar to fertility.

The same is true of high-risk pregnancy specialists: They are aware of the problems with elevated blood sugar early in pregnancy and how they are associated with fetal malformations.

RM: What are the most common tests for insulin/glucose problems?

JE: At the very least patients should have a fasting glucose, a fasting insulin, and a hemoglobin A1c test. Ideally, a 2-hour glucose screen after a 75-g glucose challenge would be performed.

RM: Insofar as sugar can depress the immune system, do you advise your patients to avoid it?

JE: I try to guide my patients and not be prescriptive or dogmatic. So, instead of saying: "I don't want you to eat any sugar," I say: "Sugar is not the best thing for you. Avoid it if you can, or eat as little as possible." I am a lot gentler with my recommendations. I think raw honey and blackstrap molasses are O.K. to use, however. Those are the two healthiest sweeteners.

But it's hard sometimes to preach moderation. If I say "sugar is not a good thing; avoid it if you can," one patient will focus obsessively on avoiding it. However another patient will focus on the, "if you can" part of the statement and not be overly diligent. People hear what they want to hear. . .that is representative of the human condition.

RM: Since we were talking about preconception, are there other issues that practitioners might want to explore with their patients?

JE: Inflammation can impact fertility. It is certainly associated in some way with every major disease. The practitioner can spot this when the patient says, "I have joint aches," or is obese, as obesity is an inflammatory disease. Another important way to screen for inflammation is to use a screening blood test called a cardiac c-reactive protein.

RM: If chronic inflammation goes untreated in a preconception mother, what might occur?

JE: It might manifest as endometriosis, because one of the chemicals the body makes in an inflamed state is prostaglandin E₂ [PGE₂], and we know that PGE₂ stimulates endometriosis tissue to grow. So, if I see a patient who has painful periods, or general aches and pains, then I suspect that chronic inflammation may be present, which may impair the person's fertility.

There are many different causes for inflammation but, whatever the cause, the body, because of common pathways, produces these proinflammatory cytokines that promote further inflammation. And, as I just said, it is these cytokines that can cause, for example, endometriosis tissue to grow.

Another reason to look for and correct inflammation before pregnancy is that it can be associated with premature labor and preterm birth, two of the most feared complications of pregnancy. The rate of prematurity is actually increasing, which has tremendous public health implications because of prematurity's association with so many health challenges in babies. This is an example where a holistic approach to pregnancy can be of tremendous benefit to society.

RM: What is the remedy?

JE: A great remedy, and one that is totally safe in pregnancy, would be fish oil. There are also botanicals that have anti-inflammatory effects, such as boswellia, curcumin, hops, and rosemary.* These need to be used within the guidelines I describe in my book. I think it's important for practitioners to know, and tell their patients, that stress-reduction techniques also reduce inflammation.

RM: I was unaware there was a correlation between stress and inflammation.

JE: Most people are not, and this is one of the topics that is near and dear to me and one that I love to lecture on. I gave a lecture today at Albert Einstein School of Medicine in New York, [New York] and I told the medical students how inflammation is present in heart disease and cancer. And then I discussed how stress will increase the proinflammatory cytokines I just mentioned.

RM: You are the only doctor I know who is board certified in both OB/GYN and holistic medicine. Which came first for you?

JE: OB/GYN. It was in my third year of medical school, when I realized that I was most at home on the labor floor of the hospital. I participated in deliveries, and it simply felt "right" to me I loved being where the action was, and there certainly is a lot of that on any labor floor. I guess I wanted to be where the action was, while at the same time, being helpful.

It seems I liked this combination of service and excitement since I was very young, because I was an emergency medical technician and loved riding in an ambulance during high school. The experience of being on a labor floor was similar in a way; it enabled me to be part of the excitement and joy that comes with doing deliveries as well as the opportunity to be helpful when there were serious complications.

For me, obstetrics allowed me to be of service and, at the same time, to witness the magic, mystery, and sacredness of birth. My interest in holistic medicine came about through working with two patients that I had diagnosed with cancer. They were young women and, because I was their OB/GYN, they felt close to me; we had a great rapport and connection. So each was able to come to me to discuss some of her deepest thoughts and feelings. Surprisingly, they both asked me strikingly similar questions, such as: "Does it matter what I eat? Does it matter if I take supplements or exercise? Does it matter what I think?"

Since they were under the care of oncologists, I suggested they confer with their doctors. Then each woman came back and said the same thing: "The oncologist said not to worry, that he would fight the cancer and that I didn't have to do anything. That the

*Latin binomials, respectively, are *Boswellia* spp., *Curcuma* spp., *Humulus lupulus*, and *Rosmarinus officinalis*.

surgery, radiation and chemo would fight the cancer and what I did really didn't matter."

That did not sit well, intuitively, with them or with me. But, at that point in my training, I didn't have adequate information to advise them. So I honestly didn't know if what they ate made a difference. But what I did say was: "Look, I don't know the answer. But I agree with you that this is important information to know."

And that is how I began my intellectual quest for answers to questions regarding holistic interventions, as to whether they are effective and safe. After all, I was a scientist, and a skeptic—although an open minded-skeptic. I began to happily research the relationship between nutrition and cancer. Then, one of the patients, who had an advanced cancer, asked me: "Joel, what do you think happens when people die?"

I had never given that question much thought, and we got into a very deep conversation about this. I realized that I had no clue; that I was rudderless. Now, that said, I don't think that anyone can answer that question with any certainty; the answer is about whatever a person believes. But at that time I didn't even have a belief that I believed in, if that makes sense. So I realized that what I needed was not merely factual; I needed to believe in something. I needed to have faith in something that felt right. My patient said she felt that way too.

So, together, we explored this question. In the end, she became comfortable with her religious faith, and I ended up exploring this great question of life and eventually found a belief system that gave me comfort. These patients were my teachers and helped me in a very important way. They taught me that every human being—not just cancer patients, or patients with life-threatening illness—need belief systems that sustain them.

I also read books by Bernie Siegel.[†] He felt that, when cancer patients had some sort of belief that gave them comfort, they were, as a result, able to better enjoy life. I believe it was their beliefs that had a positive impact on survival. So, through my reading, I found and believed that there was truth to this approach, to the holistic philosophy. As I became more knowledgeable I began to use holistic techniques on myself before ever trying them with my patients.

RM: Please explain how you advanced your education in holistic medicine and tell us about the techniques you learned.

JE: In 1997, I attended the Professional Training program of the Center for Mind-Body Medicine, which was, and still is, directed by Jim Gordon [M.D.], in Washington, D.C. At the time, I was interested in exploring the issues of stress, death, and dying. Initially, there was a 4-day conference, with a tremendous reading list. I had never practiced mind-body techniques before, and I

was overwhelmed by their power. Then we did more reading, practiced what we learned, and returned for another 4 intensive days of training. This was followed by the advanced training program, where I learned more about using these techniques personally, as how to run a mind-body skills group. That program changed my life. I came away convinced about the value of meditation and understood the importance of practicing it myself before I could recommending it to my patients.

RM: How did you first learn about meditation?

JE: I had another patient who was in an advanced stage of cancer and she said: "I have this great therapist—she taught me how to meditate! You have to meet her." I met her for coffee one morning, and the rest is history. Her name is Tullia Kidde, and, coincidentally, she ran mind-body groups with Bernie Siegel before meeting me. Not only did we meditate together, but also she now runs the Mind/Body/Spirit program of my practice, sees clients privately, and teaches a metaphysics course.

RM: Is there a particular kind of meditation that you use personally?

JE: Currently I do a sitting meditation and I use imagery and affirmation. That is my meditation *du jour*, and I find it very helpful.

RM: At what point did you integrate holistic protocols into your conventional OB/GYN practice?

JE: I started practicing medicine in 1988 and began to use holistic interventions in 1995.

RM: So this was before you attended the Center for Mind/Body/Medicine?

JE: Yes. My nurse, Monique Class, {degree in letters?} was getting her masters degree in holistic nursing at that time, so she would often suggest gentle interventions for me to investigate. My studies led me to the use of lavender[‡] to help patients sleep; the importance of physical exercise; and how to eat in a healthy way. These were things that I was doing personally, so I could then share my personal experiences with my patients.

I also learned that black cohosh could be helpful for treating hot flashes for my patients with breast cancer. I used it with some of my patients and I got good results. It was also helpful to women in menopause. I felt there ought to be a formal study of black cohosh, and I became a matchmaker between the largest supplier of black cohosh in Europe and Columbia University Medical Center (New York, New York). This led to a significant study that was published in the *Journal of Clinical Oncology* in 2001.⁴

RM: As a holistic OB/GYN, do you have concerns about regulatory matters or board compliances?

JE: With everything that I do, it's critically important that I use treatments that are safe and effective. I will only use treatments, such as supplements, when I have a reasonable expectation of

[†]Bernard S. Siegel, M.D., started Exceptional Cancer Patients (ECaP), a specific form of individual and group therapy utilizing patients' dreams, drawings, and images. ECaP is based on "carefrontation," a loving, safe, therapeutic confrontation that facilitates personal change and healing. For more information, visit: www.healthy.net/bios/siegel/

[‡]Latin binomial: *Lavandula angustifolia*.

clinical success. This expectation can come from either the literature or from biologic plausibility—meaning the mechanism of action of the supplement should be helpful for the condition for which I am using it.

As long as I do that, and practice in a responsible way—such as being mindful of possible interactions with medications, and use things that are widely available—then I am practicing responsibly. I avoid anything that might have potential liability issues, so the supplements I recommend can be purchased over-the-counter and are not prescription strength. I also think it is important to recommend supplements that are made by a company dedicated to investing in quality control (Good Manufacturing Practice certified) and practitioner education.

RM: For any health care practitioners who are not OB/GYNs, is there information we have not covered that you feel they should know about pregnancy?

JE: There are three things to always keep in mind when working with pregnant women: Help them eliminate fear; connect with their babies; and go into labor with excitement and joy. If you do just that then you have done these women a great service.

RM: Please talk a little about a mother's connecting to her baby.

JE: We now know—and there's wonderful data—that babies respond to attention by mothers. Babies respond to the sounds that surround them in the womb: the music they hear; songs they have been sung; and stories they have been told. There is a corresponding physiological response when the baby is born and is exposed to what he or she heard during pregnancy.

So if a mother reads a nursery rhyme to her fetus, and then, after the baby is delivered and in the nursery, and the mother reads the nursery rhyme again, there will be a physiological response in the baby that is different than if the mother read something the baby had never heard. This confirms that babies recognize what they hear *in utero*. Fetuses start to hear at 20 weeks, so they really do "pick up" on their mothers' voices, songs, stories, and poems. This is very important for people to realize.

And then, on a whole other level—whether a woman believes in spirituality or not—I feel it is important to spend time meditating on or with her baby. The mother, while in a meditative state, should send messages of love, and caring, sending messages like "it's OK, I love you and your life will be a great one."

I believe that this type of focused thought and conversation reaches the baby on some level, and this is something that conventional obstetrics don't feel is in their purview. However, a professional society called the Association for Pre- & Perinatal Psychology and Health [Forestville California], addresses this issue in a scientific way.

RM: In the past decade, we have seen a rise in the number of cesarean sections occurring in hospitals when, previously they were performed only as a matter of last resort.

JE: I think cesarean sections can be a great gift to society when babies are in trouble. And this operation can also be a great

source of harm when used inappropriately, or for the wrong reasons. Unfortunately there are times when cesareans are performed too quickly and this is a disservice to society. The medical/legal climate has contributed to this, and some doctors do practice "defensive medicine."

Most OB/GYN physicians—particularly the ones I have met—are extremely well-intentioned and are dedicated to doing what is in the best interest of the patient. But if we look at the cesarean section rate, it is approaching 30 percent. I find it hard to believe that nearly one third of women are unable to give birth naturally. That just doesn't make sense to me, especially when there are studies showing that we can achieve the desired outcome of a healthy baby and a healthy mom with primary Cesarean section rates of 3–4 percent in low risk populations laboring at home.⁵ I think the right number for us is somewhere between the two.

While we are on the topic of cesarean section, I think it is important to talk about the negatives. As women are now electively choosing cesarean births without medical reasons, I feel quite strongly that women need to be counseled about *all* the risks of cesarean section so that these women can make informed decisions about having one. Unfortunately, most women aren't made aware of many of the long-term risks, such as problems with incision pain or scar tissue.

An acknowledgement of this important issue is that Medscape, a leading provider of continuing medical education, recently released (September 19, 2005) a module on this very topic, called Complications of Cesarean Deliveries.

RM: For those women who are able to give birth naturally, there has been a shift in the way babies are delivered in a clinical setting. The bright lights and sterile atmosphere have given way to a gentler, more appealing environment.

JE: That is correct. When I used to do hospital births, I would always dim the lights and to do what I could to create a peaceful, serene entry into the world for each baby.

In my book, I discuss the importance of having a birthing "team," and of being able to enhance the environment with music, with scent, with candles. But it is up to the mother to decide what kind of birth she wants.

RM: What else do you think is important to do at the time of birth?

JE: I think it's important to place the baby on the mother's chest as soon as the baby is born. There is nothing more magical than observing a baby just seconds old being placed on a mother's chest, skin-to-skin, for the very first time. This is exactly where the baby wants to be. I have seen videos where babies actually crawl up to the mother's chest when they are born.

In addition to the obvious importance of meeting mom immediately upon arrival into the unfamiliar environment of the outside world, there is a biological benefit as well. This helps the baby maintain body temperature, which is a difficult but vitally important task for a newborn.

I also think it's important to talk to the baby as soon as it's born. A woman should show her excitement, tell her baby how loved she or he is, and sing those songs that are familiar to her

baby. I believe that what a newborn *experiences* right after birth can help make a baby feel welcome in this world, and that I, as a health care provider, have the responsibility of making new parents aware of the power they have in those important first few moments of life.

RM: Dr. Evans, thanks very much for talking with me today.

JE: It's been my pleasure. □

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About The Center for Women's Health

The Center for Women's Health is a fully integrative holistic health center in Darien, Connecticut. The Center combines both allopathic and holistic care, specializing in menopause, uterine fibroids, cancer, and prenatal care. Mind/body/spirit techniques are taught to decrease labor pain and the likelihood of cesarean section as well as helping patients to resolve emotional and spiritual issues that may prevent the attainment of optimal body weight.