Matriarchs Using Visionary & Vibrational Allies

A Mother's Manual to Psychedelics & Plant-Based Birth

Aneh Nebulae @anehnebulae

www.fruitofthewomb.life

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This work is a shared offering, not a directive.
Every choice is your own.

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Medicine or Poison?

An Exploration of Entheogens and Pharmaceuticals in the Womb Space

There is a crossroads where the modern mother stands—one foot planted in the clinical corridors of conventional medicine, the other seeking sacred ground in the ancestral forest. Between the fluorescent-lit waiting rooms and the fire-lit stories of her foremothers, she is asked to decide: What is safe? What is poison? What is healing?

We begin here: not with judgment, but with a widening of the gaze.

In today's dominant paradigm, the womb is viewed as a container—sterile, measurable, controlled. The pregnant body is often treated as fragile, medicalized, and susceptible to malfunction. Within this paradigm, the womb becomes a site of intervention, rather than initiation.

Yet, the Indigenous memory in our bones tells a different story.

For millennia, birthing people have turned to the plants, the stones, the wind, and the breath of the earth for guidance. Psychedelic plants, known in this text as entheogens (from the Greek: entheos, "full of the divine"), were not recreational substances—they were sacred tools for clarity, courage, connection, and communication with Spirit. They were used by midwives and medicine women in ceremony to ease labor, restore peace, process grief, and protect the threshold of life.
But somewhere along the colonial axis of science and sovereignty, the sacred was labeled a threat. The village wisdom was replaced by pharmacological data. The rite of passage was reduced to a risk profile.

And so the modern question emerges, once again, in new language:

Can entheogens be safe during gestation? Or are we endangering the life within?

Pharmaceuticals & Pregnancy: A Question of Cost

According to the U.S. Centers for Disease Control and Prevention (CDC), 9 out of 10 pregnant people take at least one form of medication during pregnancy, including SSRIs, opioids, and anti-anxiety agents. Yet, many of these pharmaceuticals are known to cross the placental blood-brain barrier and enter the developing fetal system. This exchange is not neutral—it can be neurochemical, hormonal, and in some cases, disruptive to fetal growth, emotional regulation, or cognitive development.

Science confirms what we intuitively sense: the womb is not a wall—it is a portal. It receives and responds.

This is not a condemnation of pharmaceuticals. For many, especially those navigating complex mental health needs, prescribed medication is life-saving. We honor and hold reverence for those who choose this path with clarity and necessity. There is no shame in survival.

But what we must examine is this: Why are earth medicines demonized for their potential risk, while pharmaceuticals are accepted despite their proven ones? Why are mothers given Ativan or Zoloft without exploration, yet shamed for holding a cup of cacao or microdosing psilocybin in sacred space?

To answer this, we must journey deeper—into the science of toxicity, and the spirit of choice.

The Dose Is the Doctrine: Understanding Toxicity Through Sacred Lens

"The dose makes the poison." — Paracelsus (1493–1541), the father of toxicology

This ancient axiom teaches us that it is not the substance itself that determines harm, but the amount, context, and intention behind its use. Every substance—be it ergot, morphine, psilocybin, or even water—can become toxic when administered improperly. Likewise, even traditionally feared substances have been used medicinally in ancestral midwifery for generations.

Because entheogens do not fit the mold of standardization. They are relational, not replicable. They depend on context, ceremony, and connection to intention—things the clinical world is still learning to respect.
And so, many mothers walk between two worlds: desiring alternative ways to support their mental, emotional, and spiritual states during pregnancy—but lacking the language, the safety, or the communal trust to explore them.

Take Ergot, the fungal predecessor to LSD. In the 1500s, midwives observed that sows who consumed ergot-infected rye would spontaneously labor. Eventually, its active compound, ergometrine, became a foundational medicine in obstetrics to induce uterine contractions.

Consider Belladonna, the infamous "Deadly Nightshade." Despite its danger, it was blended with morphine to create "Twilight Sleep"—a labor method designed to remove pain and memory from childbirth, used widely until adverse outcomes made it obsolete.

Or Papaver somniferum—the Opium Poppy. This flower birthed not only heroin, but also morphine, codeine, and fentanyl, all of which are still administered in hospital births today to manage labor pain.

These examples illustrate something crucial:
The sacred and the scientific have always been interwoven.
What is considered 'poison' has often been used to bring life forth.
The line between risk and remedy is shaped by paradigm, not purity.

Enter the Entheogens: A Whisper from the Earth

Let us now turn toward the plants that whisper rather than scream—the fungi that glow in darkness—the brews that reveal rather than suppress.
Entheogens like psilocybin (magic mushrooms), mescaline-containing cacti (peyote, San Pedro), DMT-based brews (ayahuasca), and cannabis have been used to aid gestation, ease emotional distress, enhance spiritual clarity, and reconnect birthing people to their inner knowing.
Yet, the dominant narrative around these medicines is steeped in fear. That fear is not without basis—improper use, overuse, or irresponsible contexts can absolutely pose risks to both mother and child. But the fear also stems from disconnection—from the land, from ceremony, and from Indigenous midwifery systems that once held this knowledge with grace.

Scientific studies on psilocybin and pregnancy are limited. One 1967 study found no evidence of birth defects associated with LSD use during pregnancy. Later animal studies suggest that while compounds like psilocin (the metabolized form of psilocybin) can cross the placenta, there is no conclusive evidence of harm when used at low, respectful doses. Yet, the modern medical system still categorically denies any discussion of benefit.

Informed Sovereignty

The goal of this text is not to instruct mothers to consume psychedelics.
It is to restore the power of informed, intuitive, sovereign choice.
It is to create a space where womb-bearers, doulas, midwives, and medicine keepers can discuss risk, benefit, tradition, and science with dignity—not fear.
It is to remind us that our ancestors walked with plants not in desperation, but in devotion. They knew how to listen. They understood dosage. They practiced reverence.
Modern society has traded this wisdom for liability disclaimers and fear-based abstinence.
But now the womb is remembering

"I trust the ancient voice that speaks through my womb.
I walk with discernment, not fear.
I honor the plants that whisper when spoken to in reverence.
I am sovereign in my care.
I do not walk alone—I walk with my ancestors,
with my medicine,
and with my future children singing in my bones."

Unlearning the Fear—Reclaiming the Womb as a Sovereign Site of Knowing

If the womb is a temple, it is one that has been colonized—not only by scalpels and sutures, but by stories. Stories that whisper that a mother must not trust herself. That birth is dangerous. That pain is pathological. That herbs are primitive. That safety lies in compliance.

For many, this is the beginning of medicalized motherhood: a hand held through machinery and charts, but not through intuition or spirit.
Let us pause here and ask a sacred question:
When did we begin to believe that our wombs were broken?

The History of Mistrust: How Womb Wisdom Was Made Illicit

This mistrust of nature—of the feminine, of the wild—did not begin with science. It began with systems designed to subdue it.

In Europe, the persecution of "witches" in the 15th–17th centuries was largely the persecution of women who held herbal and midwifery knowledge. Women who delivered babies with yarrow and mugwort, who eased pain with tinctures and chants, were deemed dangerous. They were burned not because they failed—but because they succeeded without institutions.

In colonized lands, similar forces played out. African, Caribbean, and Indigenous birthkeepers—women who used cannabis, mushrooms, coca, and sacred snuffs—were outlawed, enslaved, or displaced. Their knowledge was called superstition. Their sacraments were criminalized.

What was once a **grandmother's blessing became a felony.**

This lineage of persecution continues subtly today. A mother in the United States who consumes cannabis for hyperemesis may be reported to Child Protective Services. A woman who discloses psilocybin use during postpartum depression may be denied care or custody. A midwife who mentions Kambo as a postpartum recovery ally may lose her license.

This is not neutrality. This is institutionalized control of the womb—and the path to freedom begins by naming it.

Science as a Double-Edged Blade

Let us now return to science—not to discard it, but to meet it with maturity.

When modern medicine discusses risk, it often uses the language of toxicity thresholds, side effect profiles, and adverse events. These are valuable metrics. But they do not account for spirit, intention, ceremonial dose, ancestral usage, or the relational intelligence of the mother.

In western medicine , the default body is cis-male. The default setting is separation. The default method is isolation of compounds—not reverence for full-spectrum essence.

Shaming the Sacred Mother

In the current paradigm, mothers are praised for staying on Zoloft but shamed for holding a sacred mushroom. They are prescribed Vicodin after C-sections but criminalized for using cannabis to sleep. They are sedated during labor but denied support for spiritual integration afterward.

This is not an accident—it is a pattern.

A mother who listens to her body is often seen as non-compliant. A mother who says "no" to anesthesia and "yes" to breath is seen as high-risk. A mother who prepares cacao, mugwort, or psilocybin with prayer is seen as unstable. A mother who says "I am my own authority" becomes a threat.

This shaming is not just personal—it is political.

It is tied to white supremacy, patriarchy, and capitalism. Why? Because an empowered, plant-connected, sovereign mother cannot be marketed to, controlled, or pacified. She is rooted in something older and deeper than systems. She knows how to grow, nourish, and resist.

And so the system whispers:
"Don't trust your instincts. Don't ask about plants. Don't speak of visions. Don't question the prescription. Be a good girl."

But the womb responds with a deeper voice:
"Remember."

The Sovereignty We Were Never Taught

What if sovereignty isn't rebellion—but remembering?
What if we taught mothers not only how to read ultrasound charts but also how to listen to the herbs growing in their backyard?
What if birth workers knew the science of serotonin receptors and the sacredness of the mycelial network?
What if we whispered to pregnant people not just the due date—but the truth:
"Your womb is wise."

Sovereignty does not mean ignoring risk. It means integrating it into a full spectrum of knowing—intuition, research, oral tradition, spiritual connection, and body intelligence.

Reframing Risk:

The medical model often presents a one-size-fits-all warning: "Do not use psychedelics while pregnant or breastfeeding."
But not all mothers are navigating the same terrain.

To tell them all "Just don't do it" is not trauma-informed care. It is fear-based policy rooted in liability, not love.

The truth is:
Many mothers have already made up their minds.

They are already using sacred plant allies.

What they need is not permission—but protection, education, and integration.

One of the most damaging elements of the maternal health system is the medical gaze—the unspoken message that the provider knows better than the person birthing.

This power imbalance creates fear, re-traumatization, and disconnection. It can silence a mother's voice in the moment she most needs to roar.

Many mothers who turn to sacred plants are not trying to "get high." They are trying to heal. To connect. To soften. To soothe their nervous systems without harming their child. To reclaim pleasure, presence, and power.

When they are met with shame instead of support, they internalize the message: "You are irresponsible. You are dangerous. You are not enough."

But this is a lie.

A mother who turns to the earth is not dangerous—she is remembering.
A mother who asks hard questions is not rebellious—she is wise.
A mother who seeks to birth in wholeness is not selfish—she is sacred.

We call in a culture where mothers can gather with birthworkers and say:
"I'm considering microdosing during my second trimester. Can you hold space for this conversation?"

"I want to prepare a sacred mushroom ceremony for postpartum grief. Can you witness me?"

"I've been using cannabis edibles to manage anxiety. What should I know about timing, dosing, and lactation?"

These are not reckless questions. These are questions rooted in love, discernment, and sacred responsibility.

The Womb Remembers

Before language, before breath, before choice—there is the womb.

The womb remembers what we forget. It stores sensation, grief, betrayal, rupture, stillness, and joy in layers of muscle, fascia, fluid, and dream. It is not passive. It is an archive of becoming.

And for many mothers, the act of birth is not the beginning—but the unearthing. The child may be new. The trauma is not.

What Cannot Be Spoken, Is Stored

Birth is not just a physical act—it is a spiritual unveiling. And many arrive at this veil carrying generations of unspoken wounds:

A cesarean birth that felt like surrender, not sovereignty

An epidural that silenced a scream meant to be sung

A miscarriage grieved in secret because there was "no body"

Sexual abuse that was never named, only held

A lack of choice, a lack of witness, a lack of love

These are not just events. They are ruptures in the soul's passage.

And when left untouched, they remain—held by the womb like echoing prayers. The body continues to bleed, swell, contract, ache in places medicine cannot find.

This is why so many mothers arrive at the forest altar. Not because they seek escape—but because they seek reunion.

Mycaea as Mirror - Holding Space for What Was Never Healed

When a mother meets Mushroom in ceremony, it is not always beautiful.
Sometimes, she is shown everything she buried:

The moment of dissociation on the hospital table
The crying that went unheard in a sterile room
The way her spirit left her body while her child crowned
The voice of an ancestor who whispers, "You were meant to birth in song"

And yet, through these memories—she is not abandoned. She is held.
The mushroom does not offer erasure. It offers integration.

In the presence of Mycaea, the wound becomes the doorway. The shame becomes the soil. The contraction becomes the spiral back into wholeness.

This is not therapy. This is not psychiatry. This is sacred griefwork. And it is ancient.

Testimonies from Mycaea Mothers

"I had a c-section I didn't want. I was numb for weeks. I didn't even remember holding my son. During ceremony, I relived the moment—but this time, I screamed. I cried. I told the doctors to stop. It didn't change the past, but it changed me. I finally felt like my birth happened."

—

"I'd had an abortion at 19 and never told anyone. During a psilocybin journey, I saw a little light dancing. She said, 'I chose you because you'd listen to me now.' I wept. We named her. I made her an altar."

—

"My birth was so violent, even though nothing 'bad' happened. I just wasn't respected. During a microdose series, I began to reclaim my voice. I started writing poetry. My anger had a place to live that wasn't inside me."

—

These are not isolated stories. They are part of a larger remembrance that birth is not only biological—it is energetic, emotional, and ancestral.

And for many mothers, Mycaea is the only medicine that can reach where the trauma lives.

Holding the Mother

If a mother chooses to work with Mycaea, her container is everything.
A proper ceremonial space for womb-centered journeys should include:

A grounded, present facilitator or spiritual midwife

A clear altar

Permission to cry, yell, vomit, sing, rock, curl, or undress

Time for integration (hours or days afterward with no obligation)

Warmth—blankets, tea, touch, eye contact, music

A plan for re-entry into the mundane (ritual bathing, silence, grounding food)

This is not a trip. It is a womb rite.

And it must be treated as such. Without reverence, trauma can be retriggered. With reverence, it can be re-storied.

The Healing Triad

In ceremony, just like labor, the most powerful tools a mother has are not drugs or diagnoses. They are:

Her breath. Letting it deepen, shake, and return.
Her voice. Moaning, singing, praying, screaming, naming.
Her movement. Rocking, swaying, curling, spiraling, rooting.

These three—when welcomed without judgment—allow somatic integration to complete. They are how trauma exits the body. They are how joy re-enters.

They are how Mycaea is digested—not just biologically, but spiritually.

he Wounded Mother is the Sacred One

In the world we are building, the mother is not weak.
She is not broken because she cries. She is not unstable because she bleeds with memory. She is not dangerous because she takes sacred mushrooms to meet her grief.

She is sacred because she dares to feel.

She is wise because she chooses truth over anesthesia.

She is whole because she stops hiding.

And Mycaea? She is not a savior. She is a mirror, a medicine, and an old, old friend.

“My womb is not a wound.
It is a weaver of truth and power.
I reclaim my story with every breath, cry, and contraction.
I walk as a mother—
brave enough to cross between worlds
and return whole.”

2 Psychedelic Pathways in Pregnancy

Revisiting the Taboo

What the Body Already Knows

When a mother reaches for a psychedelic during pregnancy or postpartum, she is not reaching for escape.
She is reaching for reconnection.
To call this dangerous, irresponsible, or delusional is not only reductive—it's historically inaccurate and spiritually deaf.

Entheogenic use in motherhood is ancient.
It is ritualized.
It is relational.
It is sometimes necessary.
And in the modern era, it's reemerging—not as rebellion, but as **reclamation**.

The pregnant body is not fragile.
It is powerful, psychic, and in constant communion with the spirit realm.
Yet modern medicine still frames pregnancy as a condition of caution—especially when it comes to psychedelics. This is not a call to reckless use, nor a blanket endorsement. It is an invitation to **deep discernment** rooted in **research, remembrance, and respect** for the pregnant body as a **psycho-spiritual vessel.**
The rise in psychedelic exploration for birthwork—psilocybin, cannabis, LSD, ayahuasca, and ancestral plant allies—brings up important questions. What happens when mothers choose to work with these medicines during pregnancy, postpartum, loss, or conception? Can these substances support healing and reconnection—or are they too risky in the prenatal field?

The Historical Amnesia of the Western Medical Lens

Despite hundreds of years of **ritual plant and mushroom use** in global birth cultures —from Mazatec midwives to Caribbean womb healers—modern science has only just begun to revisit what our ancestors never forgot.

Current research is in its infancy. The **Schedule I status of many psychedelics** prevents large-scale clinical trials in pregnancy. However, anecdotal reports, underground therapeutic containers, and preclinical studies suggest these substances may support:

Perinatal trauma resolution

Reconnection to self and unborn child

Emotional recalibration and nervous system regulation

Enhanced bonding and intuitive parenting

Release of unprocessed grief or shame

Psychedelics in Pregnancy—A Forbidden but Familiar Language

There is a reason the body responds so profoundly to psilocybin, cannabis, blue lotus, and other visionary allies.

The pregnant and postpartum body is already psychedelic:

Flooded with oxytocin and endorphins

Moving through altered time perception

Vulnerable to ego dissolution and spontaneous visions

Operating in heightened intuition and sensory sensitivity

Holding the threshold between death, birth, and transformation

To introduce a psychedelic into this terrain is not to add something foreign. It is to **amplify what is already happening**—which is why it must be approached with absolute reverence and informed care.

Understanding the Maternal Neurochemical Landscape

Pregnancy transforms the brain.

In the third trimester alone, gray matter reorganizes in regions associated with **empathy, social intuition, and bonding**. Hormones like **oxytocin, prolactin, and estrogen** surge, preparing the mother not only to birth—but to attune and respond.

At the same time, **emotional trauma**, **history of abuse**, or **prior loss** may resurface. Unintegrated stress can dysregulate the **hypothalamic-pituitary-adrenal (HPA) axis**, heightening vulnerability to depression and anxiety.

Emerging research in psychedelic neuroscience offers promising intersections with what is already known about pregnancy physiology.
Key parallels:

- **Serotonin Regulation**: Psilocybin and other tryptamine-based psychedelics (DMT, LSD) work through **5-HT2A receptor** stimulation. Pregnancy also shifts serotonergic function, often impacting mood, anxiety, and sleep. Carefully stewarded psychedelic use can gently **upregulate emotional flexibility** via this pathway.

- **Neuroplasticity**: Both pregnancy and psychedelics activate neuroplastic states. Psilocybin and ketamine in low to medium doses show increased **brain-derived neurotrophic factor** (BDNF), promoting cognitive re-patterning and trauma reprocessing. This is especially relevant in postpartum depression, CPTSD, and identity shifts after birth.

- **HPA Axis Reset**: Pregnancy suppresses the **hypothalamic-pituitary-adrenal (HPA) axis**, lowering the body's cortisol response. Psychedelics have been shown in studies (Carhart-Harris et al., 2017) to reduce overactive stress responses via similar downregulation of default mode network activity and amygdala hyperreactivity.

- **Bonding Hormones & Spiritual Cognition**: Substances like cannabis, psilocybin, and even MDMA enhance the production and circulation of **oxytocin**, known as the "love hormone." Oxytocin plays a critical role in birth, lactation, bonding, and trust—and is often diminished in trauma survivors.

These mechanisms may offer **psycho-biological support**, particularly when the mother is emotionally fragmented or disassociated from her pregnancy experience.These mechanisms may offer psycho-biological support, particularly when the mother is emotionally fragmented or disassociated from her pregnancy experience.

Entheogenic Support for Perinatal Challenges

The reasons mothers consider entheogens are often rooted not in curiosity—but in **urgent unmet need**:

- **Postpartum depression (PPD)**: Psychedelics are being fast-tracked in research trials for treatment-resistant depression. Small-scale qualitative studies suggest even microdoses improve emotional regulation, spiritual insight, and agency.

- **Perinatal trauma & sexual violence**: Many mothers carry unprocessed trauma into birth or motherhood. Entheogens can access limbic memories stored beyond cognitive recall, allowing for gentle grief discharge and new narratives.

- **Disconnection & spiritual loss**: Visionary allies often return mothers to **feeling their body**, **feeling their baby**, and remembering their intuitive voice. For those navigating medicalized birth, NICU stays, or loss, this reconnection is a form of survival.

Why Some Mothers Are Choosing to Walk This Path

Despite the risks, many mothers report that their use of entheogens during pregnancy or postpartum was not recreational—it was **revelatory**:
"I didn't do it to escape. I did it to feel connected to my baby again."
"It helped me process my miscarriage and actually be present in my next pregnancy."
"I wasn't high—I was aware. I finally remembered who I was."
"My trauma didn't come back. It came through and left."

This is not about partying.
Not about numbing.
Not about chasing visions or highs.
It becomes **an ancestral midwife**, walking with the mother through the veil and back again.

Current Research & Clinical Limitations

Due to Schedule I classifications, **few formal studies exist** specifically on psychedelic use during pregnancy.
However, parallel research supports therapeutic application in adjacent conditions:

- **Psilocybin for major depressive disorder** (Johns Hopkins, 2022)
- **Ketamine for perinatal PTSD and suicidality** (in emergency trials, 2021–24)
- **Cannabis for hyperemesis gravidarum** (Nausea study, UC San Diego, 2019–23)
- **Ayahuasca for grief and attachment trauma** (Brazilian ethnobotanical studies)

Risks, Contraindications & Informed Sovereignty

While this book does not promote illegal activity, it does acknowledge that many women are already walking this path—**quietly, reverently, and often alone.**

Ethical and physical considerations must include:

- **Medication interactions** (SSRIs, benzodiazepines, MAOIs, mood stabilizers)
- **Mental health history** (bipolar disorder, schizophrenia, psychosis risk)
- **Lack of legal protection or clinical recourse** if complications arise

A sovereign mother must consider all of this—not with fear, but with informed clarity.

This Is Not a Trend—It Is a Reclamation

Psychedelics in pregnancy are not "new." They are ancient.

What is new is our need to speak about them **openly, responsibly, and remember i**—so that mothers do not walk this road in silence or shame.

There is no one right way.

Only a sacred question:

Is this medicine mine to walk with now?

And if so, will I honor it fully?

Integration After Birth—Entheogens, Breastfeeding, and the Postpartum Brain

Integration does not end when the ceremony closes.

For mothers, integration often begins when the milk lets down.

In the weeks and months after birth, when hormones are rebalancing, identity is shifting, and sleep is fragmented, the nervous system becomes **both vulnerable and plastic**—primed for healing, and also easily overwhelmed.

This is why postpartum is increasingly recognized by mothers, midwives, and psychedelic researchers alike as a **pivotal integration window**—one that must be entered with education, compassion , and structured support.

The Neuroendocrine Terrain of the Postpartum Mind

After giving birth, a mother's brain continues to undergo intense transformation. Studies have shown significant shifts in **gray matter volume, amygdala sensitivity**, and **default mode network activity** in new mothers—especially in areas related to empathy, bonding, and emotional regulation.

At the same time, hormonal profiles fluctuate dramatically:

Oxytocin rises to support bonding and lactation
Prolactin supports milk production
Estrogen and progesterone crash sharply after delivery
Cortisol remains elevated in response to stress, often compounded by lack of sleep

The postpartum brain is, in many ways, **neurologically similar to the psychedelic brain**: open, sensitive, emotionally responsive, and reorganizing toward a new identity.

As researcher Helen Fisher noted:
"The maternal brain is a neurochemical flood zone. It's as psychedelic as any clinical dose of psilocybin."

Entheogens in Breastfeeding: What We Know
Many mothers ask if it is safe to breastfeed while microdosing or using psychedelics. Currently, there is **no formal research** on the direct impact of psilocybin or other psychedelics on breast milk or nursing infants. However, what we do know includes:

- **Psilocybin** has a relatively short half-life (2–3 hours), with most active compounds metabolized quickly.

- No detectable psilocin or active metabolites have been recorded in breast milk to date—but formal studies are lacking.

- **Cannabis** compounds (especially THC) are fat-soluble and **do pass into breast milk**, though in variable amounts. Infants exposed via milk have shown some developmental effects in early studies, but these are often confounded by prenatal exposure and other environmental factors.

Cacao, mugwort, and blue lotus are generally considered safe in low doses, but always require caution and plant-specific research when breastfeeding.

Out of caution, many mothers who breastfeed choose one of the following approaches:
"Pump and pause": pausing breastfeeding for 6–12 hours post-ceremony to reduce infant exposure

Post-feed microdose: taking small doses right after a long nursing session

Using only vibrational allies like cacao and blue lotus during breastfeeding windows

Working with professional guidance to evaluate timing, dosing, and safety

The Emotional Impact of Integration While Nursing

Many mothers find that psychedelics **amplify their emotional sensitivity**, even in microdoses. This can be both healing and overwhelming.
During breastfeeding, oxytocin release alone can surface old grief, rage, or longing. When paired with psychedelic insight, these experiences may intensify.
Mothers have reported:

Deepened emotional presence during feeding

Sudden weeping while holding their child

Re-experiencing their own early attachment wounds

Uncovering birth trauma while nursing

Heightened creativity

This emotional reactivity is not failure. It's the body rebalancing its story.
The key is having **practices and people** in place who can reflect the truth back without judgment.

Neuroplasticity & Long-Term Healing for Mothers

Psychedelics do not do the healing for us.
They create a window—chemical, emotional, spiritual—where healing becomes possible. But what happens *after* the dose, after the peak, after the vision is what determines whether that experience becomes **a memory or a mechanism for transformation**.
For mothers especially, where time is short and responsibilities are constant, the window of integration must be approached **intentionally**. Integration is not a luxury. It is **the medicine itself**.

Integration Is a Neurobiological Process

We often speak of integration as spiritual. But it is also **neurological**.
As described in a landmark 2017 study by Robin Carhart-Harris, psychedelics like psilocybin induce a "critical period" of **heightened neuroplasticity** in the weeks

following use. This state is marked by increased openness, new synaptic connections, and reduced rumination.

In mothers, this window mirrors the postpartum period, when the maternal brain is already reconfiguring for care, bonding, and survival.

"Psychedelics temporarily destabilize entrenched neural pathways, allowing for increased cognitive and emotional flexibility."
— Carhart-Harris et al., 2017, Imperial College London

This means that insights during ceremony are not fleeting—they are **neurologically primed for integration** if the mother engages them with supportive practices.

Trauma Resolution: Memory Reprocessing with Entheogens
Psychedelics do not erase trauma. They reopen it—for reintegration, for meaning-making, and for emotional completion.
In maternal healing, this often shows up as:

Revisiting the moment of birth trauma

Recalling sensations from childhood abuse

Reprocessing shame around abortion or miscarriage

Remembering emotional abandonment or loss during pregnancy

According to MAPS research on MDMA-assisted therapy, "trauma reactivation in a supported setting allows for memory reconsolidation without retraumatization." This principle applies to psilocybin as well—particularly in postpartum sessions supported by skilled witnesses.

"When trauma is re-accessed under conditions of increased safety and oxytocin release, the brain has the capacity to rewrite the emotional coding of that memory."
—Mithoefer et al., 2011, MAPS

From Insight to Action: What Long-Term Integration Looks Like
For mothers, integration is not theoretical. It's how you show up with your child. Your partner. Your own breath.

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Common post-journey shifts include:

Increased **emotional regulation**

Greater **ability to stay present during overwhelm**

Repaired **connection to the body and sexuality**

Stronger **boundaries and truth-telling**

A new or renewed **creative practice**

Softened relationships with one's own mother or maternal lineage

Greater **self-forgiveness** and decreased inner criticism

These changes are subtle but cumulative. As one mother put it:
"I didn't realize how much I'd changed until my daughter said, 'Mom, you don't yell anymore.' I hadn't even noticed. But she had."

How the Brain Relearns Safety After Trauma

Psilocybin downregulates the default mode network (DMN), the part of the brain responsible for self-referential thought and rigid patterning. This allows trauma loops to soften and **new responses to be practiced** in the days following.
This is where **integration practice becomes critical**:

- The mother may find herself **less reactive** to crying or tantrums
- She may choose to **breathe instead of dissociate**
- She may notice **triggers without becoming overwhelmed**
- She may experience **tears or shaking** where there was once numbness
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This is not magic. This is **rewiring**.
The brain is practicing a new maternal response. One that includes more of her.
"Post-acute psychedelic effects offer a critical opportunity for reconsolidation of affective experiences. Behavioral interventions are most effective during this period."
— Ross et al., 2016, Journal of Psychopharmacology

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Holding Mothers Through Integration—Support, Safety, and the Role of the Witness

A mother who walks through a psychedelic doorway does not walk out the same. She may emerge tender, elated, exhausted, raw, newly awakened, or emotionally destabilized. She may feel more present with her child and also more overwhelmed by the world.

The days and weeks after a journey—especially for those who are pregnant, postpartum, or actively parenting—require **structured, sovereign, and trauma-informed support**.

This is where the **birthworker, doula, therapist, or facilitator** becomes critical.

What Mothers Need After Entheogenic Experience

Most mothers are not seeking interpretation. They are not asking for advice. They are seeking:

Containment: a feeling of held safety

Validation: affirmation that what they felt was real and worthy of witness

Co-regulation: someone calm, grounded, and steady to be in the room

Integration: a way to make meaning from what they saw or remembered

Resources: simple practices for body and emotional tracking

Ritual closure: acknowledgement that something sacred occurred and is now complete

Without this, many report feeling "opened but unsupported." This is especially dangerous when trauma is reactivated, or when a mother is immediately required to return to caretaking without anchoring her nervous system.

The Role of the Witness

Not everyone is meant to facilitate psychedelic experiences. But many are called to **witness** them.

A witness is someone who:

Holds space without projection

Resists the urge to fix, explain, or direct

Offers reflective listening

Encourages body awareness and emotional tracking

Holds confidentiality and deep trust

This can be a:

Birthworker

Partner

Therapist

Friend

Ceremonialist

Spiritual mentor

The witness is not responsible for the experience. But they are responsible for **how they show up** once the mother begins integrating it.

For Those Who Are Facilitators or Guides

Facilitating for mothers requires additional layers of care beyond traditional psychedelic guidance.

A mother is not just a client—she is a portal.

She is:

Navigating hormonal flux

Holding physical vulnerability

Shifting identity

Actively attuning to one or more dependents

Often managing sleep deprivation, sexual reorientation, and relational tension

How to Prepare the Space for a Mother
Whether she is microdosing, sitting in ceremony, or taking a postpartum bath with cacao, the container must be **mother-specific**.
Create:
Low-stimulation environments: soft light, quiet, access to fresh air

Body support: pillows, blankets, water, nourishing food

Access to grounding: salt, cacao, magnesium oil, warmth

Symbolic closure: flowers, written reflections, sacred objects, song

Witnessing space: a journal or trusted person to receive her reflections without analysis

Ceremonial doses should be **followed by rest, not reentry**.
If the mother is returning to caretaking within 24 hours, the dose should be deferred or modified.

Facilitators Must Do Their Own Work First
If you are a birthworker or guide walking mothers through psychedelic healing:

Have you journeyed with the medicine yourself?

Have you addressed your own birth or mother wounds?

Do you know how to co-regulate a dissociative episode?

Are you trauma-informed and somatically educated?

Can you differentiate your role from their experience?

If not, your first responsibility is **not to hold**, but to **train, integrate, and seek mentorship**.

The mother's safety cannot hinge on your intuition alone. It must be scaffolded by training, supervision, and embodied practice.

Red Flags for Facilitators
Facilitators should **not** proceed with entheogenic work if the mother:
Ideal Support Roles for Mothers Integrating Entheogens
Psychedelic-informed postpartum doulas

Therapists trained in trauma, birth, and integration

Somatic coaches or bodyworkers with nervous system training

Peer integration groups with child-inclusive formats

Birthkeeper-led retreats with womb-healing and ceremonial design

Community elders who understand plant medicine without pathologizing it

If these are not available, a support plan may include:
A partner or friend trained in active listening

Scheduled check-ins with a trauma-informed peer

A written "post-journey agreement" for support and space

Questions a Facilitator or Witness Should Ask
"What are you hoping to understand, release, or reconnect with?"

"What practices ground you when things feel overwhelming?"

"What does support look like the next day?"

"What's your relationship with silence, discomfort, or the unknown?"

"What would you need if something difficult arises?"

"Who else knows you're doing this?"

These questions help ensure the journey is **held, not just hosted**.

To support a mother through a psychedelic journey is to walk beside someone returning from a sacred fire.
It is not your job to interpret her visions.
It is your job to keep the fire warm when she returns.
To make her tea.
To witness her weep.
To remind her of what she saw when doubt creeps in.
To help her integrate that wisdom **into the way she mothers, partners, eats, rests, and leads.**

This is how we protect the reemergence of the matriarchal line—by keeping the mothers well held as they return.

"I am not alone in this remembering.
I am held by those who have walked before me.
I walk with truth, and I rest in safety.
This healing is not mine alone. It is ours."

3 Dosing Divinity

Understanding thresholds, intention, safety, and the sacred science of how much and when.

We live in a world obsessed with measurement.

How many milligrams. How often. How long. What's the half-life. What's the bioavailability. What's the risk ratio.

And while these numbers can save lives—they can also silence something older, deeper, and far more subtle:

The sacred conversation between a mother and her medicine.

For Our ancestors, dosage was not calculated by algorithms. It was felt. Measured in sensation, spirit, intuition, and the language of the body. The root was smelled, the bark tasted, the mushroom held. Then, a decision was made not by fear—but by relationship.

This is what we are reclaiming now.

Tthe realm of sacred discernment & intuition

The Dose Is the Dialogue

A medicine is not just a substance. It is a being.

And like any being, it does not respond well to domination. It responds to listening. In sacred use—especially in pregnancy, postpartum, and birth—the dose is not just what you take. It's what you can hold.

A microdose of psilocybin in a mother who is spiritually open may unlock a tidal wave of insight.

The Wounded Mother is the Sacred One

A half-gram of cannabis may do nothing in one woman and trigger panic in another.

A cacao ceremony may open the heart or shut down the nervous system, depending on what trauma is stored in the body.

There is no one-size-fits-all because no mother is one size of story.

Dosage is not a number.

It is a doorway.

And every womb has a different key.

Reclaiming the Ceremonial Mindset

In Western science, dosage is associated with control: give X amount to achieve Y effect.

But in ancestral and ceremonial traditions, dosage is about invitation:

Invitation to the medicine to speak

Invitation to the body to respond

Invitation to the spirit to surface what's ready

Invitation to the mother to choose with clarity, not coercion

This is why dosage must be connected to ritual.

When a medicine is taken without ritual, the body may absorb it—but the soul does not engage.

In ritual, even a tiny amount becomes potent. A microdose becomes a mirror. A breath becomes an altar. A sip becomes a story.

Ancestral Wisdom

Many cultures have their own dosing frameworks that were not recorded in Western journals but remembered through lineage and practice:

In the **Amazon**, shamans often begin with the lightest touch of ayahuasca, then wait—watching the person's breath, face, and dreams before offering more.

In **African** doula traditions, herbal enemas and decoctions are given in drop form based on how the womb "speaks."

Mazatec mushroom ceremonies sometimes involve eating only a third of a cap if the curandera feels the spirit of the mother is already wide open.

In the **Caribbean**, cannabis was smoked in "half-pulls"—the midwife watching the eyes of the mother, not the weight of the herb.

In **Indigenous** North American medicine lodges, dosage was decided not by age or size—but by readiness

Pharmacology Meets Sacred Ecology

Let us return to science briefly—not to debunk, but to deepen.
Here are key truths that modern pharmacology offers us about entheogenic dosage:

Set and setting dramatically impact how a substance is metabolized and experienced

Microdosing (sub-perceptual levels) can promote neuroplasticity and mood regulation without hallucination

Threshold dosing may cause emotional release and spiritual clarity without full "tripping"

Macrodosing (heroic journeys) are not advised without a deeply prepared container—especially in pregnancy

But what science does *not* yet fully measure is **vibrational receptivity**.

Some mothers are in states of openness—already "on the edge," already visionary, already between worlds. For these women, even smelling an entheogen can activate shifts.

This is why we say:
Dosage is not about what the medicine can do. It's about what the mother can *receive*.

Harm Reduction with Sovereignty

There is no safe dosage without **self-trust**.
But there are guidelines that many mothers, midwives, and ceremonialists agree upon for sacred safety:

Start low—lower than you think. Especially in pregnancy. Begin at 0.05g if using psilocybin. One pull or .5mg edible for cannabis

Journal your response. Track not just feelings but *thoughts, dreams, cravings, physical sensations*

Check your emotional baseline. Are you grounded? Supported? In a stable living environment?

Never mix medicines. Don't combine entheogens with SSRIs, stimulants, or recreational drugs

Respect the no. If your body says no—even to a dose you've taken before—listen. That *is* the medicine

Can You Dose Your Own Divinity?

The word "dose" has clinical roots.
But in here, we ask something different:
What if a dose is not what you take—but what you trust?
What if the true measure of the medicine is not what passes through your mouth, but what you allow through your heart?
We dose our day with decisions.
We dose our womb with words.
We dose our lineage with love or fear.
We dose our children with belief.
We dose our nervous system with silence or song.
In this light—**we are always dosing.**
So the sacred task is to **make it divine**.

Timing the Sacred Dose—Before, During, and After Birth

Timing is everything.
Not just how much. Not just what. But when.
The same plant that soothes you in postpartum could overwhelm you in active labor.
The medicine that supports conception may not be appropriate during gestation.
The ally that guided your miscarriage may not speak at all in early motherhood.
This is not contradiction. This is rhythm.
A sovereign mother walks in relationship with time—not the clock, but the soul-timing of her body and spirit.

There Are Seasons Within the Womb

Each phase of the motherhood journey holds a different energetic signature. The body, hormones, and spirit are not static. They evolve—inviting different allies at different thresholds.
Here is a breakdown not of rules, but of invitations for plant work during key phases:

1. Conception & Preconception

This is the time of calling in. Of cleansing. Of aligning.
The womb is preparing to become a portal. The mind must quiet. The emotions must clear. The spirit must listen.
Plant allies often invited here:

Mugwort (in ritual and dreamwork)

Cacao (for heart clarity)

Psilocybin (in deeper ceremony before conception, not during attempts)

Blue Lotus (to reconnect with pleasure and softness)

This is a phase of visioning. Ask the womb: what am I ready to carry?

2. Early Pregnancy (0–12 weeks)

This is a sacred and tender threshold. The body is undergoing immense hormonal shifts. Nausea, fatigue, emotional highs and lows, and ancestral downloads are common.

This is not *typically* the time for heavy doses or intense journeys. But some mothers do find great benefit from:

Microdosing psilocybin (e.g. 0.05–0.1g, spaced out)

Low-dose cannabis (edible or oil, for sleep or nausea)

Cacao (daily warm drinks to ease tension)

Aromatic herbal allies (lavender, rose, chamomile)

The plant must be **invited**—not used to bypass. If the body says "not now," that is the wisdom.

3. Mid-Pregnancy (13–28 weeks)
Here the body stabilizes. The placenta is fully formed. The womb feels held and integrated.

This is often the **"visionary trimester"**—where mothers feel open, centered, and more emotionally available.
This may be an aligned time to deepen with:

Microdose rhythms (weekly, biweekly)

Movement + medicine (ecstatic dance, yoga, sound with cacao or blue lotus)

Partner ritual (sharing small doses with birth partners for connection)

Some may feel called to pause during this time, too. Listening is key.

4. Late Pregnancy (29–40+ weeks)
The descent. The rooting.
As the baby prepares to arrive, the mother often turns inward. The nervous system becomes more sensitive. The need for stillness deepens.
Most mothers avoid new medicine relationships during this time—but some continue trusted allies:

Cacao for prayer and presence

Cannabis (light touch) for back pain, insomnia

Herbal teas (nettle, oat straw, raspberry leaf)

Any full dose use of entheogens is **rare** here and only with full ritual support. The body is already psychedelic. The spirit is already open.

5. Labor & Birth
Birth itself is the ultimate altered state. No ally is required here—only space, support, and surrender.
However, some homebirthing mothers have chosen:

Cannabis (light vapor or edible) to relax into labor waves

Cacao before active labor for grounding and love

Aromatherapy and smudging (lavender, frankincense)

Psilocybin is **almost** never used during labor. The body is already journeying—it is a time for **the body to be the guide**.

6. Postpartum (0–6 weeks)
This is a time of deep integration.
Grief, beauty, trauma, and joy move through the mother in cycles. The veil remains thin. The nervous system is raw.
This is often when plant allies feel most aligned—if used gently.

- Microdosing (once the body has stabilized and with support)
- Cannabis tincture or tea for insomnia, breast pain, or bonding
- Cacao for heart healing
- Blue lotus or mugwort in ritual baths
- Placenta encapsulation or tincture as internal ally

This is also a critical time for **supportive witnesses**—no medicine should be walked with alone.

7. Extended Postpartum & Rebirth (6 weeks–12 months+)
Here, a mother begins to reclaim her identity. She may want to process her birth story. Reopen creative energy. Reconnect with her sexuality.
This is often the phase where **deeper ceremonies** occur—especially with psilocybin.
Many mothers begin:

Solo or partnered ceremonies

Birth story reprocessing with facilitators

Sexual healing with blue lotus and cacao

Dream journeys with mugwort

This is the spiral back into self. Not who she was—but who she now is.

Every Medicine Has a Gate

The invitation is simple:
Do not force the gate open. Wait for it to turn toward you.
If you are wondering whether to journey, pause and ask:

Am I grounded?

Am I supported?

Am I clear in my intention?

Is this coming from trust or from fear?

If the gate remains closed—bow to it. That is the medicine, too.

4 Ceremonial Allies of the Southern Lineages

The Vine, The Toad & The Cactus in the Maternal Body and Reproductive Continuum

PEYOTE & PREGNANCY USE IN INDIGENOUS AMERICAS

Among the **Huichol people of Mexico** and members of the **Native American Church** (NAC) in the United States and Canada, **peyote** has historically been used throughout a woman's reproductive cycle—including prenatally and while breastfeeding.

According to a **Chacruna article**:

"The Huichol Indians of Mexico and members of the Native American Church (NAC) in the United States and Canada, utilize plant medicines prenatally or during breastfeeding to help prevent miscarriage, ensure the maturation of the fetus, and increase breastmilk production."

This traditional use is woven into mythology as well. In the NAC **Peyote Woman story**, a pregnant woman lost in the desert is starving, and hears a spiritual call to consume peyote. It is said that this medicine helps her deliver her child with ease.

From **Native Mothering**:

"A small survey of about 60 Huichol natives—10 of which were reviewed in a laboratory setting—showed no evidence of increased occurrence of congenital malformations (birth defects) despite peyote use during pregnancy."

"...No significant chromosomal aberrations were apparent among the peyote- and non-peyote-using Huichol Indians."

(Dorrance et al., 1975)

Ethnographic records from Schaefer (1996b, 2011, 2017) further confirm that **Huichol women often consume peyote at various life stages**, including pregnancy, and it is believed to support:

Fetal development
Placental health
Reduction in miscarriage risk

"Pregnant women who eat peyote have very little problems with miscarriage," and "it helps establish the placenta and maturation of the fetus."

— *Beautiful Flowers: Women and Peyote in Indigenous Traditions*

Despite these uses, **peyote remains deeply protected in Indigenous communities**. Outside ceremonial and religious contexts—particularly those of the NAC—access is often restricted for both ecological and cultural preservation.

Note: The NAC, though rooted in Indigenous traditions, has been significantly shaped by Christian doctrine and colonial influence. Taboos around menstruation and access for women still exist in some settings. For non-Christian, inclusive, and accessible ceremonial options, see: Getting to the Root.

AYAHUASCA & ITS COMPLEXITY IN PREGNANCY AND BREASTFEEDING

Ayahuasca (a brew combining Banisteriopsis caapi and Psychotria viridis) is a sacred Amazonian medicine that holds a long history of ceremonial use across **Shipibo, Quechua, and Shuar** traditions. Within some of these traditions, **ayahuasca is not avoided in pregnancy—but considered a spiritual support.**

"A woman can drink ayahuasca when she is pregnant, because the ayahuasca gets into the child and gives it *fuerza*—power."

— *Singing to the Plants*

The **Shuar** people echo this belief: a child who receives the medicine in the womb is believed to be born spiritually stronger.

That said, the science around ayahuasca toxicity is **not yet conclusive**. A single preclinical study in animals found:

"Delayed intrauterine growth, induced embryo deaths, and increased occurrence of fetal anomalies were observed at the 8X dose... At non-lethal doses, AYA enhanced embryo lethality and the incidence of fetal soft tissue and skeleton anomalies."

This suggests that **frequent high-dose ceremonial use in pregnancy carries risk.** But this study does not reflect traditional practice, where use is rare and carefully titrated.

If a mother is considering working with ayahuasca:

- Choose a **qualified traditional practitioner or lineage**
- Ensure the ceremony allows for **dose flexibility**
- Consider spacing and integration support
- Do not participate without **full consent from body and spirit**

Regarding breastfeeding, Singing to the Plants shares:

"Doña María said a woman should not drink ayahuasca while lactating... only that ayahuasca should not be in the breast milk."

This belief is echoed across lineages, though without clinical backing. Out of caution, most facilitators recommend:

- **Avoiding ayahuasca while breastfeeding infants under 1 year**
- **Waiting 6–12 hours after ingestion before nursing** if child is older
- Tracking emotional and physiological responses in the child afterward

KAMBO AND ITS USE IN THE REPRODUCTIVE ARC

Kambo is the secretion of the *Phyllomedusa bicolor* frog, traditionally used by tribes in the Amazon basin to **clear "panema"—the spiritual fog or heaviness associated with stagnation, sadness, and illness.**

While **Western medicine does not recommend** its use in pregnancy, traditional reports speak to two uses:

Early pregnancy (first trimester):

A single, low-dose kambo session applied to the inside of the wrist

Believed to "test" fetal vitality—if the pregnancy was healthy, it would remain

If not, miscarriage was interpreted as a spiritual release

Late pregnancy (near term):

A final kambo session was sometimes used to help determine the baby's sex based on the urine and to **prepare the body for labor**

These stories come from A Guide to Increasing Fertility and Taking Kambo During Pregnancy, where it is clearly noted:

"Kambo still carries a risk of miscarriage or preterm labor, and its effects on a fetus are currently unknown."

Kambo in the Postpartum Period

What is more well-supported is **Kambo's traditional use for postpartum depression and energetic fatigue.**

Kambo stimulates the release of:

Endorphins: which ease emotional pain

Peptides like *adenoregulin*: which regulate the hypothalamus and improve mood, energy, and mental clarity

This makes Kambo a medicine of interest for mothers facing:

- Postpartum depression
- Postpartum anxiety
- Energetic stagnation or trauma residuals
- Immune weakness after birth

Breastfeeding considerations:

- **Do not take Kambo if breastfeeding a child under 6 months**
- **Wait 4–6 hours post-treatment** before nursing if the child is older

Always monitor your body and baby closely and work with an experienced practitioner

These medicines are not to be approached casually. They are not recreational. They are **alive**, and must be entered with lineage, timing, and sovereign discernment in heart and mind.

Whether peyote in the desert, ayahuasca in the jungle, or kambo on the river's edge—these medicines have been carried by generations of midwives, mothers, and ceremonialists who understood **birth as a spiritual act.**

With the right support, right setting, and right dose, they may serve as tools for grief processing, placental health, postpartum integration, or energetic clearing.
But they are not for everyone. And they are never a replacement for the body's own wisdom.

5 Cannabis & the Care of the Birthing Body

Pregnancy, Postpartum & Plant Smoke in the Womb

Cannabis has long held a complicated role in maternal care—used across cultures for comfort and healing, yet also targeted by policies and social systems built on surveillance and stigma.

Before the War on Drugs reshaped public perception, cannabis was often associated with Black and Indigenous traditions of **ancestral medicine** and **community resilience**. Today, while it's marketed as an "alternative healing product," the plant's legacy as a **maternal medicine** is being reclaimed—not just as a remedy, but as a **right**.

For many experiencing discomfort throughout gestation—ranging from morning sickness to postpartum anxiety—**cannabis offers relief across physical, emotional, and spiritual dimensions.**

Smoke & Oxygen: How Inhalation Affects the Fetus

Cannabis use during pregnancy requires a nuanced conversation about **method of delivery**. According to guidance shared by lineage mothers

"The safest way to consume cannabis during pregnancy is to eat it."

Why? Because smoke—of any kind—**limits oxygen availability to the fetus.** This includes tobacco, herbal blends, and cannabis.

Oxygen deprivation can increase risk of:

- Fetal stress
- Low birth weight
- Developmental complications

If cannabis is being used for a medical condition or emotional support, **edibles, tinctures, or oils** are generally considered safer than smoking—especially in habitual use.

Plant Allies and Safety in Pregnancy

Not all smokeable or ingestible herbs are benign in pregnancy.

Herbs to avoid in pregnancy due to uterine stimulation or toxicity include: **Aloe, chamomile (in high doses), oregano, passionflower, and uva ursi.**
Herbs that may affect breastfeeding include: **Spearmint, peppermint, lemon balm, oregano, licorice, and uva ursi.**

A broader reference for safe and unsafe herbs can be found via Earth Mama Organics' list. Always consult a **prenatal care provider or herbalist** before integrating new herbs or cannabis formulations.

Cannabis in Labor & Historical Context
Cannabis has historically been used to **reduce labor pain, support uterine tone, and ease postpartum transitions**.

In his review, Cannabis Treatments in Obstetrics and Gynecology: A Historical Review, cannabis researcher **Ethan Russo** documents a wide range of medicinal uses:

In 19th century India, Cannabis indica was noted for its power to "control uterine hemorrhage... promote uterine contractions... and reduce menorrhagia." (McConnell, 1888)

"It may be given with ergot. In consequence of this power... hemp is used successfully in the treatment of menorrhagia... It has the power to arrest hemorrhage from any point." (Churchill)

In **German folk medicine**, hemp sprigs were laid on the stomach and ankles to reduce convulsions and ease childbirth (Benet, 1975).
In **Cambodia**, mothers used cannabis-infused teas postpartum for physical relief and milk production (Martin, 1975).
In **Vietnam**, cannabis seeds in a remedy called *sac thuoc* were used to support emotional balance after childbirth.
In **parts of southern Africa**, mothers reportedly inhaled dagga during labor to "make them brave" and reduce pain, believing the smoke aided in producing healthier children.

Does Cannabis Impact Birth Outcomes?
According to a 1990 study (Wilcox, Weinberg, and Baird) on early pregnancy outcomes:

“Of 171 pregnancies, 25% ended spontaneously within six weeks. Cannabis exposure showed **no observable effect** on rates of miscarriage.”

Other studies show **minimal difference** in physical birth outcomes (weight, length, gestational age) when environmental variables are accounted for.
In Jamaica, **research on prenatal cannabis exposure** revealed:

“Many women smoked ganja throughout pregnancy, labor, and into the breastfeeding period... Infants were not significantly different by physical exam but showed stronger organization, alertness, and social interaction at 30 days.”
The study emphasized that:

“Differences in infant outcomes were most likely attributable to **socio-environmental richness**, not the cannabis use itself.”
Cannabis use was embedded in:

- **Multi-caregiver households**
- **Improved maternal rest and appetite**
- **Enhanced community bonding and stress relief**

Risks and Recent Research

Still, not all research is benign. A 2012 study in *Reproductive Toxicology* linked **continued cannabis use through 20 weeks gestation** with increased preterm birth risk:

“Continued marijuana use through to 20 weeks' gestation is independently associated with a five-fold increase in the risk of pre-term birth.”
— **Original study**
Another study showed that **endocannabinoid signaling in early pregnancy** affects gene expression vital to:

- Embryonic development
- Placental formation
- Neurological growth

Disruption in these signals may contribute to complications like **preeclampsia** or poor embryonic cell migration (source).

Cannabis and the Breastfeeding Body

While cannabinoids are **lipid-soluble** and pass through breast milk, the exact effects on nursing infants remain **inconclusive**.
Out of caution, most recommendations include:

- Avoiding high-THC doses while nursing infants under 6 months
- Waiting **3–6 hours after ingestion** before nursing older children
- Monitoring the infant for any changes in appetite, sleep, or temperament

As with all medicine use in lactation, **individual response matters**. Some mothers report improved milk let-down, emotional bonding, or postpartum relief. Others notice overstimulation or fatigue in the child.

A Framework of Moderation & Mode

Ultimately, cannabis can be a **maternal ally**—but **method and moderation** are critical.

Low-dose, edible or oil-based formulations, taken sparingly and with intention, reduce potential harm and may offer real benefits.
If cannabis is part of your ritual, medical regimen, or ancestral practice, consider:

- Switching to non-smoke forms
- Using it after breastfeeding or late in the day
- Pairing it with supportive herbs, hydration, and food
- Creating ceremonial space to honor the plant's role
- Communicating clearly with your care provider or birth team

6 Not a Prescription—A Path

Closing Reflections for Mothers, Partners & Birthkeepers

What This Work Has Always Been About

This manual was never about convincing.

It is about **offering a framework for discernment**, a bridge between ancestral remembering and contemporary complexity.

It is for the mother who is already choosing this path—or is curious but cautious.

It is for the healer or clinical provider looking for something deeper than policy.
It is for those who know that just saying "don't do it" isn't enough.

Because we live in a world where:

The medical system can be violent
Mental health support is often inaccessible
Birth is still treated as a crisis, not a ceremony
Mothers are rarely trusted with their own intuition

So when someone chooses to sit with a mushroom, or to sip from the vine, or to inhale plant smoke and cry into the floor—it's not rebellion.
It's **resistance to erasure**.

It's **reclamation**.

Why This Is Not Just a Guide—But a Compass

This is not a complete map, and it was never meant to be.
It is a **starting point for deeper inquiry**. A woven cloth of research, lived testimony, ritual, and physiology. It offers **questions more than answers**. But those questions are sacred.

If You're Still Unsure...

You don't need to rush.
You don't need to know everything.
If your body is asking for pause—**listen**.
If the medicine hasn't called—**don't knock**.
If you need permission—**give it to yourself slowly**.
And if the answer is no:
You are still whole. You are still sovereign. You are still sacred.

If the Path Is Yes...

Walk slowly. Walk prayerfully.
Speak aloud to your womb.
Surround yourself with people who do not shame your becoming.
Choose the plant that responds when you ask for consent.
Choose the facilitator who knows their limits and their lineage.
Choose the setting that helps you breathe and rest.
Choose **integration** as the center—not the dose.
This is the long path.
This is not about tripping.
This is about **transformation**—and it is slow.

To the Birthworkers, Partners, and Care Teams

Your role is not to decide for her.
Your role is to stay close enough for her to feel safe, and far enough for her to hear her own voice.
If you work in clinical settings, remember:

- Most mothers are already self-navigating their healing
- Many use plant allies without telling you because they don't want to be punished
- Offering information and context **is not the same as condoning**
- Your neutrality, your compassion, and your trauma-awareness may be more medicinal than anything else

You don't need to be a psychedelic expert. You just need to **believe in her wholeness**.

Because We Can't Do This Work Alone

This path is not one to walk in isolation.
Mothers need:
Community
Integration spaces
Ceremony
Honesty
Safety
Options
And most of all—**each other**

As the stigma begins to fall away, as the science catches up to the remembering, we have a responsibility to meet these stories with care, not judgment.
We have enough fear-based narratives.
We have enough "just don't do it."
What we need now is **resourced, respectful guidance**.

If you're reading this and feel the stirrings of clarity or curiosity—may you find a path that meets your own rhythm.
May you never walk this road unaccompanied.
May your medicine be matched by your integration.
May your voice return louder than the noise around you.
May your mothering be a spell of reclamation.
And may your wholeness always guide the way.

For the Ones Who've Already Walked This Quietly

Your story belongs in the light.

The mothers who have birthed with mushrooms, who have microdosed through grief, who have taken ayahuasca postpartum and still nursed with presence—you carry a blueprint.

You may not have had a mentor.
You may have been told to keep it quiet.
You may still be integrating what the medicine showed you.

Your experience is not something to hide. It is something to honor.

You are not a fringe case. You are a foremother of a new lineage.

This Is the Beginning, Not the End

You've now read research, testimonies, risks, protocols, myths, and rituals. You've seen the maps, but they are only suggestions.

What comes next is yours to write.

Let your pace be gentle.
Let your safety be sacred.
Let your care team reflect your complexity.
Let your curiosity be protected.
Let your medicine path be yours—whether it leads to plants or stillness or silence.

Because every informed, embodied, resourced choice you make—especially as a mother—changes the culture.

Let what you know in your bones guide you.
Let your womb speak louder than fear.
Let your healing be yours, not theirs.
Let the medicine be met with reverence and right relationship.
Let your mothering be rooted in memory—not reaction.
Let your truth shape your lineage.

And when the world forgets how sacred you are—**remember louder.**

Thank You

To every mother, midwife, birthkeeper, partner, healer, and ancestor who made this book possible—thank you.

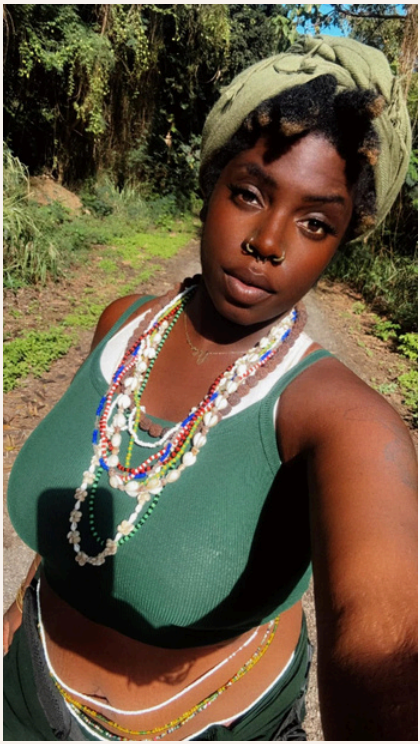
Thank you for holding the questions when answers weren't available.
Thank you for trusting your body, your grief, your medicine, and your voice.
Thank you for parenting in ways that disrupt silence and honor spirit.
Thank you for sitting with discomfort, speaking the unspeakable, and walking paths that have no maps.

To those who passed this wisdom on orally, in ceremony, through stories and songs —
To those who preserved it in your bloodlines even when it was forbidden—
To those who brought plant medicine to birthrooms and backyards when it wasn't safe—
Thank you.

This work is not mine alone.
It is a continuation of many prayers.
And it is only as powerful as the community it lives inside.

May you pass this on in your own way.
May you find what you need to feel whole.
May you know that your remembering is a blessing to us all.

Blessings in your becoming,
Your Sister,
Anéh
@anehnebulae | @fruitofthewomb | @theakashicgarden



Anéh "MuvaMyco" Nebulae is a multidimensional healer, educator, and advocate devoted to ancestral healing, sacred earth medicine, and trauma-informed care. Her work is deeply rooted in Indigenous wisdom, bridging traditional practices with contemporary healing modalities.

As the founder of The Akashic Garden, she curates educational experiences in the sacred earth medicine space, with a special focus on birthing people, queer communities, and BIPOC. Through her offerings, she guides others in reconnecting with plant spirits, decolonizing spirituality, and reclaiming ancestral knowledge.

Anéh serves as a rootworker, master herbalist, and entheogen facilitator, weaving together the sacred teachings of her Native American and West African lineages. She holds space for healing, storytelling, and transformation through sound, ceremony, accessible education and somatic integration.

She is a dedicated mycologist & founder here at FOTW and MycoSpirit Institute of Ethnomycology & Ancestral Sciences , where she teaches about mushrooms as allies for healing, liberation, and ecological restoration. Her work extends into full-spectrum herbal womb care, psychedelic integration, and trauma-informed advocacy, ensuring that those engaging with earth medicines do so with reverence and support.

Anéh has collaborated with communities, organizations, and individuals seeking to honor the sacred through ethical, intentional, and reciprocal relationships with plant medicines. She remains committed to the stewardship & ancestral reawakening of entheogens, restoring their place within ancestral traditions and collective healing.

You are invited to journey deeper
explore services or
book a consultation to begin your journey.

References & Resources

For Continued Study, Safety, and Sovereign Practice

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