

(introductory music)

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MARGO: Hello, everybody. Welcome to the next episode of *“Well, Actually...”* with me, Margo Blackstone. Today I have a special guest, and I’ll let her introduce herself here in a moment. I’m really excited about today’s show. We are going to be talking about self care in pregnancy and sort of all that entails. And we’re going to be talking with a really experienced and wise mama so welcome to the show, Amy.

AMY: Thanks, Margo.

MARGO: And how do you pronounce your last name? Because I say it one way in my head, but I don’t know that it’s right.

AMY: You kind of slur it together. It’s just Giove.

MARGO: All right. So welcome to Amy Giove. I probably didn’t say that right still. But I’m really excited to have you here. And maybe you could just tell us a brief intro about yourself. Just a little bit because we’re going to get into a lot more just in a little while here.

AMY: Well, I am a mom of six, soon to be seven. And I have lost four babies. And I’ve gone pretty much—not totally the whole span of birth but I’ve done hospital with full of interventions. Not C-sections but many other things. All the way to unassisted birth.

MARGO: Wonderful.

AMY: I’m currently working in birth. My first one—I think was eight—eight or nine—almost nine years ago. But I have gone slowly. It hasn’t been something like I jumped in and it’s like 20 or 40 in a year.

MARGO: Yeah. Sounds similar to the way it’s been for me too. So you are an apprentice or a student midwife, you would call yourself?

AMY: I don’t know what to call myself. I haven’t signed up for any school. So it’s been something where I’ve bought different textbooks and lots of other things that I’m interested in. And just jumped into conferences when I could. So I’m a student of life and birth but not necessarily a school right now.

MARGO: Yeah. Well, that’s wonderful. So we chatted a little bit in the last week about what we were going to talk about today. I’m hoping to have lots of different guests on in

the coming weeks and months because I really like doing podcasts in this way as opposed to me talking solo. Maryn is really good at that. I'm not as good at that. So I've had some awesome people say that they are willing to help me out and come on and share their wisdom and chat with me. And so in the last week when Amy and I have been talking, we just had a discussion about your interests and your passions. And so we sort of came up with this idea to just talk about—and not just talk about. It's kind of like one of the biggest topics really. Self care in pregnancy. I thought you'd be the perfect person to talk about that since you do work with other women and then you've also had many of your own experiences. And, of course, you're savvy to all of the things that, at least, I think are important and the holistic midwifery would agree is important. The holistic midwifery world. So it's something we spend a lot of time on prenatally with woman. And I think it's the number one job of every pregnant woman—pregnant person. So yeah. It's a huge topic. And so hopefully, we can just get some really awesome golden nuggets from you and talk about what that looks like. We have a workshop that we do, Maryn and I, occasionally on weekends for different groups. We haven't done it too many times. But when we have, it's been really fun. We call it DIY Prenatal Care. And that's really the focus of that whole weekend workshop. So we won't be able to obviously spend a whole weekend on this. But I think this will be an awesome addition to the resources we have out there for people who are trying to take responsibility for their pregnancies and births. So that's enough out of me. I was wondering if you would just share a little—I mean not a little. But a good amount hopefully about your experiences in past pregnancies with self care and how it's really changed. Obviously, you've got a lot of experience. So however you want to frame that is great and—yeah. So maybe how did it start for you? What did self care look like in your first few pregnancies?

AMY: Well, I'd like to acknowledge that we all do self care whether you think you're under some office care or not. And so I was doing it the whole time. I just didn't realize. I didn't realize that I was responsible for it or that I should be looking into what I should be doing. So no matter what I think a lot of the hard part of self care for me boils down—well, I'm not sure if it did for the first couple pregnancies. But at least from the third or fourth on, it boils down to making sure that I am actually taking care of myself as far as eating all my meals and trying to eat well and getting sleep because those are the toughest things for me. So I don't know. With Noah and with Francesca, like I said, I was doing different things, but I didn't take good care of myself. And I didn't really—I thought that I did fine because I had vegetables every night at dinner. But my views have changed from that—since then.

With Gigi, she was my third birth. So I had three miscarriages and then I had Noah. And then I had Francesca 14 months later. And then I Gigi, and there was a miscarriage in between Francesca and Giovanna. And they're 21 months apart. So

that's when a lot of changes took place in my life. And I started doing different things that I found to be healthier. Just because I had people that asked me about this and talked to me about it. And I'm like, "What do you mean I'm supposed to be doing that? Why are you saying that?" I didn't always have a great attitude about it. Just like, "Well, why can you that's bad?" Like sure. So anyways, I learned a lot during her pregnancy. I just started purposefully adding in certain foods, which meant like once a week trying to do my baked potato and to have green goodness drink every lunch, I think it was. Like 8 ounces or something like that at every lunch and trying to hit different—

MARGO: And this was for which pregnancy?

AMY: My seventh pregnancy, third child.

MARGO: Okay. Got it.

AMY: Yeah. Third child, seventh pregnancy. So I started realizing that there were certain things that I needed to try to hit. And I started adding in stuff and kind of taking out some things. Like if I was going to make cookies, I would still use sugar. But for other things, I would use honey, or I would drive and get raw milk. That's when we started raw milk.

MARGO: Nice.

AMY: So I had different things of that sort that I started changing. And I transferred care at 30 weeks from an OB's office that had a midwife also to a midwife in the area. I was thinking I wanted to do—I kind of saw a birthing center as a medium option. I didn't have to be so out there, but there was something else I could choose. But that didn't work out. I really didn't want to spend an hour and a half or more on the road. So I ended up doing a home birth at that point.

MARGO: Awesome.

AMY: I learned about positioning and starting to hear the heart tones with her pregnancy too.

MARGO: That's awesome. My question was going to be so what helped you make those changes? Or how did you come across the information that made you want to make those changes?

AMY: It really had all to do about the people that I stumbled upon. And Francesca, shortly after her birth, my second child's birth, I started going to La Leche League. It was close to the house, and I'd get out once a month. And I was like, "Oh, there's different people, and I'm okay with my choices. And they're okay with theirs." But when I learned about—I don't even know what to say. When I learned about a myriad of

things, I started changing my mind. So it was about the people that I knew and what I was exposed to.

MARGO: Yeah. That's super neat to hear just the different ways that people come across these things. So it sounded like you learned about the Brewer Diet maybe around that time?

AMY: Yes. It wasn't until late like 20-something weeks. But yeah. That's when I learned about it and started making those choices.

MARGO: And what sort of difference did you notice or not? Or a combination of the two?

AMY: As far as diet goes or just with the births in general?

MARGO: Just how did it change how you felt during that pregnancy? But maybe it was pretty late in the pregnancy when you started changing things.

AMY: As far as diet, I don't know how I felt differently. I still felt kind of disconnected and like I just didn't know what was happening or who this person was and how it was all going to turn out. But I felt like whatever. We're going to try this. And if it doesn't work, I can always just go to the hospital. I just had a mind set of fall back plan. As far as how I felt, I remember I hated going, but I liked it at the same time. I started taking belly dancing classes. And it was like, "Well, this is a workout, and I get really tired." But it was nice to leave every week. And I would also get a chance to—it just felt good afterwards. But I hated having to get up from my nap and go.

MARGO: Yeah. So—okay. So that was you said your third child's pregnancy.

AMY: Yes.

MARGO: Okay. So then the next pregnancy, what was that like starting from the beginning with more of that knowledge?

AMY: It was great starting out with more knowledge. And I had gained a lot in between the pregnancies. These two are almost my furthest apart. They're 22 months. Gigi and Vincent. And when I was pregnant with him, I had just—I had learned a lot in between. I had a better idea of where to go for information and that I wanted to learn things. I had more specific views on birth that I was like I need to find someone—I wasn't content to go with just the person I had used before because I felt like I had very specific ideas of the type of person and care that I wanted. And I didn't feel like I had that available. So I ended up doing it alone. Doing it unassisted. And I think as far as my self care, it was still nutrition stuff. I did all the things that I thought were the right things that I remember doing with midwives or doctors as far as keeping records. And I wanted to be really

diligent to make sure that I had all of these records in case of something happening to prove that I was a fit parent still because I felt like I'm stepping on this ledge. And how does anyone that I really care for my baby if I'm doing this?

MARGO: Right.

AMY: So I just felt like I wanted to have a lot recorded and to know what was going on and to be prepared. And so I did all the things like—I don't know. The pee on the sticks, the measurements, the—like I mean fundal measurements and heart tones recording and averaging them out. And I just kind of—I read through *Holistic Midwifery* volume 1 and 2 and as well as other things. I've done that with every pregnancy except for this one. *Birthing From Within*, that helped me I feel like. It didn't take away pain. But it helped me deal with things emotionally better. And I like calculated the due date every way that I could find, and then I averaged them together. I feel like I was like, "I am on top of this. I am doing everything." We did the neonatal resuscitation training, and then my husband took the class with Karen Strange when we went to a birth conference.

MARGO: Wow.

AMY: We went to a birth conference to prepare. So I feel like that pregnancy was—I almost want to stay stringent. Do you know what I mean?

MARGO: Yeah.

AMY: I was on it.

MARGO: You were on it.

AMY: I was just doing all the stuff. And read *Childbirth and Authoritative Knowledge* and *Gentle Birth, Gentle Mothering*. And so it was really big and deep into it and this is what we're doing. And still—I mean to the degree that plan is always if things aren't right we're going to the hospital.

MARGO: Right.

AMY: It's not like no matter what we're staying at home. We're going to figure this out. But I felt like a strong need to be really prepared.

MARGO: That's awesome. So for you, in that pregnancy, it sounds like part of the self care was just doing lots of this preparation.

AMY: Right.

MARGO: Taking full responsibility for the process, and it's a lot of work. It's a lot to take on.

AMY: Yeah. It really was a lot of work. And while I read about everything, I read through volume two of *Holistic Midwifery*. That's gigantic. And there are way too many crazy things you could get caught up in worrying about.

MARGO: Totally.

AMY: But I wasn't doing that. I would research the heck out of anything that I was like, "I really need to know about this," and then I'd just read the rest.

MARGO: Right.

AMY: And so that's kind of my suggestion to lots of women when they're like, "But I'm worried about this happening." I'm like, "Well, then read a lot about it and figure out what your plan of action would be. And the likelihood of things happening and—take a good look at it and think do you want to do this. Are you going to be able to take this on? What is your plan going to be?"

MARGO: Yeah. I think we encourage people to do that even when they're going to have a midwife there just because it's this feeling of the giving away of the responsibility. And is that safe in any situation? And I think it's not whether it's because your labor goes really fast, and you end up not having someone there that you had planned on having there. Or what's the example that we usually use with this? Even just the neonatal resuscitation. That sort of thing. (audio cuts out) What to look for and to have at least a basic knowledge so that they're not giving away that power in those moments. Oh, the example we use a lot in our course is when it comes time to birth the placenta. And people ask almost any time we have an interview, "What do we do if I'm bleeding too much? What if I have a postpartum hemorrhage?" And the conversation always goes back to the beginning of, "Well, do you know how your placenta is born?" And 99% of women don't. And so, I think it's as simple as that sometimes. Just taking back that knowledge of these things that we should know and would know if we were all going to our sister's births and our mother's births as little girls, family members' births. We would see that that's what happened. We would know that that's what happens and knowing that and taking responsibility for that and not expecting someone else to take care of it is the first step in safety. It's not that every mom needs to know how to handle true emergencies necessarily.

AMY: Right.

MARGO: But yeah. I think that knowledge is just so important for anyone. So that's awesome that you did that.

AMY: So the next pregnancy, with Theophilus, I loosened up. I kept some records of things that I thought were more important. And I only calculated the due date two ways. And I did blood work on my own but not so much. I did do on and off charting. Not consistent charting of my food and stuff. I started doing muscle response testing with our Dr. (inaudible). And I think blood pressure was something that for some reason felt more important to me to watch this pregnancy. And so I think that was a bigger thing that I was on top of. I would do once a month visit with myself instead of—really often. But I still read through the *Holistic Midwifery* volume 1 and 2 and *Gentle Birth, Gentle Mothering* again. I don't think I did training for neonatal resuscitation again, but my husband did.

MARGO: Mm-hmm. So for your fifth birth?

AMY: Yeah. My fifth child. Yep.

MARGO: Cool. I know when we were talking a little bit in the last week—and maybe you were about to say more about this just the importance of rest because I feel like we've touched a little bit on the eating, but I'd like to talk more about that too. But how has that changed over the pregnancies and being able to find time to get rest and how much do you—have you found that you need? And just talking a little bit about that.

AMY: I have really high rest needs. My estimation anyway. I don't know what other people's are. But I feel like I need to be in bed by 9:30 or 10:00 and just barely get up by 7:30 to get my husband to work at 8:00. And then take a 3-hour nap in the afternoon. It's something that I did well with Giovanna. I did off and on with Vincent. And then Theophilus, I don't remember doing much napping. As I got to have more kids and figuring out how to make it work became harder. I notice that in the last trimester it becomes hugely important for us. And so with Enox, I know that I did it in the last trimester. It's really hard especially being like, "Okay. Now you're going to lay on this side of dad's bed, and you're going to lay on the floor next to dad's side. And you're going to lay on the floor next to mom's bed." Just where am I going to put them all? And then try to get them to be quiet so I can sleep.

MARGO: Yeah.

AMY: But it really was super important for me even though the house definitely didn't stay clean.

MARGO: So what were some strategies that worked in the past or in this pregnancy to find a way to do that in the afternoons for you?

AMY: Mainly having them have different library books or specific things that they're allowed to do during that time as they won't—because they hit three or four, they start not sleeping even if you're right there in bed with them.

MARGO: Right.

AMY: That's my experience. And coordinating the baby, hey, I always seem to have a baby that's around a year—had it to two years. In that range. So trying to coordinate them sleeping first and then get everyone off to lay down. Some having—the older kids having a special thing that they're allowed to look at. Library books or something during that time. As they've gotten older, I've—our older two out of my room. And they have their lists that they're supposed to complete. And so ten and eight. She'll be nine soon.

MARGO: Yeah. That's awesome. It sounds like you've got a system working for you.

AMY: Well, yes. It's been working. And then for some reason, I feel like, "Oh, it doesn't work when I have a new baby." That I need to figure out. And maybe it's just my lack of feeling like I need it as much to make it happen. I'm not quite sure.

MARGO: Yeah. I definitely have had sleep challenges with just my one. So I can't imagine. It's hard. And yeah. It's one of those things where I feel like if we—I mean so many things that I feel like could be remedied by going back to a different way of living. Just more people around and more helping hands and that sort of thing where you could have your—

AMY: People offered to come over and take my kids outside. But then I find it's harder to sleep with them running around in the front yard.

MARGO: Sure. Yeah. It's hard to sleep. I think it's hard to relax and sleep any time that you aren't completely alone. I mean that's what it's like for me at least. Oh, the baby could wake up at any moment, so I can't even bring myself to try to fall asleep when she naps because I'll be so disappointed when she wakes up 45 minutes later or something. It's hard to be dependent on someone else doing something in order for you to sleep, I think, let alone six other people.

AMY: Right. Yeah.

MARGO: Yeah. So I'm very impressed that you've carved out that time, at least some times. And made that a priority because I think so many people—I feel like we've seen—we worked with women who definitely need the rest and aren't making a priority. And just sort of have a harder time because of it.

AMY: I just know how exhausted and depleted I got. And then I'm not as nice either. So I'm a lot more cranky with them.

MARGO: Totally.

AMY: It's better all around really. But it can be really difficult to make happen. And so I have to reach a certain level of exhaustion before I do that.

MARGO: Right. So I was wondering if you could just talk a little bit more about what it looks like—what nutrition looks like in your self care plan if you have something specific you do or certain things. Like you mentioned raw milk and your baked potato a week and that sort of thing, if that's what you're doing still in this current pregnancy. And other insights you might have for people because I feel like that's—when we're working with people it feels like that's around 80% of the job or so. Maybe a little less. And I don't think a lot of women understand that and sometimes get a little maybe annoyed with us for asking all the time what they're eating. And it's a sensitive topic. There's just so much disordered eating among women and really everyone in our culture. And so I think it can be a tricky thing to talk about, but I was hoping you could share just sort of your approach since I think it would be one for people to hear.

AMY: Well, I am not quite sure what to say to that. The Brewer Diet is 80 to 100 grams of protein a day. It's kind of a triad of making sure you have the right fluids, not necessarily water which I think with something that a lot of people push is drink the water. Drink the water. But sometimes you really need the nutrient dense milk or something else. I like doing a pregnancy tea and milk.

MARGO: For your fluids?

AMY: Right. Not the only thing but—yeah. I like to have those. And the salt. Salting everything with—I use the pink Himalayan or the Real Salt brand. So those are big. And I feel like I could easily focus on just having—trying to get the meat and the cheeses and those things that I like and enjoy for trying to get up to 80 to 100 grams of protein. So for me, sometimes it's like pay attention. You haven't had your kiwi. You haven't done any red—any orange vegetable. You know what I mean? It can be helpful to have a chart. However, in this pregnancy, it's definitely something that I struggle with—have struggled with. I just—I don't want anything to do with planning meals. If someone could hand me food all the time and eat it, I would be fine.

MARGO: Maryn said the exact same thing to me this week.

AMY: Yeah. Someone just give me food, and I'll eat it. I don't—even if I feel like I've had a taste for something and I make myself this steak and quinoa and some vegetables, I'll start thinking I really want this. By the time it's done, it's like I don't want it to eat. So it's been a struggle. But I think it really started when—I don't know how people managed things in pregnancy. But I just had a lot going on this fall. And I don't remember all of what happened, but something happened. And then we went camping

for 10 days, and we came back for 5 days. And then we went to New York for my brother's wedding and came back. And it was just a lot of everything really quickly. And there was emotional trouble. My son fell off his bike and got hurt. You know what I mean? There was just a lot of things going on. And in that time is when I started feeling really sick and nauseous and throwing up sometimes during the day and dragging alone exhausted. And I'm sure that had to do with my nutritional state. I'm quite sure. I've come back a lot from that. But it's taking weeks. Weeks of forcing myself to eat and getting a lot of sleep to address that. And I've also started sending lists to a friend, who is a midwifery student of what I'm eating for accountability, and sometimes it's really frustrating. It's like I know this is bad. She's like, "Amy, you're not eating enough. And I think you need to pay attention to get more nutritional foods in your diet." And I'm like yeah. I'm already trying to come back. I know that it's bad.

MARGO: Yeah. But what you said, I think it—the accountability is so helpful. At least some times. I mean if it's totally stressing someone out I don't think it's great. But yeah. I think writing—I don't know if you've found this to be true but just writing it down can help shed so much light on the areas that need more focus and just sort of help you see what's really happening as opposed to what's happening in your head. And sometimes it means that you're doing things maybe better than you thought too. I don't know if that's been your experience.

AMY: Maybe at different points in different pregnancies.

MARGO: Sure. Yeah. So you started feeling—so you had a bunch of stressful stuff going on. Was that in your first trimester then? Am I—

AMY: No. This was second, beginning of third trimester. That's this fall. We've had some family issues affecting our family. And we went camping for 10 days. And that is really stressful. To get everything together and pack and have meals. I didn't pack well for—I mean I packed so that we all ate three meals a day. But I didn't pack well for what I really needed to be eating.

MARGO: Right.

AMY: I packed for what was good and convenient to make over a fire. And that kind of thing.

MARGO: So in an ideal day, what makes you feel the best? How many meals and snacks does that look like for you if you're shooting for a—

AMY: If I were just going to—okay. I think that it changes because I don't like to have the same thing over and over and over again. But there are some things that, in different pregnancies, have been my go to. And so I have gotten burnt out on eggs

each time. And so one way that I've gotten my eggs in is by blending raw milk with eggs and some vanilla and cocoa powder and maple syrup.

MARGO: Yum.

AMY: And so if I'm making myself this delicious chocolate drink, I will drink it. Be like two or three cups of milk blended with the three eggs and stuff. And I felt like, "Oh, I just got my eggs in."

MARGO: Yum.

AMY: So I've liked that. I really like the baked potatoes, if I do broccoli and salt and butter. I really like doing that. Or grilled sandwiches. For some reason, not peanut butter and jelly, but most other sandwiches. If I'm doing a turkey sandwich with lettuce and tomatoes and avocado and cheese, it's so much better grilled.

MARGO: It is so much better. That's a great idea.

AMY: And then you're adding butter to it too. So even more fat, I can mark that down.

MARGO: Yeah. That's a great. I had not thought of that one.

AMY: (inaudible). My husband has actually come and says like, "What do you want to eat? I don't want to grill a sandwich for you." He's super helpful and supportive. Don't get me wrong.

MARGO: Totally.

AMY: But there's been many times I've been like, "Will you make me this grilled sandwich?" He's like, "How about we do something different?"

MARGO: I'm trying to think. What other—so it's been different for you at different points in pregnancy. You're saying the eggs or the protein itself being hard to reach or the vitamin C foods. And for anyone who is listening and isn't familiar with the Brewer Diet, we have lots of different sources on our site, and then there's a whole website you can read more about the Brewer Diet at. And so hopefully if you're unfamiliar with what we're talking about, you can go check that out and maybe listen some more afterwards or however you want to do it. But there's lots of awesome information, and we have posts. And Maryn has podcasts too and that sort of thing. So don't skip learning more about it if you haven't learned a little yet. But so I was saying has there been something that's consistently been a challenge for you? Or something that's consistently been not a challenge for you as far as getting those categories in?

AMY: I love berries.

MARGO: Me too.

AMY: That is never really a problem for me. If I can drink milk and eat cheese and cottage cheese—oh yum.

MARGO: Sour cream. Mmm.

AMY: Yeah. Sour cream. Yum. Yeah. I like dairy, and I like my (inaudible). Those things are just never really a concern.

MARGO: Yeah. So which ones have been more consistently difficult for you? You said the eggs for sure.

AMY: Yeah. I feel like I have become a lot more of an egg connoisseur. I'm more picky about eggs. I'm more picky about where I get them from. I'm more picky about what they look like and the texture when they're done cooking.

MARGO: Mm-hmm.

AMY: And so I like my husband to make eggs for me. (inaudible) with me. But yeah. I like him to make them for me because I know that they consistently turn out better than mine. So sometimes I'll just have to change it up. Eggs are our struggle because I feel like it's one of those things that you're always supposed to have. It's not—there are not as many sub ins for.

MARGO: Right. Totally. It's sort of a chore.

AMY: Yeah.

MARGO: Or something. Yeah. Yeah.

AMY: I would say no matter where I am on the diet it's made a big difference doing the nutritional response test thing and having that supplement. As long as I take it consistently, it has been a big help.

MARGO: Say more about that because I don't think I know about that.

AMY: Hmm. It's applied kinesiology. Am I saying that right? I'm not sure. And so he'll test to see what—how my organs are, what organ might be weak, and then look to see what supplement I might be asking for. So the food based supplements like one right now has a lot of okra. And so there's that. And then if your body is trying to clear things or you're sick or something, there may be homeopathic tinctures. So—to help clear. But I just have consistently felt better. I hate taking pills. I don't like—the whole idea kind of turns me off. To taking pills. Even if they're supposed to be supplement pills,

which are supposed to be better than taking Tylenol or something. I just have an aversion in my head.

MARGO: Sure.

AMY: But I do consistently feel better if I keep up on that.

MARGO: Interesting. I feel like I'll have to learn more about that from you.

AMY: It's something that we've liked. Yeah. The last—I think we started back during Vincent's pregnancy.

MARGO: Cool. Awesome. Do you have any other tips and tricks? I feel like the thing that we see people struggle with—okay. I always say the main thing we see people struggle with is eating enough, which we've talked a little bit about. And then the second thing that I feel like people seem to struggle with is getting enough vegetables. So do you have any tricks to doing that that you've (inaudible)?

AMY: If they're there and especially if they're cut up ahead of time, it makes a difference. So I am lucky enough to have kids who really like to cut. Like all big four kids, they're like what can they cut. Can I have a knife too? So that's great as long as you don't care too much what they look like.

MARGO: Right.

AMY: Not be too specific. So to having—after you buy it, paying attention to the different type of things that you need to have around, and I like to—like hummus, or I decided to do a—what's it called? Artichoke parmesan spinach dip. And I felt like, "Oh, so I'm getting veggies in my dip, and I'm getting cheese," which is a plus for me. So I haven't done an avocado dip. I don't know. I'm sure that would be good too.

MARGO: Yeah. That's a good suggestion for doing raw veggies with different yummy dips.

AMY: Yeah. And then the dips make it more fun for some reason to me.

MARGO: Oh yeah. It makes them taste better.

AMY: Yeah.

MARGO: Yeah. Totally. Yeah. I found, for myself, I'm a notoriously picky eater. When I first started dating my husband, he was sort of shocked. Like I had the palette of a two year old. I think some two years old have better tastes than I did even at that point. And I wouldn't eat anything—I mean I just have had to make myself eat veggies. And I feel like in pregnancy knowing that I needed more fats and butter and all that yummy

stuff sort of gave me more permission to just slather things with butter, which definitely helped me at least. Like steamed broccoli with tons of butter on it or—yeah. I did a lot of that. And then, for me, I really like the micro greens. Like super tiny sprouts. And I would just take a handful and shove them in my mouth before eating a meal because I just wanted to get it over with. And so people make fun of me. But—so I like to say that I'm a testament to the fact that even people who hate vegetables can still find a way. At least, when it's really important to do that to actually get them in.

AMY: I like the sprouts on sandwiches. Like a turkey sandwich. Obviously, I like turkey sandwiches. That's come up a couple times. I think just pregnancy in general has been like turkey sandwiches.

MARGO: Yum.

AMY: I do like sprouts. And then I don't know the difference nutrition wise, but my husband really likes to grow and juice—what's it called? The grass. Wheatgrass.

MARGO: Oh yeah.

AMY: And that tastes really good to me. I just have an aversion to growing it and what window is it going to be by and what kid is going to step in it. I'm like, "This doesn't set well with our life." But I enjoy the outcome.

MARGO: Yeah. That sounds awesome. Yummy. So you just do shots of it sort of? Or what's your—yeah.

AMY: Yeah. I don't take it as a shot because I enjoy drinking it. But just small amounts at a time just drinking it.

MARGO: Mm-hmm. We have a—

AMY: And that's an on and off thing. It's not a consistent thing for us.

MARGO: Yeah. Yeah. We have a place in town here in Sedona that's like an organic eatery of sorts. And they—I don't think it's on their menu or at least not anymore. But I used to really like getting the wheatgrass shot in with my organic ginger lemonade. That was my favorite thing—favorite treat for awhile when I was pregnant. So I mean they used, I think, honey. Yeah. It was honey sweetened lemonade. And so it felt like a yummy treat.

AMY: Right.

MARGO: I'm trying to think what other questions I have for you. It sounds like—

AMY: You asked me about what challenges in pregnancy.

MARGO: Sure.

AMY: And so I think there's one I've been disconnected again. Like it's been a confusing pregnancy and really humbling for me because I felt like I've (inaudible) and I know all of this stuff. And then it's not working the same. What is this kid going to be like?

MARGO: Yeah.

AMY: And earlier on, I thought that I'd lose this one too. I don't know why. But it got me thinking about my losses. And I haven't. I mean I don't—I have not found dates at all. So I guess I felt really unsure about what's happening and where am I and whatever. And it was hard for me to think through it when I wasn't finding heart tones when I usually had definitely been finding heart tones. Like should I go get an ultrasound? Am I really pregnant? And David is like, "You're looking awful pregnant. And we can feel fundus." And so it's great to have such a supportive husband that when I'm like, "Maybe we should just get an ultrasound," he's like, "Amy, do you really want to do this? Do I need to tell you why?" So it's really helpful to have that.

MARGO: It is.

AMY: But I think it is—I already said it. Just really humbling and kind of confusing walking through it.

MARGO: Yeah. So do you attribute that to maybe the state of your life at this moment? Or the personality of this baby? Or what do you think?

AMY: I am not sure yet. I usually do think—do better looking back later and figuring things out. I'm really not very good at figuring things out while I'm going through them.

MARGO: Totally. So what have you—what are some things you've done to sort of help with that feeling of confusion and disconnection? Is there anything that's been most helpful?

AMY: Well, it has helped for sure just coming to terms and saying this is what I believe about my body. That I was made to do this. And that I didn't lose the baby. I feel less movement, and I can find heart tones just fine now even though that part has been confusing too at times. And without having found dates just recognizing that as long as I am striving to be healthy and there's not any big signs that says something is wrong to me that whenever I do go into labor is when I go into labor and this baby comes. So it may be a much wider idea than what most people would say is okay or they would be comfortable with. I've come to terms with okay. Somewhere in this next month and a half time I'm expecting to have a baby. You know what I mean?

MARGO: Right.

AMY: It's frustrating because of conversations with other people. I think if no one asks a lot of questions about those things and if I hadn't set up myself up as a person to talk to about this stuff, then it wouldn't matter as much, right?

MARGO: Right. That can be really hard. Well, that sounds like it's been such an interesting journey for you. And I'll be curious. Maybe we can do another chat after you've had your baby to see what you think looking back. Yeah. Are there any other—I'm trying to think. When we do our DIY prenatal care class we talk about sort of all the different ways that self care can look and self prenatal care looks. And we talk about community and social support and faith and spirituality. And what else? It's obviously the physical, which we've talked a lot about. And emotional support. That sort of thing. So if you have anything else you want to say in any of those categories—it sort of feels funny to even call it categories. But just about your experience with your own care maybe for this pregnancy when that's come up, I'd be curious to hear what you have to say. If that makes sense.

AMY: I think I've built a good system of other people who have similar beliefs about birth and that are filling the role of community to a degree. I feel some people are just completely alone. And that has to be really hard. And while in some ways, I do feel alone. I tend to be more extreme than some of them. At the same time, I do have connections, and I have an idea of who I am and what I expect. As far as—okay. Sit and talk through this with me. You know what I mean? That kind of thing.

MARGO: Yeah.

AMY: So having the community, like the last pregnancy was really amazing afterwards like the huge help that we got in the postpartum period. And meals for like—not every day but spread out every other day, every third day thing. But two or three weeks long. And I would not give up a pregnancy community for anything. Like that's amazing to have.

MARGO: Yeah.

AMY: And then—oh sorry. Go ahead.

MARGO: I was going to ask are you—you're in the same community this time?

AMY: Yes.

MARGO: Oh good.

AMY: I am. I feel like the community kind of changes as people even move or as people focus on different things.

MARGO: Totally.

AMY: But yes. I'm in the same place and still lead the same group and stuff like that.

MARGO: Cool.

AMY: And spiritually, and we're going through changes there. So I haven't really examined any of that. I don't really know how to piece things together like comparing it with the pregnancy. I do know that it's opened—this group has opened different ideas and people to me. And that's always something that's really interesting, and I enjoy. And I guess I was going to say I feel spiritually connected to this baby although I'm very disconnected in other ways which I don't know if that makes sense even to say. At the same time.

MARGO: Well, it doesn't have to make sense. That's interesting. Yeah. Yeah. I think it's just such an interesting topic. I feel like I experience something similar personally with my daughter's pregnancy. And after working with lots of women and not having had a baby myself, I sort of had an expectation going into that like oh, all these women either were super connected or it seemed that way to me. And then when it came to be my turn, it was sort of like, "What am I doing wrong," because I didn't feel that way. And really I didn't until after she was born. And for me, I chalk it up a lot at least to, I think, somewhat her personality, but also I'd had two miscarriages before having her. And I think there was just a level of emotional protection that it sort of functioning as. So it can—I think it can be really challenging when you don't feel that way. I'm sure it's a different set of challenges when you've had pregnancies where you did feel that way, and this isn't your first rodeo, so to speak. So yeah. I can imagine that that's challenging. And I bet it looks a lot of different ways, so I think it's interesting to hear you say that. So if I heard you correctly, you said you feel like you are spiritually connected to the baby but not in other ways. Is that what you said?

AMY: Yeah. Somehow.

MARGO: Sure.

AMY: Spiritual and emotional seem to be like a disconnect.

MARGO: A disconnect.

AMY: Yeah. The spiritual and emotional seem to be disconnect. And the—I have never—except for one pregnancy where I was wrong. Known if it was going to be a boy or a girl. And I feel like so many people have, and they're just like, "Oh, I knew it was going to be a little girl." You know what I mean? And we haven't done anything to try to find out with these home births. But I think sometimes I have thought like, "Who are you? And why won't you tell me?"

MARGO: Yeah. Totally. And be like, “Why do these other people know, and I don’t know?”

AMY: Right. Yeah. And a lot of people tell me—or I’ve had some people say that I’m having a girl because of, I guess, the way I present myself to them or something. And then some other people like random people at dinners or strangers in the store are like, “Oh my, girl. You are having a boy. Look at that stomach.” And I always ask my husband. I think it annoys him. But I’m always like, “What are we having? Just take a guess.” And he’s like, “It’s a boy or a girl, but I don’t know.” I’m like, “I know. I just want you to guess. I don’t want you to know. Just guess.” And I think I’ve said this with every pregnancy, so he’s really probably sick of it. But I just want your opinion because you’re the closest to me. And you should have an opinion.

MARGO: Sure. That’s really funny. I feel like I have similar conversations with my husband. I would also try and make him feel the baby a lot. And he got really sick of it. He’s like, “I feel your stomach. I don’t feel anything else.” I’m like, “No. This is a foot. This is the head. Isn’t it so amazing?” He’s like, “I don’t know what you’re talking about.”

AMY: Yeah. At different times, he’s been good about it and been like, “Okay. You’re concerned about this. I’m going to feel and tell you what I think.”

MARGO: That’s cool.

AMY: And he’ll do it for a week every day. And then be like, “No. You’re fine.” But every morning, it’s like when I get out the fetoscope and listen to heart tones and try to figure out positioning. And the positioning has been weird too. I feel like that’s part of the humbling part. How many times have I done this? How many times have people asked me what do you think? I can’t figure it out. And then I feel, and I’m like well, this kind of seems like a head because it moves this way. Or you know what I mean? I give tips, and they’re like, “Yeah. Okay. That’s good.” But why is most other pregnancies it felt like well, this is easier because I can feel on the inside and the outside. It’s easier doing to myself than doing it to someone else. You know what I mean?

MARGO: I do.

AMY: But not in this pregnancy. Like figuring out position has been much harder for me.

MARGO: Interesting.

AMY: I don’t know.

MARGO: Hmm. Well, that brings up a good point and my—I think one of my last questions here was how has it been different in your experience working with women helping them sort of navigate this area of self care in pregnancy versus working sort of with yourself like you said. Sitting down and having your own prenatal visit with yourself once a month.

AMY: Right. Well, other people are easier in the way that I can direct information or throw different things at and see what sticks. See what appeals to them.

MARGO: Mm-hmm.

AMY: Other people are easier in a way that when—I don't have the same sense of responsibility in a way.

MARGO: Right.

AMY: Yeah. I don't even know a better way to describe it than that. So I just don't have the same sense of responsibility. I can be helpful and kind and try to help direct, but a lot of it just falls on them.

MARGO: Mm-hmm.

AMY: It can be frustrating working with other people because sometimes I'll suggest something a couple times. And I'm like, "Why aren't they doing it?" There's not a change. So that's not having the boundaries myself then.

MARGO: Sure.

AMY: But I think overall sometimes I might be quicker to go to this is what you need to do because it's what worked for me. It's a lot easier to make changes in your life than others because you just don't have that control. But it's also—it's hard in your own life for me—it's hard in my own life to be like, "Okay. Now I'm going to put more of a schedule down in my life, and this is how things are going to go because I need to accomplish more sleep and eating better. And so that means I need to have this meal planned ahead of time to have these things around that I want from the grocery store." And then to follow through. So I know that that can be really difficult and so—yeah.

MARGO: Yeah. It's sort of like the easier said than done thing.

AMY: Yeah. Right.

MARGO: Yeah. Yeah. That's been my experience as well. Just that having a couple years of experience working with other people before it being me—well, I think really helped set me up with an excellent idea of what it was going to be like which I wish every person had going into their first pregnancy. It helps eliminate a lot of the

stumbling blocks that I see for other people. But yeah. I feel like it's really—I mean it's almost silly to say, but it's kind of fun when there's challenges presented by other people. I'm not getting enough of this. What can I do? And it's really fun to troubleshoot, for me at least, and have your little list of things to try and—yeah.

AMY: Yeah. That's kind of what I say. Throwing things at them and see what sticks. Sort of like, "Well, do this. Well, do that. Or what about this? What do you think about that?"

MARGO: Yeah. And having that fresh perspective of you don't really know what they've tried maybe, so you just kind of give them the whole list. And it always feels really—I mean it's just fun, I think, to work with people in that way. And then for myself, it was really nice to have someone like Maryn, who I could talk to or other friends to sort of do the same thing for me because it's just so hard when you're in it, and it's just you. And you're like, "Well, I've tried that before." And then you think, "Well, but I haven't tried it lately, so maybe I'll,"—so things that you even maybe already knew about but didn't think to try necessarily.

AMY: Yeah. I'm more likely to look things up in this pregnancy anyways. I'm never likely to look things up for myself anymore.

MARGO: Right. Yeah. Totally. And I think it's so beneficial, like you said, just even having someone to send your food log to or—yeah. Just someone you can chat with. An Indie Birth group online. Just to throw stuff out there and just get ideas from other people because it can be hard when you're in the midst of it especially if it's something like morning sickness or you're not feeling good. It can be really hard to sort of get the energy to even try and come up with ideas.

AMY: It's also really interesting. I kind of like doing a prenatal with the midwife for somewhat—I mean sometimes it can be really helpful birth wise and stuff. And being familiar with them. But it's also helpful hearing different people's suggestions. So—and sometimes I don't like the suggestions and whatever. No. I don't think I'd do that. Right. But there's—it's just interesting hearing other ideas too and getting an idea of what they would say or do.

MARGO: Yeah. Yeah. I totally respect women who don't talk to anybody about anything during pregnancy. I mean I don't think there really are many of those because I think even those people probably talk to their friends and that sort of thing. But yeah. I think even among unassisted birth world I feel like that's something I like to let people know is just it's going back to that community thing really on some level for if you're communicating with people who have some level of knowledge and expertise like we would have had in the sort of village setting (audio cuts out) necessarily supportive. I think that's sometimes (audio cuts out) your struggles and give you their perspective

and just know that someone out there is caring really. I think that can be really powerful. I don't know if that made sense just now.

AMY: Especially when they follow up with you. Because that's even more caring than just reading my post or listening to my story and giving a suggestion. If you follow up later, it's like, "Oh, you really do care."

MARGO: Mm-hmm. Sometimes that's enough to make things bearable really. I think of people going through the first trimester and feeling really nauseous. And nearly 100% of the time, there's nothing to do about it. There's not—you can just kind of be their cheerleader and be like, "Well, have you tried this? If you want me to stop giving suggestions, that's fine too. I'm here." And just having someone to talk to about not feeling good and just hear how hard it is even when they can't do anything necessarily or suggest anything that's going to be the magic solution. It's so valuable. But yeah. So I guess that wraps up as far as what I was hoping to chat with you about today. If you have any last thoughts or—you're welcome to go for it.

AMY: I am here. I'm just thinking. Yeah. I don't really know that I do. Sorry.

MARGO: No. That's fine. I've really enjoyed chatting with you. And I think that was a really cool, cool variety of things to talk about. I think we talked a lot about self care stuff as well as some other things. We hit a lot of the different aspects of self care in pregnancy because there are so many. And it's so—I guess the parting words that I would send people off with is just I hope that people hear this and understand that self care in pregnancy—we didn't really call it prenatal care even though I think that is what prenatal care is. It's just so crucial for everyone whether they're having an unassisted pregnancy and birth or seeing an OB, whatever—wherever they are on the spectrum. It's really the most important piece as far as the health of ourselves, our babies, the way our birth goes, all of it. The way the postpartum goes and breastfeeding. And it's almost never about the numbers even though they can be fun to do, and you can totally do them yourself whether it's blood pressure and fundal height and that sort of thing. It's so much more. It's usually so much more abstract than those concrete things. And so I hope people got a few ideas and got to peek into your life, Amy, a little bit about—and hear about how that looks for you and your family. And just thank you so much for chatting today.

AMY: Well, thank you for having me on.

MARGO: And as always, you can hear more podcasts and check out lots of articles and find other resources at our website, which is www.indiebirth.com. And hope to have you back again maybe after you have your baby, Amy, and hope all of our listeners will join us for the next episode. Thanks everyone.

(closing music)