(introductory music)

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MARGO: Hi, everybody, and welcome to this episode of *"Well, Actually…"*, a podcast by me, Margo Blackstone, and produced by the Indie Birth Association. Today I have a special guest, who I'm very excited to chat with. Her name is Jennifer Summerfeldt. And I'm going to tell you a little bit about her. She has a master of arts in counseling psychology, has nearly two decades of experience in maternal health and psychology. In addition to being a counselor, Jennifer has also been a childbirth advocate, maternal educator, doula, midwifery apprentice, and published author. As the founder and creator of the Healing After Birth program, Jennifer uses her expertise and pioneering voice to help advance the dialogue on motherhood, mental health, and healing. She has a new book out. And she is here to talk to us about that and her other work. And her book is called *Healing After Birth*. And I'm really excited to talk about it. It's described as the combination of her experience in maternal health and psychology, a passion in neuroscience, quantum physics, and trauma informed care. And that sounds like just the most magical combination of things, and I can't wait to learn more. So welcome to the podcast, Jennifer.

JENNIFER: Hi, Margo. Thank you for having me.

MARGO: Yeah. I'm so glad you're here and grateful for you being here and your time. So I guess to start us off I just was curious how you got into this work and also how you decided to make this new resource, the book, *Healing After Birth*

JENNIFER: Yeah. Great question. How did I get into this work? Well, I think very similar to so many birth workers that I know I got into this work when I was pregnant with my first child. And that was 19 years ago. And when I was pregnant with my first child, at that time, I was in grad school actually or just left grad school having studied in the department of sports psychology, which is now know as performance psychology. And I lived very much in a very masculine dominated world. With the history as an athlete and being very much an academic, I was not tapped into (a) the world of birth or motherhood or my body in the sense of it being this feminine expression of—or how I would identify it as a feminine expression of creativity and birth. And during that time, I read a lot. So the very first book that I read when I was pregnant was *What to Expect When You're Expecting*. And I threw it away instinctively. Yeah. Instinctively. And because I realized I was actually quit terrified to give birth after I read that book.

And so I knew that there was another way to prepare for this birth, and I went out seeking to understand more. And I had a—I already had an innate confidence in my body's ability to give birth because of my history of athletics. And anyways, to make a long story short, I came across *Spiritual Midwifery*, which was the next book that I read. So it was an interesting juxtaposition, right? And so as I was reading that book although the language, at that time, was shocking for me in that I was not introduced to the culture of hippies. And I really wasn't a free lover talking about pussies and things like that.

MARGO: I think that's what a lot of people like about that book though. I think that's what hooks—if it didn't have all of that, it would be relatively dry, I think. So it's a good technique to (cross talk).

JENNIFER: Right. The shock technique. But I was really inspired by the stories. And it's what introduced me to the concept of midwifery. But the whole point of this is that during that time I really recognized that there was something happening in the world of birth that I had been completely separated from. And I knew that this was a common occurrence for many people who find themselves pregnant and then all of a sudden are introduced to this world of birth. It's a veil had been lifted. And in that, I started to see that this was a human rights issue. And I started to become really passionate about what was happening in the birthing milieu. And I was young. I was 23 years old. That's pretty young. And to start to see the—to start to recognize that this information had been withheld from me but that we had normalized a standard of care that instinctively felt wrong.

And the more I read the more I understood that there was something going on here that I needed to dig deeper into. And so to make—again, to make a long story short, I chose at eight months pregnant with my first child after much research to hire a local midwife, 23 years ago. And I chose to have a home birth. And I had a very positive, empowering birthing experience. And I remember my midwife saying to me, "Oh my goodness. You need to have 13 children." I was like, "That's not going to happen." But she was like, "Wow. You know how to do this." So I felt really empowered by that. And I found myself pregnant with my second child sooner than I had anticipated. And so it was a whoops kind of story. And my son was 10 months pregnant at that time. And so I had a lot of grieving going on, and I started to struggle with symptoms of depression. And during that time is when I read *Immaculate Deception* by Suzanne Arms, which really opened my eyes to what we now talk about as obstetrical violence. They weren't using that word back then, but that's the word we use now.

And so that fired up another level of passion. And so I've been on a journey in which it started with—well, maybe if I'm just a midwife, then I can save every mom from trauma in birth, but we weren't using the word trauma back then either. And so that's, again,

similar to a lot of midwives that I speak with who get passionate about birth. that was the waking up of, "I want to be an educator and an advocate and a doula and a midwife." And so I thought going down that road would be the best option. And then you realize that no. You can't really do anything down that road. And anyways, I got passionate about trauma informed care after the birth of my third child, which I write about in my book. And I don't need to unpack that right now. But a lot of chaos started to happen. And eventually, that chaos compounded on top of each other and resulted in a diagnosis of posttraumatic stress disorder almost 9 years ago now.

Okay. So going back to me wanting to understand what is trauma and how do you heal from trauma because I was quite determined to heal myself. And I didn't want to—and I didn't believe that a diagnosis such as posttraumatic stress disorder was going to result in a life time label. And my symptoms at that time were pretty intense. I thought I was experiencing dementia or early onset Alzheimer's. I couldn't formulate my sentences. What I was thinking wasn't coming out of my mouth. It felt like everything was mushed together, and my brain was melting. That was the best way that I could describe what was happening. And during that time that these—that it felt like my brain was melting, I was also struggling with regular suicidal ideations and absolutely living in what we might coin as the dark night of the soul.

MARGO: Mm-hmm.

JENNIFER: And so I actually took my understanding of undisturbed birth paradigm and some of the teachings that I had received throughout the years that I had studied and applied it to my healing in which I believed that physiologically we can heal in the same ways that I believe physiologically we can give birth. And I also believed that I needed to trust this process. And so that was the beginning of my healing journey and the beginning of my deep research into trauma theory, which eventually led to me going back to school to finish my masters. At the time when I was diagnosed with posttraumatic stress disorder, the thought of retaining knowledge or ever going back to school was very, very far from my reality. And to return to school and complete my masters and then move into a thriving private practice and then write this book and create this program and pilot this program was actually miraculous because I would have never believed that possible.

So that is how I got to the—so to kind of sum that up, my passion about my own healing and understanding trauma and what trauma and informed care was during a time when the—again, it was really challenging to find a therapist that specialized in trauma recovery. And so today trauma informed care is a buzzword. But 9 years ago it wasn't. And so I was learning stuff physiological—about the physiology and the neurophysiology, about our nervous system and what happens and why we have these expressions of what we label as mental illness but actually are a result of a disorganized

nervous system. I found that information to be so empowering, and I applied it to my own healing and trusted that we can actually heal from mental illness. And—yeah. And so which then brought me way back to where I was first inspired about what is going on in the birthing milieu and this notion of obstetrical violence and these births that I had also witnessed as a birth attendant that are being swept under the rug. And I started to link together that so many moms who are having birthing experiences especially those that are in the medical industry are walking away from their birth experience with unresolved trauma in their nervous systems that are then expressing itself and being diagnosed as a postpartum mood disorder. And this got me revved up, which is why I created the program and eventually wrote the book because I felt like we need to get this information out there.

MARGO: Yeah. I mean that's so much more positive and—I don't know. That just feels like so much more—like there's so much more possibility with that direction than the really common direction that most of us have heard which is that, "Oh, it's a hormonal problem. "Purely and simply, if somebody is struggling in the postpartum. I wonder how, if you have some parallels with the work that Rachelle Garcia Seliga does with her innate postpartum trainings as well. But yeah. It's so revolutionary to be like, "Maybe that isn't the answer," and it's so complex but also more simple in some ways than the sort of male, medical, industrial complex has made it out to be. It's exciting. Very exciting and—it's just so much more life affirming, I feel like. And encompasses, like you said, this belief in our physiology that we can feel as opposed to something is inherently wrong with our hormonal system or something as women.

JENNIFER: Mm-hmm. Mm-hmm.

MARGO: Yeah. So can you tell me a little bit about what—I mean obviously you can't tell us everything about your awesome program, it sounds like. But can you give us just a sense of what some of the tools might be for people that are coming out of births where they feel like they have experienced obstetrical violence or trauma of all the many different varieties that exist?

JENNIFER: Yeah. It's funny. I always notice when people say tools, and I want more tools to put in my medicine bundle or something along those lines. I often get panicked.

MARGO: Yeah. It's kind of a—yeah. I mean that's a very linear kind of a term, which maybe isn't the appropriate one. Yeah.

JENNIFER: Well, no. I mean it's a—it is a common term, and there are things that we can actually add to our tool box for sure. But going back to that question, what are some things that moms could look for if they experienced a traumatic birth is what I heard you say, right?

MARGO: Yeah.

JENNIFER: I mean first of all what I'm noticing is that there's a lot of resistance to labeling our birth experience as having been traumatic. And so awareness is key. And in that, I have recognized that it's empowering to label that experience in different ways. So if you're not comfortable talking about your birth experience as having been traumatic because the word trauma is heavy and loaded and means so many things and I will hear moms say, "Well, that wasn't my experience. It couldn't have been traumatic," and then when we unpack the impact that the birth experience had on their nervous system and they then realize that they're storing traumatic material still within their nervous system and the impact that that's having on their overall health then they can relate to it. But I like to use the term—and you may have noticed this in my video series if you had a chance to watch it—toxic stress load.

MARGO: Mm-hmm.

JENNIFER: I've kind of relabeled the term trauma to speak about the impact that an accumulation of stressful material—so stressful events, stressful circumstances—that are beyond our control—so too much stressful information came into the system, overwhelmed the system, and (audio cuts out) mom felt like she couldn't do anything about it. Then it activates the survival stress response. And we know—and I know you'll agree to this. We know that if the stress response is activated during labor and delivery then a mom will have a really hard time progressing instinctively and physiologically. Because when there's adrenalin in the nervous system we know that it compromises the flow of oxytocin. And then the mom is hyper vigilant and on high alert because the mom is scanning the environment, right? For danger. Instinctively. And so if the mom never had the opportunity to sort that out within her body and her mind and her heart, then that material stays activated within her nervous system all the way through because it needs to be discharged. Are you following so far?

MARGO: I am totally following. And I don't want to take you off of your track, but I do have a—maybe a back step sort of question. Is there anything to help people identify when this is the case for their experience? Is there a way to either help them identify some of those things or things that we should be watchful for? I mean I have certainly worked with people who had what on the surface—and I think you were kind of alluding to this earlier—on the surface had an experience that didn't appear to be traumatic from the outside but afterwards said that was actually really—either they used the word traumatic or that was not what I expected. That they're having to process it and deal with it in the coming weeks. Is there a way to help sort of identify those people as care providers ourselves if they maybe aren't—don't have the words or their own ability to maybe identify that as clearly? Or if someone does come and say, "I'm wondering if I'm experiencing some trauma, what do you think?"

JENNIFER: I think about this question a lot actually because I think that care providers such as yourself or a postpartum doula or, obviously, a birth doula—even physiotherapists like pelvic floor health physiotherapists are usually, what I would consider to be, first responders. Would you agree with me?

MARGO: Yeah. Definitely.

JENNIFER: Yeah. Okay. And so how do you—so what I'm hearing you say is then how do we identify if the mom is in a trapped stress response.

MARGO: Right.

JENNIFER: How do we identify if the mom has internalized their birth as having been traumatic even though they may not articulate it as such?

MARGO: Yeah.

JENNIFER: Okay. And so do we have a checklist? Because I think about how many of the care providers that I know what they're looking for and assessing in the postpartum are any signs of symptoms of potential mood disorder.

MARGO: Yeah.

JENNIFER: They're not looking for signs and symptoms of trauma.

MARGO: Right.

JENNIFER: And there are some assessments that are available online like the—I'm trying to think of the name of it. Immediate Impact Event scale, I think it is. That could be looked at. But more importantly, it's in the relationship, right? So if the care provider has a relationship with this mom, then they can really start to notice if there is something that feels off and help the mom speak to that. So a mom may have had a birth experience, like you said, that looks very quote normal. Maybe this mom had a birth experience that we might even label as, "Wow. That's a perfect birth in the physiological birthing milieu." And yet, for this mom, the whole experience was as if they were holding their breath. And that the pain was so intense that they could barely articulate late, so they were silent. And that silence was interpreted as they're really handling this well.

MARGO: Yep.

JENNIFER: Right? And then all of a sudden the fetal ejection instinct takes over, and this mom has the textbook birthing reflex to deliver her baby in one or two pushes. And so based on observation, one would assume, "Well, there's no traumatic or stressful material that would ever be stuck in this person's physiology because that was a physiological birth experience." They receive their baby. The cord is attached. They

have a physiological delivery of the placenta. They're met with care, and you're like, "Hey, this is ideal." So for those moms, it can be easily overlooked, and that mom can internalize their experience with a whole bunch of confusion and possible silent shame because they had the physiological birth. So what's wrong with me that I'm struggling to integrate this experience? What's wrong with me that I actually felt like I left my body and was watching it from a distance the entire time?

MARGO: Mm-hmm.

JENNIFER: So I feel like I'm going on a tangent here. There's five different conversations we're having at once.

MARGO: They are good conversations.

JENNIFER: Okay. I just want to make sure that you can follow me because I'm unpacking a pretty heavy topic. But yeah. So how do we notice that? Again, in the beginning being one of those first responders, paying attention to where the mom is in relationship to their body and their baby and their immediate partner. In other words, is the mom present to what is going on? Is the mom disengaged, flat, hyper vigilant? Does it appear like there's a lot of energy pulsing through this person, but they're having a challenging time settling? Does this mom need to speak immediately about that experience and as they're speaking their birth story or their birth experience paying attention to the words that they're using and how they're delivering the information? So if the story is coming out as very flat or very matter of fact, so there's no real cadence in their tone then you might be curious to see if—did this mom actually embody that birth?

And I'm just pulling this out by the way, as we're talking. It's not written down. I'm really, really thinking about this because I do get asked this question a lot. And I feel like those of you who are first responders, in my opinion, it's really important to pay attention to the environment and not see it through your biases, which is, for example, "Wow. This birth was like a textbook physiological birth." Or see it through your biases that this birth resulted in a transfer of care and the mom had an unwanted cesarean section, therefore, they must have trauma.

MARGO: Yeah. Trying really hard not to make assumptions.

JENNIFER: That's right. That's right. Right. So to just be very present to what's presenting in that moment. And so, again, conversation is powerful. There was a study done. I forget who conducted the study, but I have cited this study before. And what they discovered is that those moms who had immediate contact after birth, within 24 hours, to talk about their birth story and then 3 days later to talk about their birth story and then 6 weeks later to talk about their birth story had a reduced—and especially—and it was studying moms who had a traumatic birth experience. They had less—

statistically less challenges with postpartum mood disorders. And they felt that they were integrating their birth story. So it helped in that immediate period to move some of that emotional material out of their system to just be able to have their story heard and encouraged to feel it. Often what happens in the immediate postpartum is the mom is still in shock.

MARGO: Right.

JENNIFER: Right? And there's a need, a survival need, to tend to the immediate need of this newborn. And so it's challenging to sort it all out because so much is happening in that immediate postpartum, and you know that. And—go ahead.

MARGO: Oh, it just makes me think of the way I usually phrase it is something like, "How are you feeling about your birth story?" So I'm wondering if it would be more powerful for them—just to encourage them to tell it to someone who wasn't there and that doesn't have any stake in the—if I'm there as the midwife. Give them a neutral third party sort of a listener. Yeah. So I wonder if that would be a good thing to sort of incorporate into everybody's postpartum care.

JENNIFER: Even a phone call. But yes. I absolutely agree. And I would even word it as, "Tell me about your birth story."

MARGO: Yeah. That's what I mean because I feel, as you were saying that, I thought, "Oh, I'm asking directly about the feelings. I'm not asking them to relay it since I was there."

JENNIFER: That's right. [cross talk]

MARGO: Or I usually was there. Sometimes you miss a birth. And then you get to hear about it. But so I definitely have the intention of asking how they're feeling about their births, but it isn't necessarily the same as having them tell their story. So that's an interesting idea.

JENNIFER: Yeah. And thank you for differentiating that. The difference between, "How are you feeling," versus, "Tell me the story."

MARGO: Mm-hmm.

JENNIFER: And that story is going to change.

MARGO: Right.

JENNIFER: Yeah. And so it's important to keep encouraging that story to be told and to encourage any of that emotional reaction or response to the telling of the story, right? To allow space for that which is one of the reasons why I think postpartum doulas,

which in Canada is booming. I don't know about where you are in the States, if that's a booming industry.

MARGO: I'd love for it to be, but it's not yet. I mean there are people who are trained, but it doesn't seem like tons of people are understanding the importance and value yet. But I'm sure that will change.

JENNIFER: Okay. It seems to be a pretty sought after service at this point in time, at least here locally, and my guess is within Canada. And in—with those postpartum doulas, majority of time, they didn't attend the birth. So they're in a perfect position to not only nurture the mama but to also encourage that story and those emotions. So also I want to highlight that—a couple things I want to highlight. There is a method and modality that I strongly recommend that is—well, two actually, that are very supportive to helping discharge the traumatic material. And I speak about it in that language because I really see it as information and energy in our nervous systems. And so these methods such as EMDR, which is eye movement, desensitizing and reprocessing technique is—is a highly sought after and encouraged modality for trauma recovery.

MARGO: Yeah. We actually had my personal therapist actually come to the Indie Birth retreat last year and do a session on EMDR for birth trauma. It was really cool.

JENNIFER: Fantastic. So there is something called recent event protocol within EMDR. And recent even protocol is—it's a technique or a branch of EMDR in which you will engage with the client immediately following the traumatic event. And I was just saying to a colleague of mine just the other day, "Wouldn't it be amazing if there were EMDR therapists trained to go directly to the hospital or home and do a recent event protocol with these mamas and discharge that traumatic material immediately following the birth?" Therefore, reducing the risk of all of these other potential complications such as a diagnosis of postpartum mood disorders and all of the challenges that come with having this traumatic material stored in your nervous system such as the shame voice, the critic voice, right? The dark intrusive thoughts and the disconnection from self, baby, and family. The impact that trauma has on a mom is—it has such a ripple effect. And so to catch it immediately, I think, is a preventative health need, if that's the right way to say it. I think it's a necessity that we should not let a mom leave knowing that the possibility of there being traumatic material in her nervous system is there. We should not let that mom go off on their and try to sort it out.

MARGO: For sure. And I—

JENNIFER: The other modality I was just going to say is somatic experiencing. Body focused therapies. But yeah. Go ahead. What's your question?

MARGO: That was going to be my question. I was going to say I took you off track when I got all excited about EMDR. Can you say more about that somatic experiencing for people who maybe don't know about that?

JENNIFER: Sure. And I'm not trained in somatic experiencing although I do a lot of body focused therapy and speak about it in the book. But somatic experiencing is the modality that was created by Peter Levine. And he is the medical pioneer of trauma theory in that he—I believe he was a medical doctor and has his own traumatic experience in which he started to uncover and learn how to heal from it. And so he's gone on to write a lot of books about the topic. And the foundation of it is that this material, this stressful material, gets stored within our nervous system. And you can liken it to a test tube with the—with a bottle cap on top. And so there's all this adrenaline and cortisol trapped within that test tube. And so it's got nowhere to go. And then that internalized pressure stays within our nervous system and starts to deteriorate function, and it creates a deregulated system.

And I liken it to the image of all of a sudden these wires are flying all over the place like you can imagine an electrical cord with different wires that plug into different circuits, right? And all of a sudden there's a flood of traumatic material that enters the nervous systems, and it's like it unplugs the cords from their circuits. And now they're flying all over the place. That's how I see it. That's how I've internalized my understanding of what's happening within my body. And so we need to be able to move all of that stressful information out of our system, so that our system can restore itself back to homeostasis and plug itself back into the right circuits. And so somatic experiencing is quite slow in that what it's looking for physiologically is all the ways your body has guarded yourself from the traumatic event. And then it stores it in those areas and locks it down. And then your system just stays on high alert because the adrenaline has nowhere to go. And then if we have too much adrenaline and cortisol in our system, we know now thanks to FMRIs and advancements in technology—we know that it deteriorates function of how our brain hemispheres are communicating with one another. And it actually compromises the hippocampus.

And this is the area of our brain that helps take emotional material and create context out of it and store it as memory. So what starts to happen is if this part of our brain is compromised and shutting down and not doing what it's supposed to be doing, we've got this other part of our brain, the amygdala, that's flooded with adrenaline and emotional material. And these emotions are just pumping into our system, and we're living in an emotional reality with no context. And so everything feels chaotic. Everything feels traumatic. We've got emotions of anger that are just happening. And emotions of sadness that are just taking over. But it feels like the emotions are running our reality. So with body focused therapies, the idea is to (a) bring yourself back into contact with the body because one of the ways in which we can tolerate all of this stressful material

is to actually vacate our body or disassociate, right? Disembody. And so this brings us back into our body, brings us back into the felt experience. We stay with the felt experience, and we notice what our body is doing that's been guarding all of this so that it can release kind of the pent material. And we can allow it to move through our system.

The key to all of this from my research and now I'm pulling in a bunch of different pioneers in trauma theory, so Peter Levine being the pioneer of somatic experiencing and body focused therapy. And he really was the one that coined the conversation around what is happening physiologically to humans. But then there's been a plethora of others who have continued to research this. And so pulling all of that together, the key to moving the stressful information and the painful information out of our nervous systems so our physiology and our biology can restore itself back to homeostasis is to stay present to what is happening. So we have to feel our feelings. We have to notice our thoughts. And we have to be able to allow all of that energy and information to move through our system without attaching a story to it.

MARGO: Mm-hmm.

JENNIFER: And so often what happens is that the minute we feel something that feels like it's quote too much and we don't know what to do with that too much, right?

MARGO: Right.

JENNIFER: All of our protective barriers and all of our ways in which we've handled the too much feeling over the years come into play. And this is what makes healing sometimes very complicated. So similar to birth in that we need to be able to engage the too muchness of the felt experience of birth and stay present to it. Would you agree?

MARGO: I would agree. Yes.

JENNIFER: Okay. So this is why I have found my understanding of physiological birth to be akin to my understanding of how we feel physiologically. They actually parallel each other. And that was what was so exciting for me. So in the same ways that we have to be able to drop into that felt experience and know that we can handle it and we're not going to die—uh-huh. We have to do the same in releasing all of this felt material, all of this energy and information that's stored within our nervous system. We have to be able to move it through us and how it moves through us is actually with electrical currents. I have felt this material leave my body, and it has felt like electrical currents leaving my body. It has felt like hot red ants dancing in my every cell of my body. And it has felt like grief and anger moving through my system.

And so the more we can trust that there's purpose in this big material that's moving though us that feels like it's too much, and if I feel it I'm going to somehow become totally discombobulated or I'm going to die, right? This is a deep fear.

MARGO: Mm-hmm.

JENNIFER: Then we stop the process. We halt it. And then by halting it, this generates either what we would call a disregulated system. So it generates hyper vigilance or hyper arousal. So now we have all of the symptoms of anxiety. Or we've shut our system down, disconnect, and we go into what's called hypo arousal. And this is happening though because we're afraid of feeling too much.

MARGO: Mm-hmm.

JENNIFER: And in trauma theory, there's a lot about feeling too much too fast. And this idea that if we feel too much too fast we will be retraumatized.

MARGO: Interesting.

JENNIFER: Yeah. And so I think about this a lot. And I know I'm on Indie Birth podcast or Margo, your podcast. And I feel like I can kind of go out on an edge and speak a little bit radically to this and tell you about what I'm contemplating these days about that idea.

MARGO: Yeah. Tell me. I'm curious.

JENNIFER: Well, I'm curious too because in birth we have to feel too much to move to that next point.

MARGO: Right.

JENNIFER: And we have to know that it's safe enough for us to drop into such an altered state of consciousness that what I quote to say magic happens.

MARGO: Yeah.

JENNIFER: And if we, as birth attendants, start saying, "Oh, no. You need to slow that down. You're feeling too much," okay? Right? Or that's too chaotic. That's too wild. Then what we're doing is controlling the birthing atmosphere. Would you agree?

MARGO: Which would not—yeah. Which does not end well.

JENNIFER: Often, it doesn't.

MARGO: Mm-hmm.

JENNIFER: And so in my experience because I feel very fortunate to say that although I haven't been to thousands of births—I've been to about 200 births, the majority of those births that I have been to were undisturbed birthing environments.

MARGO: Mm-hmm.

JENNIFER: And the majority of those births I could step back and just witness what happens when you just witness birth and those moms find their way. And that meant seeing things beyond what many, many people see in the birthing milieu because we're intervening before we can see the potential of physiology to take over.

MARGO: Yeah. Absolutely.

JENNIFER: Okay. So I'm making sense, right? I just want to make sure.

MARGO: Sure. Yeah.

JENNIFER: So I have seen and witnessed things that I believe—I'm very grateful for, and it's informing how I understand healing. And it's informing this next kind of piece that I'm contemplating which is if as a care giver or as a therapist who specializes in trauma recovery and birth trauma, and we carry a belief that if that mom feels too much too fast they're going to be disregulated and, therefore, they're going to be retraumatized and healing is going to be longer and, therefore, it's my responsibility to stop that process and to ensure that that mom knows how to keep herself safe and that that mom knows how much they can tolerate and that—but that together we're dancing on that edge so that they never tolerate too much. So the whole process then is controlled from the fear that if we feel too much we'll retraumatize ourselves.

MARGO: Mm-hmm.

JENNIFER: And so I'm challenging that belief because I believe that it's not where we get retraumatized if we want to use that word or where we cannot—where we don't integrate the material effectively is when we feel too much and then we disembody. And this can happen in birth, right?

MARGO: Mm-hmm. Yep.

JENNIFER: And so the key is how do we support a mom to stay in their body when they're experiencing so much. And that it's safe for them to be with the felt experience. So this is important to ensure and to help that person stay connected to their body, but also to encourage them to know that they're going to go to their edge and beyond in the same way that they went to their edge and beyond in labor and delivery.

MARGO: Right.

JENNIFER: So that's my little rant.

MARGO: Yeah. I think it's totally fascinating, and it makes me think of a client I had who had in her past dealt with substance abuse. And after her birth, she said something she was feeling particularly proud of was that she had been pushed to her edge and beyond and made it through without needing the things that she had relied on to sort of get out of that too muchness in the past. And that it was really healing for her in seeing how strong she is and how—yeah. How she could handle that when surrounded by people that loved her and she felt safe and all of that.

JENNIFER: Mm-hmm. Mm-hmm.

MARGO: Yeah. That is definitely where the magic happens. And I think is a huge part of the disservice that some parts of the birth world create when they talk about painless birth and that sort of thing. I've seen that be traumatic for people that I've worked with who thought they were going to have it go one way and then it really not go that way.

JENNIFER: Mm-hmm. Mm-hmm. Absolutely.

MARGO: Yeah.

JENNIFER: Yeah. I mean there's a lot here.

MARGO: Yeah. Yeah. We could talk all day. I want to ask you since we probably coming up on the end here in a little bit. And I had mentioned this to you before we started recording, but this idea of a lot of the focus on birth trauma is around obstetrical violence. What happens primarily in the hospital and in medical care? But what we can we do as midwives if a client comes to us and says, "Something about your care felt traumatic to me"? How can we be the best support we can be to those people? And I guess a follow up question, if we have time for it, is how do we also hold space for ourselves then as having done the best we could with what we had at the time, I suppose? Because I think every midwife I know has had this happen.

JENNIFER: Yeah. I would agree.

MARGO: Yeah. That someone—yeah—interpreted something as traumatic that you've done as a midwife.

JENNIFER: Right. Like something happened without their consent or the midwife somehow took charge of the experience in a way that they didn't anticipate. Another one I hear often is, "My midwife was scrolling their phone the entire time," or a big one is, "My midwife wasn't around. I felt abandoned, neglected." And in the undisturbed birth paradigm, that can be misinterpreted a lot, right? Yeah. So to answer, I think it's a great question, and I know we probably won't have enough time to really get into the details of

it. But I would flip it, and I would say the first part is actually to work with yourself as the care provider and sort through any of the triggers that have been activated. And I would recommend using a self inquiry process of sorts. So I often refer people to Byron Katie and The Work.

MARGO: Yeah.

JENNIFER: Yeah. It's just such a great tool, and I actually just did a podcast yesterday about The Work. And it was super powerful with somebody who specializes in it. So for those who want to know more about The Work, they could hear about it there. So I would recommend a process of self inquiry. So whatever one does for that, do that first. So if it's a going into meditation, if it's therapeutic art, if it's cognitive behavioral therapy, if it's talking to a friend and sorting out and get to—so my two powerful questions that I use all the time that I teach my clients. First question is what am I telling myself about this situation? What am I hearing myself say to myself about this situation? And list it all. Just hear it all, right? So I did something wrong. They are overreacting. I'm confused. Whatever it is, right? What did I miss? And then you scan everything that you've missed, right? So just pay attention to what am I hearing myself say about this situation. And then the second question is what am I telling myself about myself as it pertains to this situation? And then you're going to get to the core belief. And the core belief often sounds something like, "I'm a bad midwife, or I'm a bad doula. Or I'm insignificant. I'm inadequate."

And I actually list a bunch of the possible core beliefs in the book. And so you just get to that core belief of, "What am I telling myself about myself?" I'm not allowed to make mistakes. And so you just feel that, first of all. Feel what it feels like when I believe that belief. And most often that belief is old. It's a friend. It's been with you a long time. It's usually how people internalize stressful situations all the time is through that core belief. So I would encourage the care provider to feel that. Notice the impact that believing that belief is having on you. Move the felt material. So move the emotions. And then I would ask the question, "What do I want to believe about myself in this situation?" And maybe what I want to believe is I did the best that I could. It may be I'm allowed to make mistakes. It's okay to have made a mistake. And so you want to frame it in a way where it's like, "What is more true? What is more possible? What do I want to believe about myself in this situation?" And then feel what it would feel like to carry that new belief. A big one I think in the world of birth work is, "I'm allowed to make mistakes."

MARGO: Mm-hmm.

JENNIFER: And that it's safe enough for me to then engage with my client, with my mom, about the mistake. It doesn't mean I'm a bad midwife. So once the care provider has sorted this out within themselves, then I would encourage them to sit with the mom

because from that place the mom's story, hopefully, isn't going to hook any of these old core beliefs that are causing so much distress. And now you can hear what the mom is really saying. So if the mom is like, "I was really surprised because I was expecting that you would have done A, B, C, D, but you did E. And that really upset me." Then you can say to that person, "Well, tell me more. What about that upset you?" And eventually, you could help them realize that they too are making sense out of it in the same ways, right? When you did this, I noticed or I felt this happening. Okay. And then what happened, right?

MARGO: Mm-hmm.

JENNIFER: So we can start to engage in a way that's far more transparent. That's more meaningful and more connected because whatever this person is going to say, hopefully, the care giver now is in a place where they're like, "You're right. I made a mistake. You're right. I did do that thing that we agreed that wouldn't happen. You're right. I did, in that moment, take power of the situation, take control of the situation. You're right actually in that moment I was afraid." To me, that would change everything because my experience of working with moms—and especially moms who are disappointed in their birth experience and they had midwives—

MARGO: Right.

JENNIFER: It's like their sense of betrayal is greater.

MARGO: Yeah. Right. Absolutely.

JENNIFER: Yeah. And so all they really want is for their midwife to—sorry. For their midwife to hear that and own it. That would alleviate so much.

MARGO: Yeah. Pardon me. Yeah. And I think it's really hard for clients to bring stuff up to their midwives when they have that relationship with them that 98% of it was wonderful, and they don't want to—maybe they're planning on having more kids. And they want to hire you again, and they don't want to upset you or offend you or something. Yeah. So I think it's brave of people to come forward and talk about what they didn't like about their care. And I want more people to do that in all realms. but yeah. It definitely is hard as a care provider to hear those things. But that's really helpful. That sort of step-by-step approach of questions and The Work.

JENNIFER: Well, I'm glad to hear that. I would add to it as well because the care provider is inevitably in a position of power I do think it's the responsibility of the care providers to start that conversation. I think that would change everything. I think if an obstetrician, a midwife, a nurse, even a doula came in and said, "Look. I recognize that

your birth experience didn't go the way that you had hoped it would. And I recognize that I might be a part of that. Is there anything that you would like me to know?"

MARGO: Yeah. Absolutely. Well, and same with—we talked about earlier. I definitely do that usually at the 4 or 6-week mark. At least with people who did have a pretty dramatically different birth than they were planning.

JENNIFER: Mm-hmm.

MARGO: But it probably would be worthwhile to do that with every person not assuming—I know midwives who have been told by clients like—even just things that seem not insignificant because they're not insignificant. I think of an example that isn't a real life one in case people are listening. Things like—

JENNIFER: Scrolling your phone.

MARGO: Yeah. The scrolling your phone or asking someone to get out of the pool to deliver the placenta if you're worried about the amount of blood loss.

JENNIFER: Totally.

MARGO: Someone being like—that is a real example. But I could see someone saying, "Oh, that was annoying, and I didn't like that. I wish you would have left me alone," or the opposite, "I wish you would have done something sooner about X, Y, Z."

JENNIFER: Absolutely.

MARGO: So even if someone has a—what feels like a normal birth to us maybe giving everyone that opportunity.

JENNIFER: And I think that that would—I mean I think that would revolutionize so much.

MARGO: For sure.

JENNIFER: But it takes both parties to be capable of both delivering and receiving that information, right?

MARGO: Right.

JENNIFER: And I talk about the culture of blame in my book. And I work really hard at supporting moms to move into their anger and into their blame if they need to do that. But to recognize, we are not stopping here.

MARGO: Right. This is just one stop on the—

JENNIFER: That's right. And so because we can get in this trap of making it all about the care provider.

MARGO: Right.

JENNIFER: And not taking any responsibility for ourselves. And so, of course, if there are things that need to be addressed and done, if there is a complaint that needs to be made, or if there was an obstetrical abuse that took place, absolutely. These things need to be addressed and not ignored. But we also have to move beyond the blame. And what would restorative justice look like in the birthing milieu.

MARGO: Yeah. That was my life before midwifery was I was in an applied criminology program.

JENNIFER: Oh wow.

MARGO: I like your reference to restorative justice.

JENNIFER: Yeah. Right. I mean we've got a long ways to go. But I think that people like yourself and those with Indie Birth who are already pushing the edge of convention, right? Are in a perfect position to have these riskier conversations.

MARGO: Yep.

JENNIFER: Because they're vulnerable.

MARGO: Yes. Indeed. Well, I think that's probably a good place to stop unless you have anything else you want to make sure our listeners hear before we wrap it up.

JENNIFER: Well, I'm really grateful to have had this conversation. And I'm—it's funny. I'm sorting in my mind. Oh my goodness. Did I answer these questions? Where did we go? Does it sound like I know anything? But that's all happening in my mind right now as we wrap this up. But I am just so grateful to be able to have such an open conversation about a topic that I'm really passionate about. And I'm—one of the things that I've put together is a day-long event for professionals who work with perinatal health or perinatal people. And so I just want to put that out there because my dream is to do more of those and travel around with those. And then I also have a day-long event for moms. All connected to everything that we just talked about and my program.

MARGO: Those are in person?

JENNIFER: Those two are in person. That could be an event that I travel for. And then, of course, my book is available both on Amazon and on my website. And that book is a guidebook, so it's not just information. It's actually a practical application of starting your healing. And so I've had moms 18 years later say, "I'm finally ready to start my healing."

And one of those moms said to me, "The hardest part was opening the book." So it's never too late.

MARGO: Yeah. And, again, the title of that is *Healing After Birth: Navigating Your Emotions After a Difficult Childbirth*. And I am looking forward to getting my copy very soon.

JENNIFER: Wonderful. I'd love to hear what you think about it.

MARGO: Yeah. All right. Well, with that, I think we will wrap it up. And until next time, you can learn more about the work we do here at Indie Birth at indiebirth.org. You can always feel free to email me at margo@indiebirth.org. I love hearing from you and getting ideas about new podcast episodes or just hearing about what's going on in your life. So thanks for listening. And until next time.

(closing music)