

(introductory music)

DISCLAIMER: “*Well, Actually...*” is a podcast about reimagining the way we approach the entirety of the birthing year. Margo’s goal is to combine her radical imagination with her knack for strategizing to bolster the birth revolution and a larger global revolution of feminine consciousness. “*Well, Actually...*” is a production of the Indie Birth Association and indiebirth.org. No material on this podcast should be considered medical advice. Birth is not a medical event. Now here’s your host, midwife, and teacher, Margo Blackstone.

(music)

MARGO: Hey. If you’re listening to this, you are listening to a new series of mine where we are doing a behind the scenes of midwifery visits. So talking to women who are looking for preconception, prenatal, and postpartum support, and this is a really fun experiment because I, for the first time, am recording these virtual sessions which we have been doing for a long time here at Indie Birth even prepandemic stuff. So we have had many years of virtual visits that we have done as midwives. And this has been an idea we’ve kicked around for awhile. One, because we really like to do sessions with women all over the world. It’s a really amazing way to utilize this whole Internet thing, so we can build a stronger birth community. So that’s really exciting. I always love doing these kind of visits. And this has the doubly cool aspect, which is that we are recording them, so that you can listen in.

So that might be cool for you because you are also a pregnant mama or a preconception mama or a postpartum mama. And you can sort of glean some wisdom from these women and the conversations that they have with me. Or you might be a birth worker, a doula or a midwife, who knows? Maybe an OB or a nurse who is looking to learn more about this wise woman model that we teach here at Indie Birth. And what better way to learn than to listen in and sort of do this virtual apprenticeship with me. So we are making this available to the public. And we’re also going to be incorporating it into our teachings here at Indie Birth for the doulas that we train and the midwifery students that we have as part of the Indie Birth Midwifery School. So those are some of the reasons why this little miniseries was created, and I hope that you really enjoy them and pass them along to anyone who might benefit.

All right. Well, where shall we start?

MOM: I don’t know.

MARGO: How are you?

MOM: I'm good.

MARGO: Cool.

MOM: Feeling very—feeling well.

MARGO: Great. Tell me a little bit about where you're at in your pregnancy. I have what you had shared awhile ago now. So maybe give me an update. How many weeks are you?

MOM: I am approaching the start of the 25th week so almost at the end of my 24th and feeling really good. Definitely enjoying that sweet spot that I've heard about. I think during the first trimester you don't think it's possible. And so—and now I'm feeling so good, I'm like, "Oh, man. It's going to go away?"

MARGO: Maybe. Maybe not.

MOM: Yeah. Maybe not.

MARGO: Cool.

MOM: I'll get online and read stuff. And it's like, "Oh, you're probably experiencing this and this symptom." And I'm like, "Nope. Not at all actually." So that's good.

MARGO: That's great. Is this your first pregnancy?

MOM: It's my first pregnancy going to term. Yeah.

MARGO: Okay. And you said that you're doing lots of acupuncture, yoga, eating healthy, herbal support, and rest, and time in nature. Is that sounding accurate still?

MOM: Yep. I'm doing that. And then at 20 weeks, I started doing—seeing a woman for Mayan abdominal massage. The Arvigo technique. And so I've begun doing that. And that's probably my favorite thing so far. It's really nice and just feels so good afterwards. I've been doing that. And I am a farmer, so I'm very active and up and down, moving around all the time. So I feel like that's helped a lot too. Just keeping my body in motion and—yep. I got to rest during the first trimester since that was mostly over the winter. So that was nice.

MARGO: You timed that well.

MOM: Yeah. Yeah. We'll see what it's like being big and pregnant in July and having a baby in the middle of the farming season. But whatever. We don't—it happens when it happens.

MARGO: Right.

MOM: You just go to go with it.

MARGO: Excellent. I think you're our second farmer on this series, so that's cool.

MOM: Nice.

MARGO: Yeah. So tell me a little bit about what you're looking for support with. You had said you're planning a home birth. Is that right? You're forming your own birth team.

MOM: Yes. I'm having a home birth. Yep. Yeah. So and that's my plan right now. I feel very held and comfortable in what I have going on. I'm not though completely close minded to seeking out a midwife. I do know two midwives in our area that I really like. I think they're wonderful, and I have—would have no problem working with them. But right now, I feel really good. And I feel good with the people that are going to be at my birth. And the one is my friend, and she is in midwifery school and has been a doula for awhile. So I feel comfortable that I have somebody with knowledge about birth, and she has three children of her own that she birthed at home. So yeah. That's what I have going so far. And yeah. I feel good about it. I am doing the massage now. So I am having someone physically put their hands on my belly, and I feel like that's the only thing that—I don't know if I—to say like I'm missing out is the word. I don't necessarily feel that. But I'm like, "Oh." I can see the value in that of going and physical sitting with someone and just having them put their hands on your belly, and partly that's because I'm so interested in it. And I would just be like, "What are you feeling? Where is the baby? And how do I know?" My friend, who is coming—she is a few hours away. So we're not really doing any in person meetings. We're getting together and talking over the computer like this, but we aren't doing any in person meetings up until closer to the time of the birth.

MARGO: Yeah. Yeah. Cool.

MOM: And I was pregnant early in the year. And I had a miscarriage. And so I went through—I did that. And I did all the blood work and everything. And everything was fine for me then. And I went into this pregnancy actually feeling physically and emotionally much better than I did the previous one. So I haven't felt worried about not having blood work and that type thing. I felt fine without it.

MARGO: Yeah. Cool. What support do you think would be helpful? Or what questions do you have for me, I guess? How can I be helpful to you today?

MOM: I've been trying to think of questions. I feel like most my questions are more just—I don't know what the word would be. Maybe technical questions. Like just things I'm wondering about when I'm laying in bed and feeling my own belly and using the fetoscope and stuff. And one question I have definitely thought of in my mind and I did see was recently on the Indie Birth site. Someone had asked. And I don't feel like I found a definite answer. Was is there a way with palpating the belly and with the fetoscope that you can tell where the placenta is? And I feel like that's probably a big questions for women who aren't doing ultrasounds of just wondering that question of is all—is everything in the right place and stuff? So that was something I had wondered.

MARGO: Yeah. So when we're listening, sometimes we can hear the placenta. But truthfully, it's not very often that I feel 100% certain that that's what it is. So a placenta sounds more like a wind rushing through the trees kind of sound.

MOM: Mm-hmm.

MARGO: It's like a (makes noise) like—is a best interpretation of—or—yeah. That's the best reenactment I can do. And even then, we can only really hear it if it's on the front, right? And so not all—actually, most aren't on the front. I'd have to look at the actual stats. I want to say it's like less than half are on the front. And then, of course, more rarely, it's implanted really low or covering cervix in which case then you wouldn't be able to hear it either. I guess the short answer is you can't rule out a low lying placenta or a placenta previa with a fetoscope. And I think that that is something that people just have to be okay with the mystery of. And then know that if it was implanted in a place that would be problematic, there is typically signs. We call it a warning bleed at the end of pregnancy.

MOM: Mm-hmm.

MARGO: Before labor, you usually would be able to know that based on those symptoms. And it's also pretty uncommon is the other thing I think is important to always say especially if someone hasn't had uterine surgery or that sort of thing. So yeah. So it's a yes sometimes, and mostly no, I guess, is the answer. So when I'm listening, if someone hasn't had an ultrasound, I'm not really even trying to figure that out unless we happen to—unless we happen upon a sound that sounds like the placenta. So yeah. Does that answer your question?

MOM: Yeah. It does. And—so I have—I have heard that sound. And it's kind of on my—and I don't always hear it. But I have picked it up a few times. And it's definitely up on my right side, to the right over on the side of the abdomen. So maybe—and I thought. I was like, "Oh, maybe that's the placenta. I'm not sure," but it had that sound.

And then it was almost like I could hear, I guess, my pulse or my heart—like (inaudible) with my pulse. Just super low, like drum. It was that whooshing sound and then that—like a low—just—but it was the same beat as my pulse coming through at the same time.

MARGO: Yeah. Yeah. And it would be your pulse that you're hearing. Mm-hmm.

MOM: Was kind of my guess. Mm-hmm. Yeah.

MARGO: Yeah.

MOM: And something else that is just like I've—has been—I've been questioning the whole time, and that's just—in feeling my belly, I just wanted to know the fundus. I mean guess our uterus is considerate a floating organ. Correct? It's kind of in there. But not completely floating. But I feel like depending on the baby's position, where they're laying and this and that, will that change the position of where the fundus is a little bit? Because I feel like—

MARGO: Yeah. So—

MOM: - for me, it moves around. I mean it's in the same general area as the—as my belly has been growing. But it definitely doesn't—is not in the same spot all the time. And sometimes it's lower, and sometimes it's higher. And sometimes it's over to one side or the other. And I just assumed that was the fundus because it feels like what I've been told they feel like. But—

MARGO: Yeah. So as you move around throughout the day, it will definitely be in different places. It's—as you twist and move and bend and—a good example of how the baby's position can impact it is if the baby is laying sideways, transverse, then it would be lower than if the baby were head or butt down and was—they were in that position. So yes. It does impact it. That said, if you laid on your back and palpated for the top of the fundus, which really feels kind of like a shelf for anyone who might be listening and doesn't know what that feels like—it's like firmness. And then there's less firmness above it. It's kind of hard to explain, and sometimes it can be tricky to feel, if you haven't felt a lot of them. But that's probably in the same spot throughout the day, at this point, although a full bladed could maybe make it a little higher. But it should be pretty much the same, if you're laying in the same position if you were to check that. Does that make sense? But if you're moving around or if you're sitting, I know what you mean. That feels different kind of throughout the day. Yeah.

MOM: Yeah. Usually, in the morning once I've been—like after sleeping at night, it's almost always in the same general spot. But yeah. It's more like if I were to be doing

something and then lay down and feel that's when sometimes it will be lower. But I think—yeah. That's what my guess was was that the baby is laying side—like across. But once I—if I lay down long enough, then it does. It tends to just go in the same spot.

MARGO: Mm-hmm. Interesting. Yeah.

MOM: Yeah. That was something that I feel like could never really—I did finally in a midwifery book I have feel like I found that—the answer to that question. But anywhere I try to find it, I could—yeah. Couldn't find any information on that. So that was something I was curious about.

MARGO: Yeah. Cool. Yeah. It's pretty uncommon for babies to be sideways especially as pregnancy goes on. Most of them especially with a first full term pregnancy—the uterus is shaped kind of like an egg. So laying sideways is pretty uncomfortable for them. Typically, that's why they usually kind of snap into either head or butt down and then starting at 24 weeks increasingly they become head down because their head is so big compared to the rest of their body that gravity gets their head to flip over. Yeah. What else are you curious about?

MOM: I guess I'm curious about—I'm interesting in what—do you have any standard questions that you would ask someone around my gestation age? I'd love to hear those and—

MARGO: Yeah. So at 24 weeks, I mean you already answered some of them without me asking. But when I'm sitting with someone, I like to make sure that they are feeling good at this point in pregnancy because that's a really good sign. Blood volume is expanding quite a lot at this point. And you're nearing the point of maximum expansion in the next six or so weeks depending who you ask and where you look. So if somebody hasn't been doing that and their body hasn't been expanding its blood volume, often they won't feel great at this point in pregnancy. So the fact that you're feeling great is such a good sign. But I would definitely—I mean at every prenatal visit with people I usually ask them how—and we can go over all this, if you want, in whatever depth you'd like. But I ask them how they're eating, how they've been sleeping, how they're moving their body which you kind of already answered, how they're feeling emotionally, and what other questions they have for me. So do any of those sound intriguing to you to talk about?

MOM: Yeah. I'll ask you one question first about the blood volume expansion. And then I would love to talk about diet to pick a midwife's brain and all of that. So is it common or is it something you've heard of before around—I'd say it was around 20 weeks I started—and it's not constant. But I'll just hear this—almost like your pulse in

your head. If you were doing a headstand for a long time, it's like your blood volume is in you heard. And I started hearing that. And at first, it was—I really noticed it. And now I don't hear it very often. It's more like if I'm bending over, or it's not very often that I hear it. And I thought maybe it was the blood volume expansion. My body just adjusting to it. I mean I haven't felt energy drained or any different. I feel really good. And it's definitely getting less. It's not as much as it was. I mostly don't even notice it. It's just like every now and then I will. And I did wonder after awhile, oh, I hope it's not like my blood pressure. So I did get a blood pressure cuff. And for a week basically, I would take my blood pressure multiple times a day just to check, and it's been fine. It was never off. So that was good. Yeah. I was just wondering if that's kind of—can be a symptom or a side effect of the blood volume expansion.

MARGO: Yeah. I think there's a variety of ways that it could look. Yeah. I mean some people experience different heart sensations. Some people experience sort of—how would they describe it? It's hard to remember all the different ways. But you know what? Even sometimes a little bit of dizziness especially as the blood pressure often drops actually mid pregnancy in normal, healthy women. It will be baseline at the start of pregnancy and then kind of dip second trimester and then go back up to baseline third trimester. So sometimes there's a combination of things happening that can make people feel a little funny. So that's really great and reassuring that your blood pressure was good and normal. And yeah. I would chalk it up to either blood volume expansion or just the different ways that the hormones impact our blood vessels in pregnancy. Typically for most people, it's vasodilation. So everything is just kind of more open, and so—yeah. That could also explain it.

MOM: Yeah. Okay. Thanks.

MARGO: Yeah. Sure.

(music)

FEMALE VOICE: Hello, everyone. If you're enjoying this podcast, you'd probably really enjoy our other more in depth offerings. We have a comprehensive course for mamas called *13 Moons*, epic education for the birthing year. And an everything you need to know course for aspiring doulas who want to change the world called *The Birth Warrior Project: 120 Day Doula Training and Transformation*. And for the real birth nerds who want to become home birth midwives, we have the Indie Birth Midwifery School, and you can find out about all of these options and more at indiebirth.org. That's indiebirth.org.

(music)

MARGO: Yeah. So tell me about diet and what you're eating.

MOM: Let's see. Well, I'm, luckily, over the ice cream binging. That was the first trimester. I was glad that went away. Someone that never even eats ice cream. I maybe have ice cream once or twice a year. And all of a sudden I was like, "Why do I want ice cream all the time?" So I guess I've—I was more just wanted to make sure I'm eating enough because I just—I don't know. At least, for me personally, I was so hungry in the first trimester. I had nausea, but I never actually got sick. So it was almost maybe, in a way, eating kind of made me feel better. And so I just ate so much. And now I mean—I guess I snack more. And for me, that's usually hard boiled eggs and apples and peanut butter. Those are probably my main snacks that I—are easy just to have in my bag while I'm working and stop and eat whenever. I do try and do protein with every meal. It's not always animal protein. I was never a big meat eater before, so—but I do—definitely do meat and bone broths a lot now. But yeah. I just don't feel like I have a big appetite. And I know there's conflicting—you read things like, "Oh, you have to eat for two." And then there's plenty of stuff that's like, "No. You're not actually eating for two." It's that as long as you're eating the right nutrient dense foods. Yeah. That would be my concern. Just to make sure that I'm eating enough because, like I said, I don't have a huge appetite. And so I do feel like I'm eating more smaller meals, but I don't—I guess I just thought of being pregnant and just being ravenous all the time. And I don't feel that way.

MARGO: Yeah.

MOM: I'm a pretty small person. I mean already I can't eat much at one time, or I just feel super uncomfortable.

MARGO: So I guess before I launch into anything, what resources have you already looked at in terms of eating guidelines? It sounds like you've done some amount of research here. But is there anything you're kind of basing your approach to food around already? Just so I don't repeat it if you've already heard it.

MOM: Yeah. I've read Aviva Romm's book. Her natural pregnancy book. And she has some guidelines in there. I do have—as far as protein that was one thing that the midwife I worked with the last time I was pregnant brought up just making sure I get enough protein. So she had given me a little chart, and I printed that out. And so I tried to be mindful of that, of getting enough protein each day, and then I have—I'm finishing up *The Birth Warrior* course for Indie Birth. So there was the nutrition section in there. And so I have that information. And that's basically it. But mostly I'm just kind of, I guess, following my intuition as far as when I'm hungry and what type of foods I want.

But having a little bit of that information in the back of my head as far as trying to be mindful of those things.

MARGO: Yeah. Have you done any food journaling yet?

MOM: I haven't done any food journaling. Nope.

MARGO: Yeah. That might be a good place to start. And it's something that I'd be happy to look at even after our call, if you wanted. I think that that can just be really helpful for any of us really. And there's a couple ways you can—I mean there's so many ways you can do it. It's sort of endlessly—there are endless options. But you could just do really basic pen and paper or keep a note on your phone. Essentially, I suggest that people just jot down what they had rough amounts. Not going crazy and weighing things or measuring things but just rough estimates of amounts. But the other thing you could do too is there is an app called Ate, which I think is kind of fun. And I've had a few clients, who found that that was easier for them than writing stuff down. You just take a picture on your phone of what you're eating, and it makes a little—I don't know. A fun, little path essentially through your day with the photos. And you can add notes to it. And what I found is that much of the time, when doing nutritional counseling with clients, I'd say 80% or more of the insight they get is just from doing it themselves especially if we've had a conversation. Or like you. You've already done some learning around what is needed in pregnancy.

I especially love Lily Nichols's information and suggestions. I also do usually reference the Brewer Diet as a tool for people because it's just got some really good basic recommendations like two eggs a day, probably around 2,700 calories, making sure you getting enough calories, protein, and salt, making sure you get something green. You get some good vitamin A food, some sort of orange things. And then from there, tailoring it to what people eat. So obviously, the—well, for people who maybe don't know, the Brewer Diet has quite a lot of dairy and also grains. And so some people I work with don't do grains. So they just add in extra veggies. Some people don't do dairy, so they add in other stuff and other kinds of fats and calcium sources. It can be kind of tailored in that way. But in general, like you said, something with protein at every meal and every snack. And Lily Nichols talks about avoiding naked carbs. Those are some of my main recommendations to people.

And then they go off, and they chart. Or they journal their food or take picture of their food or whatever. And when we come back together, my first question is always, "What have you noticed? What did you feel like you needed more of? And what did you feel like you needed maybe less of?" And usually, they already know. I don't have to do a whole lot of recommending or teaching or brainstorming necessarily although

sometimes it's really helpful. If you left today and did a journal and realized you were eating a lot of fruit for snacks, for example—it doesn't sound like that's you. And you came back, and you're like, "Oh, I'm having apples and bananas for snacks. And I guess you had said I should be doing a protein with my snacks," then we could talk about like, "Well, you can add cheese to your apples. You can add some kind of nut butter to your apples." And sometimes that's really helpful for people just to get those couple little tips tailored to what it is they're already eating. What can we add to what you're already eating to make it more nutrient dense and make sure you're getting the protein, calories. Those are the two big ones that you need while you're pregnancy. So I don't know where that leaves you. Questions? Or thoughts are you're reflecting on what you've been eating?

MOM: Yeah. I think the food journal is a—definitely a good idea. I try to keep it in my head, but it's better just to write it down and kind of get a visual of, "Okay. This is what I've eating." And so I think that's, for me, would be the best place to start. And yeah. So it's like—I don't personally feel worried that I'm not eating the right foods. But yeah. It's just making—I—yeah. I had just wondered, "Am I getting enough?" Because as I started feeling better, it's like I said. A ravenous appetite I had for the first four months or so is—it's not really there. Here and there for a couple days I'll get really hungry, and I'll feel really tired. And I feel like that's just because there's a growth spurt or something going on. But other than that, my body is pretty much—yeah. I don't feel much hungrier than I did before I was pregnant. And I do have a really fast metabolism too. So that's just—yeah. I would just say making sure I'm getting enough would be my concern—is what I want to make sure of.

MARGO: Yeah. Totally. Another thing you could do—

MOM: My husband—

MARGO: Oh, sorry. There's a lag. Uh-oh. And now I have to sneeze. Do I? Oh dear. Hold on. I was just going to say another thing you could do—

MOM: Bless you.

MARGO: Thank you. Is use the Cronometer is one of the tools that we teach our student midwives to use. It's free. It's online. It's a website. And then there's also My Fitness Pal. And both of those you could plug in what you're eating for the day. And they have different sort of guidelines that they're basing their information off of in terms of if you're meeting the expected number of calories or grams of carbs or whatever. So maybe take that with a grain of salt. But you can plug in that you're pregnant and how many weeks you are, and it will give you suggestions. But it will also just give you the

raw information of—yeah. How many calories? How much protein are you getting in a day? So that's a cool tool, if you're wondering about that.

But then also, like I said, the feeling good is really important. Usually, there's a decent amount of weight gain between 20 and 28 weeks. So if you're somebody who does weigh yourself, that would be a really reassuring sign as well that you're getting enough. And also, that's when having someone feel your belly can be helpful just making sure that baby feels like they're growing as someone would expect for that time in pregnancy. But both with fundal height and also just feeling the actual baby and the different between visits. So those are some of the things that I rely on to feel confident that my clients are getting enough. We have these tools. We have ideas of how much different people need. But, of course, everything is individual. So ultimately, the best indicator is how you feel and how baby is growing.

MOM: You said the Cronometer. What was the other one you said?

MARGO: My Fitness Pal.

MOM: Fitness Pal. Okay.

MARGO: Yeah. They're pretty much the same.

MOM: I don't even have a scale at my house. But I do go to a monthly birth worker circle at a midwife's office. And so I do my monthly weigh in when I go to the bathroom.

MARGO: Nice.

MOM: The first trimester I gained between 15 and 18 pounds. And I was like, "Wow. That was all the ice cream I think." But since then, I have—I've been on, so far—I'll be going in next week. So I'll weigh myself next week for the month. It's been, I guess, four weeks since we met. And I have been on the basically 1 pound a week—is that what it is? Usually they say. About a pound a week.

MARGO: Yeah. That's what I think is pretty ideal.

MOM: Yeah. That's what—okay. Yeah. So that's—I've been around that. But like I said, I haven't—it's been four weeks. So I don't know what I've gained in the past four weeks. And with the farming season really going, I've been moving a lot more. So I'll be curious to see what the scale says just—yeah. Get a little bit of a gauge there.

MARGO: Right. Yeah. And taking your activity level into account is important for sure in terms of how much you need.

MOM: Yeah.

MARGO: So fats are a really great way to add extra calories because they're so compact. And when you don't have a lot of space in your belly, that can be a real game changer is just adding an extra tablespoon or whatever to every meal and snack throughout the day. That can really increase your calorie intake too. So butter is usually a friend of pregnant women. Or avocado or whatever.

MOM: I love fats.

MARGO: Cool.

MOM: Yeah.

MARGO: Great. Scoop of coconut butter as a treat here and there. Something like that.

MOM: I'm not afraid of fats.

MARGO: Great.

MOM: Okay. Yeah. So I'll do the fitness journal and just—fitness journal. I was reading what I wrote down. I'll do a food journal and maybe plug it into one of these apps and just see what it says as far as my—what I'm putting in and all of that. So my husband loves to cook and loves to make me good food. And when I have farmer's markets, he makes sure my meals are all packed and ready for me. So I'm really blessed in that. So I have somebody when I'm not doing it myself making sure I'm eating good food at least. So I guess quantity would be my biggest concern.

MARGO: Mm-hmm. Awesome. Yeah.

MOM: And I guess something has been on my mind too. I'm not feeling it yet. It's still—it's just early spring where I'm at. And it's not too hot. The weather is great. And it's nice being pregnant in early spring. Normally, I'm that person that's cold all the way until the end of May, June. And I'm like, "Oh, I'm wearing a T-shirt like other people." So my body temperature is up. But do you have recommendations for when it—because it does get very hot and humid where I'm at. And do you have recommendations for women as far as just water retention and staying—keeping things moving during that time when it's like I'm going to be nice and big? Things are going to be slowing down. But that's something I've been trying to plan ahead in my brain. And I've been picking anyone else's brain with ideas as far as what I can do to help keep myself as comfortable as possible during that time.

MARGO: Yeah. Yeah. Absolutely. So I had—I did most of my apprenticeship in Arizona. So not humid but very hot.

MOM: Very hot. Yes.

MARGO: And now I live in Minnesota where it's very humid but not super hot although it is for a little bit of the year sometimes. And we also have a lot of houses that don't have AC here for whatever that's worth. I've definitely had lots of clients who are like, "Ugh. I'm so hot. I'm so pregnant." Myself included. I had my daughter in July in Arizona. It was so hot. It was like 105, I think, when she was born or something. And yeah. My biggest recommendation especially when it's hot out but kind of throughout pregnancy truthfully—especially if people feel like they're struggling with hydration is to drink electrolyte drinks. And so if anyone who is listening to this has been a client of mine, I'm going to sound like a broken record. You're going to be like, "You tell everybody that." But there's many recipes out there. There's also, of course, packaged versions of this that you can add drops or buy. What is it? Gatorade or whatever. Body Armor. But the simplest thing to do is just add salt and lemon and honey or some sweetener of your choice to taste. It doesn't have to be a ton of any of those things. But that can really, really help keep you hydrated and help your body hold on to the fluids. I know, for myself, and then also for many of my clients that were experiencing swelling that can often just turn that around pretty quickly. Within a matter of a day or two. Not that it will eliminate it all the way necessarily. But it can really reduce it because, essentially, it's helping the body keep the fluid, the water, in the bloodstream instead of leaking out into the tissues. So that would be one big recommendation.

And I often actually reference farmers when I talk about this because that's where lemonade kind of came from, right? That's what you drink because it's hot. Come in from the field. So do that. And I've had people just completely eliminate plain water especially if they notice swelling. And that that can be really, really helpful. Increasing the intake of good, high quality sea salt can also really help which, of course, is the opposite recommendation than most mainstream medical providers would give. But we have some really good studies and, of course, also anecdotal evidence that it actually can help with swelling. Not make it worse. If it's not the unhealthy kind of—if it's not swelling that's because there are some other pathological things already going on. Yeah. So I don't know if that answered your question.

MOM: Great. Yeah. No. That's great. Yeah. I have a recipe similar to what you said, but it's water, lemon juice, apple cider vinegar, some good salt, and a little bit of honey. I drank that all the time last summer, and it was amazing. So keep doing that. Yeah.

MARGO: Keep doing that. Yeah. Probably a lot of it. And I guess the other thing I often tell people is if you can get somewhere to swim that that's often really helpful when it's hot and you're super pregnant, but you want to stay active. That can be a really—a life saver. I was at the pool every single day, I think, after my partner got off work when I was pregnant with my daughter in the summer. And it was a salt water pool, which was cool. And I don't know what I would have done if I didn't have that as an option. So yeah.

MOM: I am blessed that we live along the river. So yeah. Dips in the river in the afternoon are already a pretty normal thing in the summer. And then across the road from our house, we have a really, really cold stream that goes through the woods. And you can't swim in it, but it's ice cold. And you can just go sit in it. And it—just feels great in the summer. So I'm blessed to have the water around. That will definitely be part of my daily routine.

MARGO: Right. And having realistic expectations for yourself and if there's the last couple weeks or whatever where you really don't want to do anything at all might just need to give yourself permission to not be super active. Like a lot of women just are like, "Those last two or three weeks I didn't want to do anything. So I didn't."

MOM: Yeah.

MARGO: And that's okay too.

MOM: I'm mentally preparing myself for that. I know, for me, that's going to be very hard because I am—I love what I do. And so I like doing it. And I'm someone that will just—if it's something I don't want to do, I don't. I have a hard time doing it. But when I'm doing something I want to do, I'll just—I can go all day. And so I'm already just trying to set realistic standards for myself for like, "You know you're not going to be able to do—you're not going to be doing things that you normally would this summer. So you just need to mentally accept that now."

MARGO: Right.

MOM: So working on it.

MARGO: Yeah. What else is on your mind?

MOM: Hmm. I don't know. I mean I'm feeling really good. I—yeah. In a way, I almost feel—I have—I think any woman especially if it's your first child just knowing that you're going into the unknown is there. And it's definitely just a—most days I don't think about it. And then some days I'm like, "Wow. This is crazy. My body is going to do what?"

And so I don't have any—I wouldn't say—I don't have fear around it, but I definitely am trying to be very humble and just realizing that I'm going into something that I've never experienced before. But I do feel pretty confident. And I feel like every now and then I might have days where just like—you do think like, "Oh, what if something does go wrong, or it doesn't go as planned?" And I'm just trying to—just mentally sit with the thought of being okay with whatever happens. Maybe I don't get to stay home. Maybe something does happen, and I do have to transfer to the hospital and just mentally preparing myself of like, "That's okay too." And just preparing myself for any scenario but yeah. I mean I guess sometimes I feel—I wonder if I'm being naïve in the fact that I don't feel scared and super worried. I just feel that so many women, at least that I know and talk to—I mean I have plenty of women that are very confident and have had great birthing experiences. But then it's just like—I feel like so many people act like you need to be—you should be afraid. And worried and stuff. And I just—I'm like I don't feel that way. I feel completely confident in birth in that my body will do what it needs to do, and I trust the process. And I trust my intuition. So I don't know. I feel that you and Maryn with Indie Birth seem to very much trust that process too and trust women's bodies. Yeah. Yes. I don't really know that I'm proposing a question. But it's like I don't know. I just feel like sometimes I want someone to give me permission to be like, "Yeah. It's fine that you feel okay about giving birth and that you're not freaking out about it."

MARGO: Totally.

MOM: So I don't know.

MARGO: Yeah.

MOM: That's not really a question, but—

MARGO: Yeah. It's a good topic though. We live in a fear based culture. And yeah. People want you to feel the way they feel because they feel awful, and they hope everyone feels that awful, right?

MOM: Yeah.

MARGO: You must be scared too, right? Tell me yes. So yeah. No. I mean I think it sounds like you have a really great balanced perspective, like you said. We don't know what's going to happen, and you're preparing yourself mentally and emotionally for—yeah. Maybe you won't end up at home. Maybe you will. I think it goes back to the question of how do we prepare for birth, right? So it's like how do we hold the vision and the intention for the experience that we really, truly want while also admitting that birth is mysterious and sometimes doesn't go the way that we want. And then I think there is this piece that kind of—if people could see my hands and what I'm doing right

now. There's the overarching piece there which you tapped into which is all of it's a lesson. And if you're someone who is solid in yourself and coming from a healthy place that's not dogmatic and that's not rigid, whatever happens is going to be great. And it's going to be perfect for what you need. And so sitting with that and—if you're sitting in that and coming from that space, why would you be afraid? Why would you be worried because that doesn't actually help? Right? That doesn't change anything. It's a waste of energy, and it doesn't feel good. And it doesn't attract what it is we're wanting in the first place. So I think it's great to not feel—I've had other clients say who tell me the same thing. They'll sit across from me and be like, "So should I be scared? People are telling me I should be scared." That's not to say that there aren't scary moments in birth or that there aren't scary things that can happen. Like yes. Of course. But what good does it do to kind of dwell on that or fixate on that from the beginning? So I think you're doing great, and you can totally give yourself permission to feel however it is you feel going into it. I don't think that sounds naïve at all. Yeah.

MOM: Thanks.

MARGO: Of course. You're welcome.

MOM: Yeah. I guess—yeah. And just—one more thing I just kind of thought of. I like reading books. I'm not a big Internet person. But I will look up stuff sometimes just like, "Oh, what's happening this week in pregnancy," just as more like how is the baby developing? And I think all of that is interesting. And I forget when it is that they—I've read that you start—and I don't know if this is something that you agree with. That you start thinking more of counting kicks or being more aware of when the baby is moving. I mean I do feel like I've noticed a little bit of a schedule already with this baby. And there's certain times that I can just—I know. Oh, they're going to start kicking around now. And they usually do. And then sometimes it's more sporadic, and some days I feel them kicking longer than I do others. But I didn't know if there is a time when you start paying attention to that more. Does it actually matter? Or is that just something some people say? Or obviously, I would imagine if all of a sudden your baby just stops moving completely then that means something.

MARGO: Mm-hmm. Yeah. I think that it sounds like you're already doing it. It sounds like you're already paying attention. And I think that that is really good and healthy and normal and a way of connecting with the baby and your intuition and your pregnancy. So I think that's awesome. As far as more formal kind of kick counts, it can be helpful for some people. Sometimes it helps people maybe if they're anxious or if their baby is kind of a more sporadic mover, who makes them feel worried more than a baby who just kind of is kicking all the time. Also women who have an anterior placenta, so on the

front, often will—they just report less movement. And so it can be a thing that is helpful whether it's for their peace of mind or mine or both. If there is someone who keeps texting me like, "Hey, I feel the baby less today," it's like, "Well, maybe you should just make it part of your routine that every morning when you wake up or every night—same time every day you see how long it takes you to get to 10 movements." And there are apps out there for that. You can also just set a stop watch or whatever. But I'd say in general it's not something I recommend to everybody. And my understanding is it's more like after 34 weeks that sort of in the mainstream world they tell people about that and say, "You should do this every day." So no. I don't tell everybody to do that, but it can be a helpful tool definitely and in certain circumstances and can be really reassuring. And not to go on a huge side tangent, babies' movements in labor also are really reassuring and, ultimately to me, are a better indicator of wellbeing than anything I can hear with the Doppler, if I'm going to listen. So I like—I really like when women are tuned into their babies' movements and what that feels like and just already have kind of trained their brain to pay attention to that because then in labor they often just tell me, "Oh, the baby is moving." And we talk about it ahead of time that, "If you tell me the baby is moving, that's really good information for me." So yeah. I won't go too much more into that. But yeah. Yeah. Cool. Well, do you feel complete for the moment? I might have to cut this one a little bit short since I think I have another call momentarily. But where does that leave you?

MOM: Yeah. I feel good. Like I said, I'm—I guess the biggest thing I'm going to do is do the food journal thing. I mean that would be—I guess that was probably my biggest question as far as what's affecting my immediate physical wellbeing at the moment would just be making sure I'm getting enough calories a day, enough food. Yeah.

MARGO: Yeah. It's a project.

MOM: I don't have a whole lot of questions just because, like I said, I'm feeling really good. So it's like—

MARGO: Sweet.

MOM: I feel like things are going good.

MARGO: That's awesome. Yeah. Often, my visits with people are shorter around—during the second trimester and then they get longer again as we get closer to birth. But that's awesome. Well, thank you so much. I'm going to stop the recording.

MOM: Yeah. Thank you. All right.

FEMALE VOICE: If you enjoyed what you heard, please hit the subscribe button and give this podcast a five-star review. For more enriching content and conversation around the primal, physiological process that is pregnancy, birth, and beyond, please head over to indeibirth.org. And if you are in the Duluth area seeking prenatal and midwifery support, you can find Margo at duluthmidwife.com. Thank you so much for listening. Until next time.

(closing music)