

A sunburst graphic with numerous thin, light gray lines radiating from a central point behind the main title text.

# Healthy Moms Podcast

BY **Wellness Mama**<sup>®</sup>  
simple answers for healthier families

Episode 97: OB & Midwife Aviva Romm on PPD,  
Thyroid Problems, & MTHFR

Child: Welcome to my Mommy's podcast.

Katie: This podcast is brought to you by Four Sigmatic. If you follow me on Instagram, you've probably seen me mention them because I have been using and loving and Instagramming their products for years. They have an amazing instant mushroom coffee. Hear me out before you think it's weird. I know, mushroom coffee doesn't sound good. It's not only the best instant coffee I've ever tried, it's also pretty high up on the list of best coffee I've tried. It's cheaper than coffee shop coffee and it's so convenient because it's so portable and it tastes so much better. But it isn't just ordinary coffee. It has super food mushrooms like Lion's Mane, Cordyceps, and Chaga mushrooms. And these mushrooms have some big health benefits, and especially immune benefits. I personally, especially love them for the energy and the mental clarity without the jitters from traditional coffee. And did I mention how good it tastes? So I always take these instant coffee packets with me when I travel, and I also always drink it at home these days now that they have a big tin that lasts about a month so I don't have to open a little packet every day.

Some friends of ours recently traveled for three months carrying only the backpacks on their backs, and they brought an entire three months supply of this instant coffee in their bag that had limited space. In other words, this coffee beat out a pair of jeans for how important it was to make it in the bag. It's that good. And, of course, if you aren't a caffeine person, they also have a variety of mushroom tea and other products that don't have the coffee so you can get the benefits without the caffeine. And I love them so much that I reached out and they agreed to give a discount to my listeners. So go to [foursigmatic.com/wellnessmama](https://foursigmatic.com/wellnessmama) and use the code "WELLNESSMAMA" to get 10% off. That's Four Sigmatic, F-O-U-R-S-I-G-M-A-T-I-C.com/wellnessmama.

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Katie: Welcome to the Healthy Moms Podcast. I'm Katie from [wellnessmama.com](https://wellnessmama.com), and I'm here today with, I guess, I'm really excited to talk to because she is a wealth of knowledge and she also bridges the gap between natural and traditional medicine. So, Aviva Romm, Dr. Aviva Romm has bridged the best of traditional medicine with the best of science for over three decades. She is a midwife, an herbalist, and a Yale-trained MD. She's board certified in Family Medicine with Obstetrics and she's recognized as the international authority in the field of botanical medicine. She has written eight books, including her most recent book, *The Adrenal Thyroid Revolution*, and she focuses on the impact of stress, diet and environmental toxins on health, willpower, food cravings, weight, chronic disease, and hormone imbalance. She's also just an incredible resource and I can't wait to dive into some of these topics with her. So welcome Aviva, thank you for being

here.

Aviva: Thank you, Katie. It's such a pleasure we get this mom health professional entrepreneur hour. It's amazing.

Katie: It's gonna be so much fun. And I'd love to jump in by talking about your story because when I was researching your bio you have an incredibly fascinating story about how you grew up, and you went to college early, and you've studied in a variety of fields. So, can you just talk us through your amazing story?

Aviva: Yeah. Thank you. It's been unusual. So I grew up in a New York City housing project, with a single mom in the '60s and '70s. I was born in the late '60s and just kind to make a long story short and it kind of plays into my new book actually some of the back-stories, so it's interesting. I was kind of I guess people would say super smart, maybe prodigy, I don't know, like I was reading when I was two years old and I, you know, always got very well supported and rewarded for academic achievement. And it turned out to be an amazing blessing because I got into college at 14 and was able to get out of a very stressful home life and personal and social environment in that housing project.

So it...was kind of a blessing and a curse in the sense that...and this is kind of where it leads into the new book, in that a lot of us have these amazing superpowers, right? Some people are super organized, some people are just very nice and very generous, and some people are super smart. And sometimes when those super powers end up being life savers in some way or another they can also become our overdrive pattern. So, it took me a lot of years to learn to be who I am and also not have that be in constant overdrive where sort of achievement became, you know, the definition of success and safety. So it's been a really interesting road with that.

And my kind of early launch into college was interesting because at a young age I knew I wanted to be a medical doctor. And I went off to Bard College and suddenly was surrounded not by housing project concrete walls anymore but by nature and hippy people and people who were back to the landers. And so between the age of 15 when I actually went off to college, and kind of like that whole first year was this intense deep dive for me into natural medicine, natural food, natural birth. I met my first midwife when I was 15. I started using herbal medicines, totally changed my diet, my lifestyle, and in that one year, it was amazing like in my last year at home I had gained 40 pounds from stress and my diet. All of that came off. I had a lifelong challenges with allergies, anemia, and I think some amount of anxiety that I didn't realize I was carrying and just those changes in my lifestyle and my perceptions led to this whole new experience of my body like, "Wow, we can be healthy, happy people." And that led to me studying herbal medicine and midwifery, and this was all back in 1981 to '82 when this massive transformation happened in my life.

And then by 1985, I was apprenticing with midwives, so I was, you know, between when I was 16 and 18, by the time I was 20 I was starting my own family and practicing as a midwife already. And so, many of the women that were...and the moms and dads or the moms and moms, whoever it was who were having their babies at home they really wanted to take the next step. You know, they had just had this beautiful natural birth or had tried to even if once in a while that, you know, didn't get the exact outcome they were hoping for. They still had this much more natural approach to life and didn't want to just give their kids antibiotics or treatments for every single symptom that came up much like they didn't want to be overmedicated themselves during their pregnancy. So one thing led to another and my women's health, midwifery, herbal practice became much more of a family practice if you will.

And then fast forward, many years I have four kids and homeschool them and, you know, did the whole natural mama breastfeeding forever, you know, how that is, family bad, chaos, and wonderfulness, and decided, you know what? I really need to be part of changing how families experience healthcare when they need to go into the system, right? There were increasingly more cool midwives and people were catching on to natural medicine but when you did have to go to the doctor it could sometimes be most often actually pretty much always it was same old, same old, your baby needs an antibiotic, you know, you have to have a C-section. So, I wanted to be a voice on the inside to help people sort out when they really did sometimes need those things but when they didn't need them to not get over treated.

So I went back to school, got my...finished my degree because I had left to college. I started college at 15, left at 16 to do this whole other life and then went back to school to get my MD, I went to Yale. And then I did my internship in internal medicine and my residency in Family Medicine with a specialty in Obstetrics and Gynecology and Integrative Women and Children's Health and here we are today talking on our Skype machines computers to have this conversation.

Katie: That's fascinating, so I didn't actually know that about you and your childhood and how much of a prodigy you were. That's amazing. But I should say also I met you in person and you do not look like you were born or alive in the '60s and '70s, you look very, very young.

Aviva: Thank you. Yeah, when people...I think when people say I've been doing this work for 35 years, they look at me like I'm either lying or found Shangrila and that like fountain views or something. And, you know, I think that one thing can be said is so many people have these stories where they got sick and then got into natural medicine. And even though a lot of the health professionals like Mark Hyman and others, Amy Myers, they have a story of how they got really sick and that's what got them interested in herbs, or food, or supplements. And my life in some ways is kind of the opposite in the sense that, I mean yes, I had a lot of childhood stuff and then got well but doing this lifestyle now for...because I'm turning 51 this year, almost 36 years, it is kind of a testament to what can happen. I mean knock wood, the only time I've had to take a pharmaceutical since I was 15 was ironically in my medical residency. I jokingly say, becoming a doctor made me sick because you're so detached from your body during that time and you're working insane hours and, you know, for me I did my best to eat well but it was really, really stressful and I wasn't paying attention to my hydration and even simple things like when I needed to go pee, because you just get so busy that you stop drinking, so you don't have to leave a surgery to go the bathroom. It's crazy the things we do and I got a kidney infection and ended up on an antibiotic. But otherwise I realized I do think it's a testament to go living and I'm very grateful that I got into that at such a young age.

And interestingly, like I had terrible allergies as a kid. My brother had serious asthma where he was rushed to the emergency department many times as a young kid and of my four kids, not one of them has allergies, asthma. My husband's family had the same thing, serious allergies and asthma. So I think that even, you know, we can see the shifts in the next generation.

Katie: Yeah, that's definitely my goal as well. And I have the opposite story from you. I'm more with like Dr. Hyman about having my own health crisis and how that led me into wanting to learn about health. Now, I've heard the joke that people get into psychiatry to figure out what's wrong with them and I think they had also get into health to figure out what's wrong with them.

Aviva: It's so true. And like you, I mean there are so many amazing women and this is how I was before I was a

doctor, and pretty much I still am. I mean the MD has been really illuminating and helpful both in what I can do now for patients like if someone comes to me with a thyroid problem and they really need thyroid hormone supplement I can prescribe it, but in as much as getting off of medication. But I think that the true power of what I bring to my practice as an MD is something that you have and so many other moms I know who are listening is what I call being a citizen scientist where we're having to figure so much of this out on our own because I mean, even now with Integrative Medicine and Functional Medicine being more popular most doctors don't know and we have to take our own health in our own hand because otherwise we do end up going down the road sometimes of a lot of unnecessary treatments or the opposite we don't get the diagnosis when we need it and we end up suffering sometimes for years without answers as I'm imagining it may have happened for you if you came into it from that other direction.

Katie: Absolutely. Yeah, I didn't have the advantage of a medical training but I love that about you and that you, I feel like there's an unspoken tension kind of, and a lot of times between midwives and doctors and especially in our state we're trying to legalize home birth. And there's a very definite tension between midwives and doctors right now. And I love that you actually have both sides of that so you can offer a really valuable perspective and in fact, one of the areas I'd love to really deep dive with you is into postpartum depression. I have a lot of friends who are personally struggling with that right now. And even though it's not something I struggle with I've seen firsthand how difficult it is. And I kind of put a shout across about it on my Facebook and like whom should I interview, who can really help women with this, and your name came up over and over. I have friends who had it so severely that they're afraid to have another child because they don't think they can go through it again. So let's get deep dive into postpartum depression, what do we know about it and where is it coming from and why does it seem to be on the rise so much?

Aviva: Yeah. You know, my heart just aches for mamas who are struggling with this because, one, I mean it's hard enough to have a new baby. I mean between the two of us we have 10 and then I have two grandbabies. So between the two of us, we have a lot of little people that we've seen coming into the world and it's a lot of work. And I think that in general we're actually not prepared for that and I think sometimes even the sort of more natural mama movement can paint this picture over having a new baby that we're supposed to feel a certain way, like it's supposed to be the crowning moment of a woman coming into her powers especially, you know, you have a natural birth and so you're supposed to feel all empowered. And then you've got this little screaming thing that you know, you've been empowered women your whole life and you can't even get to handle. And then you're not getting sleep at the same time and maybe you had a C-section, so now you've just been through anesthesia. Probably, you had a C-section because the labor maybe was long or wasn't going very easily so you've got that added stress. And then maybe you are kind of a more natural mama, and now you're feeling really guilty because you've heard, "Oh, well, a baby born by C-section doesn't get the microbiome or...." I've had women who have come to me who have been judged out of mommy groups because they were natural mommy groups and the woman's now failed by having a C-section.

So, there are so many tensions and pressures that we experience. And then you add to that the difficulty in and of itself of being a new mom. Then you add to that our own internal should, right? Like this should be easier and I'm supposed to be happy. And so, interestingly, one study showed that a third of women with postpartum depression who actually thought that they were suffering from postpartum depression, 80% of them had not told their doctor about it or their midwife about it ostensibly because they felt ashamed or guilty or like they had failed. And first-time mamas are especially at high risk because it can be a really big shock.

Then add to that so many women are living far away from and disconnected from their own families, their own moms, sisters, cousins, whoever that support person is, or their best friends from, you know, their life, from earlier in their life, people they can really turn to at any time of day or night, and that makes it so much harder because we know that being disconnected from your social support in any way is a tremendous risk factor. We know that depression in our culture is on the rise anyway and there's a lot of risks for that so, just chronic underlying inflammation is a huge risk in so many people. I mean, practically one and two people now statistically has a chronic illness of some kind. And chronic illness by definition usually has inflammation accompanying it.

We know that even things that we don't see or think about like environmental toxins or food triggers, I mean, you know, you could be eating gluten or dairy or something else that's a food trigger that creates inflammation and many, many environmental toxins create inflammation that can cause depression. This is a well-known statistic that at this point as much as 30% of all depression is probably from inflammation, well-known in the integrative world and well documented in evidence-based medicine but not known by most people and not known by most conventional doctors.

And then another huge factor is thyroid problems which are quite statistically high, up to 20% in new moms and up to 20% postpartum depression in new moms. And we also know that as much as 15% or more percent of depression is undetected hypothyroidism. So that's a big list right there. You know, and there are a whole lot of other factors we can add to it. Not getting enough time in nature, sunlight, lack of community support, you know, sharing child like traditionally, women in many cultures shared breastfeeding, they shared childrearing. So, you know, Katie it's just like a whole heap of factors and most of us have one to five of those going on at any given time.

Katie: Yeah. I can definitely...I was identifying that as you are talking with ones that I've experienced myself and would you mind if you would have great insights from both sides because I would guess that the herbalist and the midwifery approach to postpartum depression differ from the conventional medicine approach. So, what are those two approaches suggest, like what can women do on an acute basis when they're actually experiencing it and what can women do to avoid it if they've already potentially had it in the past?

Aviva: Yes. So, great questions, and I've worked with women who have come to me for subsequent babies after that first baby where they had postpartum depression and they really are, I mean, terrified. It's not an overstatement of how some women feel. I had one woman who came to me, it took her six years before she was willing to get pregnant again. So to address the first part, the difference between midwives and doctors and how postpartum depression is approached, interestingly, most midwives especially direct entry home birth midwives aren't really trained to look out for postpartum depression and a lot of home birth midwives are not seeing women past maybe six or eight weeks. So they might have like a follow-up at three months but there's often a big gap in care.

And I think as midwives we're so trained in some ways to view everything as natural that sometimes we're reluctant to give an assessment or diagnosis especially if it's not something we're trained in. Most midwives are trained in the normal prenatal care and normal postpartum. And it's very easy for midwives, and doctors, and family members, and friends, and women ourselves to say, "Well, you know what? It's just...and I'm doing just with air quotes here...baby blues." And it's normal because it's a big adjustment and we may say it's normal because it's a big adjustment and, you know, you have your first baby and that's overwhelming. Or we might say, "Oh, it's normal and it's a big adjustment because now you have two, three, four." I think by the

time we had the three kids, pretty much we can handle anything after but not always, right? It can happen at any time.

So it often goes overlooked or dismissed as normal to be fatigued overwhelmed, not feeling like getting out of bed because you're tired. Maybe you're not losing your baby weight because you're just not losing your baby weight yet or you haven't gotten back into an exercise program. So a lot of the symptoms that we see a postpartum depression get kind of shoved under the rug as normal. And so I've worked with a lot of women whose home birth wonderful midwives just missed that it was postpartum depression. And similarly, MDs are likely to also miss it and the worst thing with OBGYNs and family docs is that insurance, health insurance doesn't cover postpartum visits until six weeks postpartum.

So the people who really need to be looking out for moms with postpartum depression are people who are doing pediatric care because babies gonna get seen once to three times in the first couple of weeks if mom is breastfeeding, and at least a couple or a few times in that first six weeks. So pediatricians and family doctors who are seeing the babies are in a great position to be asking questions of mom like, "How are you feeling?" "Are you enjoying being a new mom?" "Are you taking care of yourself?" Because otherwise you might not go back to the OB or family doc who was your birth provider for a long time by which time you can be feeling pretty miserable and have not bonded with your baby and, you know, you're depressed or maybe you have a thyroid problem causing depression and so breastfeeding is failing for you. Your baby is not gaining weight. You're trying everything and you're exhausting yourself even more.

So for women, I think we have to get very comfortable knowing and trusting ourselves, and speaking up for ourselves, and having other women advocates who can support us and listen to us when we say, "I'm not feeling okay or I'm not enjoying this as a new mom." First, we have to get comfortable saying that, right? I'm gonna say for myself and I can't speak for you but I'm gonna imagine with six babies, there were days you hated being a new mom. Like you love your baby but it's exhausting. You can't even go, you know, take a poop by yourself or take a shower or you skimp on eating because it's so overwhelming and there are days you're just like, "Wow, this is not what I thought it's gonna be." But I think we tend to keep that to ourselves because we think that other moms will judge us for being bad moms or we judge ourselves for being bad moms.

So the first thing is just saying, "I'm not happy and this is not going well," which is normal to happen once in a while. But if you're getting up in the morning and you're already dreading it, if you are, you know, really not enjoying it day in and day out or hour after hour, if you're not taking care of yourself, if you're not getting up and brushing your hair and brushing your teeth, if you're not wanting to feed your baby or take care of your baby or see your friends, all of these are signs that that's too much, right? That's gone from "baby blues" to "this isn't so good". And I think as girlfriends, and as midwives, and as sisters, and cousins, and aunties, and moms we have to also step up and recognize 20% of women having a severe major depressive disorder or I'm sorry, major depressive episode during the first year of baby's life. So, 21.9% of women will have a major depressive episode in the first year. That means, severe enough to really get psychiatric help. That means a lot more women having some range of depression that's more than just postpartum blues.

And there can be medical reasons that are easily fixable like anemia from a woman who is already low iron during pregnancy, and then maybe had blood loss, or maybe had a C-section and there was more blood loss than she realized because how many people have C-sections and say, "Oh, how much blood did I lose? Was it enough to be anemic?" Or a thyroid problem which so often gets overlooked. In fact, prenatally, statistics are now showing that 60% of women who are at risk for a postpartum thyroid problem are being missed

prenatally for that when we could be diagnosing that and giving these women extra support. So if women are first speaking up and recognizing it, that is such a huge step, and then learning the things that we can do both during pregnancy and then once baby is born to take care of ourselves, that's really important. So one thing that we can do during pregnancy is get...if we're getting normal prenatal blood work done which most of us do even when we're having a home birth we can have our midwife or doctor check for TPO which is thyroid antibodies. And those predict developing a thyroid problem during pregnancy or in the postpartum and thyroid problems in the postpartum are a huge cause for postpartum depression. Making sure that we're getting Methylfolate whether or not you know you have the MTHFR gene. And Katie, I think you have some articles on that. I have some articles and we both probably have podcasts, I do. I know for sure on MTHFR that women can listen to but even if you don't get checked taking Methylfolate during pregnancy is really important and especially important if you've had postpartum depression or any depression because if you've had any depression in the past you're more at risk for prenatal and postnatal depression.

Making sure you're getting plenty of B12, good essential fatty acids either a fish oil or an algae substitute, Vitamin D3, and all of these things we can get from a combination of our food, a prenatal vitamin. And then most prenatal vitamins don't have enough Vitamin D so, I usually recommend about 2,000 units of that a day making sure you're getting up to 1,200 micrograms of B12 every day. And for anyone who've read the study that getting too much B12 or too much Methylfolate during pregnancy is dangerous, what it actually said is high blood levels were not safe. It didn't say anything about supplementing, it's just that might be an absorption problem and it wasn't a very good study from a medical scientific perspective point of view.

But just optimizing nutrition, getting plenty of good quality protein and good quality fats during the pregnancy and after the baby is born, continuing your prenatal vitamin while you're breastfeeding, making sure you have really good help and support. You know, I always joke as much as we tease men about not being able to ask for directions I think as women we could equally be teased about not being able to ask for help. So one of the things that I do for my good friends and then often did in my midwifery practice was help women to get a food tree set up so that there's a food phone tree so that friends can bring food after the baby is born. And I always set some pretty clear rules like just because someone's bringing food doesn't mean they get to come in and have a visit because you might be tired. So just have somewhere to leave the food outside or knock on the door and someone can open it and get the food without you being obligated.

If you do have depression during pregnancy, getting onboard with someone who can give you terrific support or if you've had depression in the past, postpartum, prenatal, or in general, making sure that you're getting really tee'd up during pregnancy. Probably we won't go into all the nuances of medication but if you're on a medication and you're very extremely depressed of the medication, making sure that you work with someone who can make sure that it's a pregnancy safe medication instead of just anything random, because studies show that women who go off medication during pregnancy often have a higher risk for really tanking with their depression.

So if you're on it and doing well although it's not my favorite thing for women to be on a medication during pregnancy, sometimes it is actually safe for this day on it and works with someone through that. If you're not on it or you're very uncomfortable being on it then working with someone like me who's a functional doctor, or a functional midwife, or a nutritionist...well, you'd have to really work with a doctor if you're gonna come off the medication or midwife, but someone who can bridge that for you and make sure that you're continuing to do really well. There's some prenatal functional medicine, psychiatrist, out there as well that you could, you know, look online and connect with.

So those are some of the things Katie. And then do you want me to just dive right into some of the treatments or do you have other questions for me first?

Katie: Yeah. I'd love to dive into the treatments because I feel like antidepressants are kind of the common one at least that I'm hearing from friends that are being recommended. And I know these are commonly prescribed but are they safe for the mom and the baby and are there better alternatives?

Aviva: Yeah. So it's a really important question. So let's just back up even though I know we're talking about postpartum because a lot of women are gonna be on them prenatally. So, if you have to, like really have to, because you're at risk of hurting yourself or you're at risk of not taking care of yourself, which is one of the bigger risks for pregnant women with depression. And if you don't take care of yourself, you're not eating well, you're not getting your prenatal care, you're not doing what you need to do, it does pose risk for baby. So, I would never actually say these medications are safe during pregnancy. What I would say is sometimes they're safer than no treatment at all.

So Zoloft is considered the first-line medication for use during pregnancy if you have to be on one. Zoloft is sertraline, Prozac is fluoxetine. That's the best studied medication with the highest safety profile but it has been associated with congenital defects in the baby and it may accumulate so that it's present in the breastfeeding baby. So, when baby's born there's already Prozac accumulation and babies can go through some symptoms and some withdrawal from that. So, again, I would never say it's safe. Sometimes it's just safer than no treatment at all. So, you know, it's kind of a risk.

Then for postpartum, they're definitely safer than they are during pregnancy because not very much gets through to the baby but some does get through to the baby. So, during postpartum, again, it's sort of a risk benefit, right? If you're not gonna get any other treatment because there's no one in your community and you're not sure about trusting stuff online, then I would say it's definitely better than not getting any treatment at all.

But before somebody goes on any medication, it's so important to look at all the root causes socially in terms of your adjustment to being a new mom. Are you getting enough help and ruling out the underlying factors like anemia, low B12, low vitamin D, hypothyroidism which is just a huge contributing factor.

Once you have kind of figured out what the cause is, for all women, I always recommend adding in supportive therapies, light therapy. So, using a light box. Investing in a light box if you have depression prenatally in general or postpartum can make a huge difference. Just even 20 minutes of light therapy with a light box in the morning has been shown to be very effective for treating depression including studies done on postnatal depression.

If you can't afford a light box, then getting about half hour in the morning first thing ideally in the morning, sit with baby in the window, you know, sunlight in the window to breastfeed have your breakfast, whatever your morning routine is, expand it to include some sunlight in the morning.

Yoga has been found to be very effective for postpartum depression, prenatal as well. And the thing about

yoga is if you can find a mommy-and-me kind of class, you're also going to be in a class with other mamas and their babies. And so, one you're going to have other social connection which is going to be really helpful. Just being around other people can increase our oxytocin that can help as an antidote.

But chances are if you share confidently...I'm sorry confidentially and confidently with the yoga teacher that you're studying with...you know, struggling with postpartum depression she may mention it. You know, not calling you out, but she may bring it up in class and you'll probably find that you're not the only one. I mean, if you are it's because you're the only one who's willing to admit it but statistically there's no way you'd be the only one.

So, light therapy, yoga, something called cognitive behavioral therapy, which is working with a therapist who does that type of therapy called CBT. It's been shown to help reframe our mindsets and help us cope with anxiety and depression because often postpartum depression is accompanied by some amount of anxiety too. And, you know, even if it's just anxiety that you're never gonna feel well again. And those have all been found effective and not to interfere with medication and have been shown to be able to help you to lower your dose of medication.

So, again, you know, to reiterate what I said, before you do want to get testing for things like food intolerances or do an elimination diet because you can totally safely do an elimination diet like the ones I have on my website, in my blogs, or in my new book. You can do that safely as long as you're getting all the nutrients you need. None of us needs gluten and dairy to get all the nutrition we need and those can be big triggers for depression. Making sure that you're getting enough protein, particularly if you're a vegan or vegetarian, sometimes we're getting more carbs than we realize and not as much protein as we think.

Again, get a proper workup for postpartum thyroid problems and, you know, that we could have a whole separate conversation on that. I do have a blog and a podcast that listeners can dial into specifically about postpartum thyroid problems and more on, you know, we're pretty much covering it on postpartum depression. But specifically what to get tested for or what to look for that could tell you, you have a postpartum thyroid problem because those are easily missed for a lot of reasons that I talked about in that podcast and of course, Katie, I'm happy to dive into more with you today if you'd like to.

Make sure that you're supplementing for B complex, vitamin D and methylfolate and then iron if you need it. Make sure you're getting enough magnesium and omega-3s. There are prenatal and postpartum products that you can look for that have that. And then any inflammation, if you're having joint pain. If you have a history of gestational diabetes, insulin resistance, high blood pressure either in or out of pregnancy, those are all indications that you can be struggling with inflammation. And interestingly, just that sudden drop in estrogen postpartum can increase our risk of depression because it can trigger some amount of inflammation. Some good studies have shown that omega-3 fatty acids can help with mood disorders and we know that pregnant women are classically low in omega-3s. So, fish oil is a great source that women can supplement, continuing to get at least 800 micrograms of methylfolate each day postpartum especially if you know you have MTHFR. And then there are a few supplements that have been found to be especially helpful.

One is called SAM-e and it's especially helpful from methylation. So that's probably why it may be especially helpful for women who have the MTHFR gene change. But even for women who don't have it, it's been found to be safe in pregnancy and postpartum. And a typical dose is 400 milligrams a day, but up to 400 milligrams twice a day may be needed for a really optimal therapeutic benefit.

The only people who shouldn't really use it and probably need to...not probably, definitely need to get help with treatment, are women with bipolar depression and women who have postpartum psychosis. So, most people who have postpartum depression have, and I don't mean to minimize it by saying it this way, but run-of-the-mill postpartum depression.

A very tiny percentage of women will develop something called postpartum psychosis where they actually become suicidal or have thoughts of hurting the baby and not just like, "Oh my God. I can't take this baby. I'm gonna give it away." You know like that transient, like very crazy thought an exhaustion mom might have but doesn't really have psychosis compared to someone who's actually thinking about how they might hurt their baby or leave their baby somewhere. Those women need medical emergency help. That's severe and can be life-threatening for mom and baby.

Probiotics, incredibly important during pregnancy for a number of protective reasons for baby, but also increasing evidence shows that disrupted gut flora can lead to a disrupted mood including depression. So, eating live active cultures in coconut yogurt or if you tolerate it, organic dairy from goats, sheep, cows.

I would tend to err on the side of the sheep yogurt and the goat yogurt because the cow yogurt is probably more inflammatory or supplementing with a probiotic that has lactobacillus and bifidobacterium strains, has been shown to be beneficial to mood, both depression and anxiety. So, I always recommend that for pregnant women and postpartum moms.

There have been actually three studies that have shown that that light therapy that I mentioned can be helpful for prenatal and postpartum depression. So, even though it sounds like a hassle to get a light machine or light box, it can be incredibly valuable.

And then 30 different studies were looked at and have shown that exercise in and of itself can alleviate depression. And several large studies have been done specifically in women and found that women who increase their exercise will decrease their depression. And it doesn't have to be going back to the gym or getting into a crazy fitness program. It can be as simple as walking, which is great because if baby's fussy or colicky, you know, just what you want baby to get quiet, getting outside for a walk can be tremendously helpful.

I've done that lots of times with my babies. Just put them in a front pack or, you know, if you had a c-section you really need to take it light, put baby in a stroller and have somebody, you know, push the baby with you and get out for a nice walk or a gentle restorative yoga, which is really much more about getting in Shavasana. You know getting in a laying down position and breathing deep.

And if you can't get out for a yoga class, there are some wonderful online yoga programs like YogaGlo, which is relatively affordable. They do a trial period for like two weeks, I think it is, and then it's something like \$18 a month. So, you know, practically the cost of one or two classes and then you can do it at home. And they have prenatal yoga, postpartum yoga, and just streaming downloads of videos so you can do it with baby right next to you.

And then another thing that's really important is getting sleep when the baby's sleeping. And I know, as a busy mom and a working mom like you are Katie, even if we get to work from home, it's so easy to put baby down

and take care of everybody else or do the chores that need to be done. But in that first really ideally three to six months when baby's napping it's so important to get a nap in too and there's something called sleep banking. So, it's actually pre-emptive self-repair and self-care. You do it before you're wiped out and tired.

And if you have older kids, it's, I hate to say it but I had by the time I had my third...I'm sorry, and I was pregnant with my fourth I needed a nap every afternoon and I was homeschooling my kids and we lived way out in the country and it was so cute. But one of my midwifery clients who had four kids, she said, "You know, sometimes, Aviva, we make a decision. We get a TV or we kill a kid," and, of course, she was joking but her point was well-taken, and I got a TV.

Just, you know, TV back then it was the, "I will date myself," but it was VCR days and then it was DVD days but I could put my kids in front of a great video and back then it was...what was it? Reading Rainbow and Wishbone now I'm really dating myself. But you could get a video that's age-appropriate or a high school student or a doula, someone or a girlfriend that you know swap babysits and naps for, super important. And then other things like just keeping up with our basic nutrition. I know as a busy mom it's so easy to just keep going until you suddenly realize you're having cold sweats and anxiety and you're shaking and you haven't eaten in six hours. And we have to keep our blood sugar balanced. It's so, so important because that in itself...when your blood sugar's low your brain sends out all kinds of alarm bells, you start producing more cortisol, adrenaline, you can get anxious, you could start to get depressed.

And then I think for all of us...I mean Katie, you're doing mama's such a service by having this conversation today because as health care providers, as educators, it's so important that we talk to women ahead of time about depression, about the shame that can happen around depression, feelings of weakness or there's something wrong with us. So, talking about that with mamas, way before they get pregnant, during pregnancy and with new mama checkups, is so important and it's not to say, "Oh, we wanna sort of, you know, psyche people into having a hard time," but we do want people to be aware.

And then, you know, just to kind of sum it up there are a few herbs that can be very helpful. So St. John's wort, there's a lot of confusion over whether it is or isn't effective. There have been over 5,000 patients looked at and almost 30 studies, really good high-quality randomized control studies looking at the effects of St. John's wort on depression. And not only is it conclusively beneficial for mild depression but conclusively beneficial for people who have moderate, to severe, to major depression.

So, St. John's wort definitely included as part of the protocol if you can before you turn to pharmaceuticals. Of course, unless things are severe and you're just really more confident with the pharmaceuticals.

Promising data for lavender oil extracts from mamas who have anxiety and as I mentioned that's a big component that often comes with the depression. An herb called Motherwort is one of my favorite herbs in the whole world. First of all, motherwort translates it's an old English way of saying healing herb for mothers. But the Latin name is really cool. It's *Leonurus cardiaca* and it means the heart of a lion. And traditionally it's been used for all manner of what were called classically female complaints including depression and anxiety. So super great for new mamas and all of these are safe while breastfeeding.

And there's another herb called rhodiola which is in the adaptogen family, which is also safe not during pregnancy but for new moms who are having sleep disturbance, poor focus and concentration, irritability, and

sleep loss. Again, like I said earlier when I gave a warning about severe depression or bipolar depression, this herb would not be used for somebody who has bipolar depression. It can add to mania. But very, very effective and safe for use during breastfeeding.

Another adaptogen, eleutherococcus. We used to call it Siberian ginseng, has been found to be helpful for folks who are struggling with sleep loss and I think most new mamas would end up in that category. And then the final one I'll mention that I love is an herb called maca.

The only warning I would say with maca is that it's not for use really in pregnancy. This is for postpartum. But it does give some people pretty significantly upset stomach. So, try a small amount maybe like half a teaspoon in a smoothie and see if you like it. But it's been used classically in the Peruvian Andes as a tonic for new moms, animals graze on it too to promote breast milk production and used for depression, fatigue, anxiety, and low sex drive which often accompanies those.

So that's a lot for everyone to digest and think about and you can use any of those or you can use them in combinations. Like maca, you can throw in a smoothie. St. John's wort you can take as a liquid extract that's combined with maybe some of the other herbs I mentioned. And then of course the supplements take with your food and think of them as an extension of food when we need just a little bit more to support our health.

Katie: That was an amazing list. I've been taking notes over here to make sure I'll get them all on the show notes.

Katie: This podcast is brought to you by Four Sigmatic. If you follow me on Instagram, you've probably seen me mention them because I have been using and loving and Instagramming their products for years. They have an amazing instant mushroom coffee. Hear me out before you think it's weird. I know, mushroom coffee doesn't sound good. It's not only the best instant coffee I've ever tried, it's also pretty high up on the list of best coffee I've tried. It's cheaper than coffee shop coffee and it's so convenient because it's so portable and it tastes so much better. But it isn't just ordinary coffee. It has super food mushrooms like Lion's Mane, Cordyceps, and Chaga mushrooms. And these mushrooms have some big health benefits, and especially immune benefits. I personally, especially love them for the energy and the mental clarity without the jitters from traditional coffee. And did I mention how good it tastes? So I always take these instant coffee packets with me when I travel, and I also always drink it at home these days now that they have a big tin that lasts about a month so I don't have to open a little packet every day.

Some friends of ours recently traveled for three months carrying only the backpacks on their backs, and they brought an entire three months supply of this instant coffee in their bag that had limited space. In other words, this coffee beat out a pair of jeans for how important it was to make it in the bag. It's that good. And, of course, if you aren't a caffeine person, they also have a variety of mushroom tea and other products that don't have the coffee so you can get the benefits without the caffeine. And I love them so much that I reached out and they agreed to give a discount to my listeners. So go to [foursigmatic.com/wellnessmama](https://foursigmatic.com/wellnessmama) and use the code "WELLNESSMAMA" to get 10% off. That's Four Sigmatic, F-O-U-R-S-I-G-M-A-T-I-C.com/wellnessmama.

This episode is sponsored by Kettle and Fire Bone Broth. If you love the benefits of bone broth but don't love the time it takes to make and how tough it can be to find quality bones to make broth, Kettle and Fire is for you. Their bone broth is a regular staple in my kitchen these days and it's what I use to create the recipes in my new bone broth ebook. So they only use bones from 100% grass-fed pasture raised cattle that are never given hormones or antibiotics. Their broth is also unique because they focus on bones that are especially high in collagen, which is one of the healthiest things you can put in your body. You can find them at many Whole Foods on the west coast and you can also order online and get a discount at [kettleandfire.com/mama](http://kettleandfire.com/mama). Again, that's [kettleandfire.com/mama](http://kettleandfire.com/mama).

Katie: So I'll make sure I've linked to those articles that you've mentioned and also just have a list of everything you just talked about.

I think that's gonna be really helpful for women because I think sometimes they...it can be scary to take anything that is not actually prescribed postpartum because there is always that question, is it safe for baby? Can I do this while breastfeeding? So, that's really helpful to know the herbs and the supplements that from a medical perspective and an herbalist perspective that are considered safe postpartum. That's really amazingly helpful.

Aviva: Oh, I'm so glad, yeah. And this is what I'm still using in my practice. I mean, I can tell you on one hand in the past five years when I've actually prescribed an antidepressant and it hasn't been for a pregnant or new mom at all. It's been, you know, other women with severe depression as a bridge to natural therapies. But these are my first go-to's and I'm very you know very confident and satisfied in what I've seen as the results and have been for, like, truly three decades now.

Katie: That's wonderful and I'm sure very encouraging to people to hopefully have some things to try that not just pharmaceutical.

Aviva: And definitely get help. I just want to add that in. Like really, really get help. This is hard to do on your own. So, even if you wanna use natural therapies, talk to your midwife or your family doc or OB or pediatrician. Just let somebody know what's going on because it's too much for your partner to handle, right? Partners don't know how to handle this. This is overwhelming and they're struggling with having a new baby too and then their partner feeling down. So, get help outside of just asking your partner's help.

Katie: That's a good point. I think your point was well made that, like, men don't ask for directions and we are equally bad about asking for help. And you're so right about that perception that you just have to be this wonderfully happy mom, joyful all the time and if you're not, something is wrong. So, I think let alone hopefully will encourage people to reach out and find someone that can work with them. You mentioned several times the thyroid connection and how all of these problems can be worse for someone with a thyroid problem postpartum and how many women go undiagnosed with this. So, your new book talks a whole lot about this, but let's delve a little bit into the adrenal and thyroid aspect of this and just hormones in general and how women can address those as well.

Aviva: Yeah. So, a pretty significant number of women who develop postpartum depression have a thyroid

problem. Even women who don't develop postpartum depression, women who are struggling with low breast milk production. I mean, you've probably gotten a zillion emails and phone calls. I know I have, and seen it my practice where women are doing everything to get their breast milk production up and it's just not happening and they're really getting scared and they're beating themselves up. And then if someone had just checked their thyroid they probably would have found that it was low in those women and there can be other reasons, but it's so important.

But also just not losing baby weight at all or getting poor sleep or feeling irritable or anxious or changes in your appetite. You're hungry all the time and maybe you're even gaining weight. It can be that it's a thyroid problem. The tricky part is this, well, there are a bunch of tricky parts.

One, a lot of doctors don't check. Two, the medical recommendations or guidelines are that we don't actually have to treat women with postpartum depression because about 80% will go into...I mean not postpartum depression, postpartum thyroid problems because about 80% will just remit go into remission on their own, but that leaves a lot of women struggling.

The way I described postpartum depression...I'm sorry postpartum with Hashimoto's, it's like postpartum is like pushing a boulder up a hill and then postpartum thyroid problems are like pushing a boulder up a hill with one hand while you're holding the baby with the other. It's so much more work because you're exhausted, your metabolism is just not moving.

And here's another tricky part, is that about half of all women who develop postpartum hypothyroidism and so slow functioning thyroid, go through a period of time where they've actually had hyper or over functioning thyroid first. With over functioning thyroid you have tons of energy, you need less sleep you lose your baby weight in a hot minute.

Like, you know, those women who are like back to their normal size, nothing, two weeks after they've had a baby and everybody's thinking, "Because they're breastfeeding and they were just super well-adjusted," but actually those women could have, and often do have, a touch of hyperthyroidism.

So, if they were to get their labs checked right then their TSH, which is a function of how fast your thyroid or how slow your thyroid is being stimulated by your brain, would be low or might look normal. But then all of a sudden they cross over in a, you know, six, anywhere from two weeks to three months into hypothyroidism.

Well, if you think about a number line, if you start out below zero, right? That's like a low TSH because it's being suppressed, because your thyroid is over functioning, and now you're crossing into a slow functioning thyroid where you would have a high TSH. So, instead of being in the negative numbers you'd be in the positive numbers, try to get a visual of that from like third grade when we were whenever we studied number lines, I don't remember.

Somewhere along there you have to cross over zero, right? If you're going from negative numbers to positive numbers, you cross over like negative one, zero, positive one. That's the normal range. So, if you go and get your thyroid labs tested while you're in the normal range, your doctor is going to say, "You don't have a thyroid problem. It's just depression or you need to exercise more or just this or just that," or, "You're just a new mom and you're tired."

So, you can miss the gap and be diagnosed as normal. And now you can feel really crazy and really awful

because you think something is wrong, you're told it's not and now it really is just because you're a new mom who's not managing it well when in fact you just got tested at the wrong time in the cycle.

So you have to go back and get retested like, you know, four weeks later, eight weeks later, if you're still having those symptoms. So it gets a little tricky, to pick it up. And in my practice I do not, not treat new mamas who have Hashimoto's or hypothyroidism, graves or hyperthyroidism. I support the mom because that will usually burn itself out. Unfortunately, it burns itself out very quickly into hypothyroidism. Sometimes it'll just go to normal but often it'll cross over.

And, I spend more time getting people off of pharmaceuticals than ever putting people on pharmaceuticals, when I tell you I have had one pharmaceutical since I was 15, one antibiotic I tell you that with all integrity and authenticity.

So, for me, I really err on the side away from medications, but when someone is struggling with something that is fixable with thyroid hormone supplement and that means that they're going to produce breast milk and be happier again and feel better and sleep better, and get more comfortable in their body and enjoy being a new mom, it's so worth it to try low dose of thyroid hormone supplement. And you can always go back off of it.

And then the other thing is that women who do develop hypothyroidism postpartum or Hashimoto's postpartum have about a 50% chance or more of developing Hashimoto's later on. So they should get checked maybe like once a year and then every five years or any time they start to develop symptoms of hypothyroidism.

Selenium is probably the most important thing that women with elevated TPO antibodies, the ones I mentioned earlier that women ought to get checked in pregnancy to have some prediction of whether they're gonna have a thyroid problem. And that has been shown selenium 200 micrograms totally safe during pregnancy.

Even conventional medicine has great studies on using this to reverse that elevated TPO, protect the thyroid from damage because it's the TPO that's attacking the thyroid. And any new mom postpartum who develops Hashimoto's or hypothyroidism, same drill, look for the gluten intolerance, look for dairy, other food intolerances, address inflammation, and take selenium.

Katie: That's another great list and I think that would really be helpful for people. Again, I wanted to mention your book the "Adrenal Thyroid Revolution." I will have a link to that in the show notes but it's also, I'm sure on Amazon and Barnes and Noble, if people want to find that because I think some of this will also give some of these tips in a very specific way and people can identify their specific problems and what can help. And a question I always love to kind of ask at the end to wrap up are, what are three things that people don't know or understand about your area of expertise and how would you straighten them out? What would you tell them?

Aviva: That's a great question. So, I would say that the first thing is that it's very important and especially as we kind of edge into functional medicine being so popular, to remember that the answer isn't always in a

supplement or an herb or even a massive diet change. Sometimes the answer is looking at our own happiness and is our life supporting us? Are we able to get the help we need, the care we need? And it's that mind-body piece of things that is so very important.

I would say another thing is that I think that we as physicians, so to clarify this almost to health professionals who are listening but also to women who are going to doctors, you know, we really are actually taught in medical school that we're the top 2% of people in the country intelligently. Like we're really...I was really told that, you know our class was told, "You're the top 2% of intelligence," and we are sort of taught to believe that we do have all the answers.

I mean, fortunately for me I spent 25 years as a home birth midwife before I went and got that training. So, it was pretty easy to see the indoctrination. But a lot of people...so, a lot of doctors go into it feeling like, we're supposed to have all the answers, and we kind of posture that way. And I think a lot of women are taught that we're not as empowered as we maybe could or should be. So we're taught to defer to authority and I can tell you...and I wrote a blog about this called, "How being a good girl can be hazardous to your health."

So, I would say for women listening and especially if you have symptoms and you're not getting the answers you need from your doctor, it's really important...or midwife for that matter, because we can assume any health professional is an authority over us. It's really important to question authority. It's very important to make sure that you're working with practitioners who respect you.

It's okay to fire your doctor, your midwife, or anybody who's not treating you with a respect or giving you answers that are hearing what you're asking and it's okay to challenge your medical doctor. And if somebody treats you as "a difficult patient" because that's often the label that gets given to people either you're directly told that or you're being treated that way with, you know, eye rolling kind of attitudes, find somebody else or stick up for yourself.

And then the third thing, that's a tough one Katie. The third thing about my profession that I would clarify is, I guess I would say that from 32 years now of directly working with women, and that's on my own because there was the apprenticeship before that, so 35 years of working with women's health and our children, we have been so led to believe that ill health and disease are inevitable. And it's just a fact of getting older, that pregnancy and birth are diseases.

And while there are certainly some genetic conditions that we get and we have to, you know, accommodate our lives around and welcome as part of who we are, our bodies have the ability to heal beyond far beyond what we have ever been led to believe. And natural remedies have such a greater role in than we've done we've ever been led to believe.

So it's not so much clarifying something about my profession as an herbalist and midwife but clarifying that as part of health in general. I think it's so important for us to embrace a deeper level of faith and confidence in our bodies and whatever faith and confidence you have in the universe. Whatever that looks like for you, believe in that healing power that it is there for us to tap into.

Katie: Absolutely. Yeah, that was really helpful. I think you're so right. I think a lot of us, especially when

there's a problem like we kind of tend to freak out and ignore that innate wisdom that our bodies have. I think that's great that you spoke to that and also just provided, I feel like that was a super practical very, very much information packed episode that I really do hope will help a lot of women. Because, like I said, it's not a struggle I have had personally or one that I've had to learn and so I don't think I'm a very good resource for women on that and you absolutely are. So, I appreciate so much your time and all your research.

Aviva: Thank you, you're so welcome. I haven't had to struggle with it either thankfully. But I can tell you I've worked with hundreds of women and certainly been contacted and shared information with tens of thousands of women over the years and it's a hard struggle. And I'm so grateful for the women who have spoken up and gone public with their own struggle around it.

And I hope that each of our listeners will feel empowered to do that because if you are struggling with it and you speak up, someone else is going to hear about it and also be helped out of that, what is a really dark place. So, thank you for giving me the opportunity to share about this, Katie.

Katie: Absolutely. Thank you for your time and I'll make sure to link to, you mentioned several blogs posts and podcast that you have so that people can find you and find out more and specifically for their own cases. And like I said, also so they can check out your book. But again thank you for your time. I know you're incredibly busy and I'm so grateful.

Aviva: Thank you. Well, back at you. Thank you for having me and bring me on again any time. I love talking with mamas. That's my favorite thing to get to do.

Katie: Absolutely. We'll have to do round two and thanks to all of you for listening. I'll see you next time on The Healthy Moms Podcast.

If you're enjoying these interviews, would you please take two minutes to leave a rating or review on iTunes for me? Doing this helps more people to find the podcast, which means even more moms and families could benefit from the information. I really appreciate your time, and thanks as always for listening.