

EPISODE 258

Healthier Moms, Healthier Babies: The Surprising Facts about Childbirth – With Dr. Christiane Northrup

Shawn Stevenson: Welcome to *The Model Health Show*. This is fitness and nutrition expert, Shawn Stevenson, and I'm so grateful for you tuning in with me today.

This is actually a little bit of a Christmas miracle because I have my voice back. Yesterday it was like a whisper, alright? I was like that girl- the character from the *Pitch Perfect* movie that always talks really quiet. She's like, 'You guys want to see a dead body?'

I was like- I could not talk. And I felt like my kids and my wife were trying me a little bit more because I couldn't like- I didn't have the bass in my voice. They were like, 'Dad's not serious,' just giving me a hard time.

But I'm pretty much back today. A nice regiment of exercises for the vocal chords, some Neti Pot. Like I was on YouTube and I went to Dr. YouTube like, 'What can I do? I've got to get my voice back for tomorrow.'

I really wanted to show up and execute for you guys.

And how did it happen? You know one thing is physical stress but also mental stress can take out your vocal chords as well, you know? Just like kind of any part of our body.

And so just bouncing around from city to city, and even in Canada, and just doing all these different events, doing some TV stuff, and it just kind of- when I got home, I guess I got settled, my body was like, 'Okay you can lose your voice now.' And then my voice was gone.

But it's doing pretty good. I'm in the studio here with my studio fam, and I've got an amazing, amazing guest for you guys today. And wow, this is just so necessary and this is just a call from my heart to yours to help you to get educated on this subject because I don't think there's anything that's much more important than this, than the beginning of life, and this whole process.

Because as you'll learn from our guest today, this process of having a child, or even the normal function of the female body in general, are now medicalized and pathologized to a large extent.

And birth itself has been medicalized and pathologized, and most of us are actually oblivious to it because we just accept it as kind of the societal norm.

And she's got a lot to share about this topic, and we're going to get to her in just a moment, but before we do, I want to give a quick shout-out to our show sponsor, Squatty Potty.

I'm so in love with the Squatty Potty. Listen, there's life before Squatty Potty, and life after the Squatty Potty.

Not being in the proper position to eliminate has been clinically proven to lead to things like constipation, diverticulosis, prolapse.

Do you know what prolapse is? This is like literally your organs falling out of place. Alright? By the strain of pushing on a standard toilet.

Now this is called- you know we typically call it the throne, but it's anything but. It's not for royalty, alright? You are royalty, you need to get yourself in the right position.

And this is because of the puborectalis muscle, which is kind of like a sling around the colon that is totally tensed when you're standing to make sure that you're just not pooping in your pants, alright?

Because you are not a horse, you shouldn't be standing or walking around pooping, alright? And when you sit down it partially relaxes but it does not fully relax, alright?

And so that's why a lot of people struggle and strain even though you might not realize that doing the Valsalva maneuver, holding and pushing, this can lead to blood clots detaching, cardiovascular issues, all kinds of crazy stuff.

And the solution is not eating more fiber, it's actually getting yourself in the proper position. That humans have evolved literally- we're talking hundreds of thousands of millions of years being in a certain position, and then a couple hundred years we just decide, 'We're just going to do something different.' Alright?

And we've seen the result of this with our gastrointestinal tract and our gastrointestinal health, and it is not good.

So today I want to implore you to make sure if you don't have a Squatty Potty, what are you doing? You've got to take action now, get yourself a Squatty Potty, and you get the best deal possible by being a fan of *The Model Health Show*.

I've got an exclusive 15% off all of their Squatty Potty models, and free shipping. Alright? You cannot beat that anywhere, so go to www.SquattyPotty.com/model. That's www.SquattyPotty.com/model for 15% off and free shipping.

Alright check them out. It's a great Christmas gift, alright? Do it now. I promise it's a gift that keeps giving. Your family is going to love you for it. And also do yourself a favor and get yourself that gift as well if you have yet to do that.

And on that note, let's get to our iTunes review of the week.

iTunes Review: Another five star review titled 'Shaun T,' by LindaLou7.

'I was touched beyond words by Shawn T's story. I realized you should never judge another person because you don't know what they've been through. If that had happened to him at the hands of his step-father and it happened to me at the hands of my grandfather, who else has this happened to?

Such an extreme violation of trust and all things sacred. I kept my secret shamed quiet for years. I am on the path to healing. My silence kept my pain, speaking out set me free.'

Shawn Stevenson: Wow I'm just really blown away that- just thank you so much for taking the time to share that. And the episode with Shaun T, who a lot of people know from the *Insanity* programs, *T25*, *CIZE*, so many different programs. He's one of the bestselling fitness DVD gurus out there.

We're talking like over ten, twelve million sold. It's crazy stuff. But he shared his story, and where he comes from, and how he's evolved that into transforming his own life and also helping others to transform their lives as well.

So I'm honored that you would share that, and that this impacted your life in a positive way, so thank you for sharing that.

And everybody, thank you so much for leaving your reviews over in iTunes. I truly appreciate it immensely. If you have yet to do so, pop over to iTunes and leave us a review.

And on that note, let's get to our special guest and topic of the day.

Our guest today is the one and only Dr. Christiane Northrup. Christiane received a medical degree from Dartmouth Medical School and went on to complete her residency at Tufts New England Medical Center in Boston.

And she's an obstetrician and gynecologist who is a foremost advocate for women's health and wellness.

She's written several books including, 'Women's Bodies, Women's Wisdom,' 'The Wisdom of Menopause,' and 'Goddesses Never Age.'

When she was on last year talking about this, it just blew my mind. I couldn't wait to have her back on the show.

She's back today to help us to get educated about the all-important birthing process for all of us; for women and for the guys out there, so that we can be a better support and understanding.

I'd like to welcome back to *The Model Health Show*, Dr. Christiane Northrup. How are you doing today, Christiane?

Dr. Christiane Northrup: I'm doing great, what a pleasure to be back. Love your show.

Shawn Stevenson: Thank you! Oh I'm so happy to see you.

Dr. Christiane Northrup: Well I was going to say, I was very excited that you're recommending the Squatty Potty, because we're going to talk about birth here, and the process of getting a baby out, you need the same relaxation as when you're moving your bowels, which is what the Squatty Potty does.

It gets you in the right position. That thing is a very important gynecologic device too, because every time you're straining, you can push the uterus right out depending upon- now I mean that's extreme, but you know, it's just a very-

Shawn Stevenson: It can happen.

Dr. Christiane Northrup: It's a very good piece to have. I've got them in every bathroom in my house, so I was just happy to hear about your sponsor.

Shawn Stevenson: It's not an accident. I was picking up your vibe and I knew that they had to be on this episode.

Dr. Christiane Northrup: Yeah.

Shawn Stevenson: So cool. So you talked about- and this was in one of your talks, and I've just been diving into your world the past few days again, and how women's bodies, and also men's bodies as well, it's become medicalized, right? Pathologized.

Dr. Christiane Northrup: Oh yeah.

Shawn Stevenson: And especially the process of birth, something that's natural and normal. Humans have been doing for a long time, it's how we're all here, and now it's become a medical priority. Can you talk about why you say that?

Dr. Christiane Northrup: Yes. You remember the show *ER* way back? George Clooney got his start there, and Margulies, all kinds of things.

Shawn Stevenson: Yeah.

Dr. Christiane Northrup: Well what notice is on the show *ER* it pretty much- and it ramped it up of course, it makes it worse than it ever is, but every time they would have babies born in the emergency room, it was always a total disaster. They'd have to do an emergency C-section.

There's a thing in our culture that birth is an emergency. So you'll see movies where the woman goes, 'Oh John, the baby,' and she falls down.

Although I have to say, the episode of *This is Us*, one of the last episodes where the wife gives birth at home, they did that so great. I thought, 'Oh my God, the tide is turning. Finally the media is getting it right.'

She gets the kind of support she needs, she has a wonderful little baby right at home. You know, so I was happy to see that the media is getting the message that birth can be entirely normal, a natural process.

But here's the thing, the dorsal lithotomy position, that's the position you're on your back with your feet up in stirrups, that was invented by Louie XIV who was a voyeur and he liked to come in and see women giving birth, but they'd have to put the sheet up so she wouldn't see him.

It is the worst possible position in which to give birth. No one should ever give birth in that position.

Now there are times with an emergency you have to, but generally when you squat the AP, the anterior posterior diameter of the pelvis increases. It is the biggest opening when you're squatting, or at least if you're leaning against someone and kind of squatting down.

Many, many times a women who's stuck in labor will be able to deliver if she gets up, walks around, or then if she squats.

And in many indigenous cultures, you use a rope hanging out of the ceiling, you hang on that, or you lean back against your husband, or whatever.

But let's start with we're finally in the hospital now having birthing tubs, that's a step forward. Women labor much faster if they're in warm water. They labor much faster if they're in a supportive environment.

So long ago, John Kennell did several studies, he repeated it six times on the presence of a doula. A doula was just a woman standing by.

And he did one of the first ones in Nicaragua, and there would be a woman just- I'm not kidding you, sitting in the room smiling at the laboring woman. That decreased the time in labor by 50% just having a supportive person saying, 'You're doing great.'

Now here's what we've done. You know how compelling the screen is, like we always spend our days on little screen. But years ago I happened to be a resident when fetal monitoring first came in to the profession.

Shawn Stevenson: Wow.

Dr. Christiane Northrup: Overnight the C-section rate went up to 25%. Even the World Health Organization says that a C-section rate for a general population above 10% is too many. Is too many. But the monitor came in, no one really knew how to read it.

So they'd see the squiggles, they'd get scared, because back then we were also giving women twilight sleep. Seconal and scopolamine. They would be out of their minds but they didn't remember.

So when they woke up in the morning, the obstetrician would hand them the baby after the drugged baby had recovered, and so now with the monitor you saw the effect of the drug on the baby. So everyone knew we had to stop that, but then the C-section rate just soared.

So in many places now it's 30%, there are some hospitals where it's 50%, and we've brainwashed women that it's safer and healthier, and it's not. In fact in the last 25 years, the maternal mortality- that's mothers dying, has doubled. Has doubled!

The United States has a real long way to go because we really believe in better living through procedures.

So now when you go in a hospital and you ask a pregnant woman in labor, 'How are you doing?' Or you ask her husband, you know what she does? She looks at the monitor. Like you don't look at the monitor.

Shawn Stevenson: You tell me.

Dr. Christiane Northrup: Yeah, 'How are you doing?' You should be tuned into here, but everyone looks at the damn monitor like that's going to tell you.

Shawn Stevenson: Yeah.

Dr. Christiane Northrup: Oh and by the way, this is important, no one ever, ever has shown that fetal monitoring does anything except increase interventions. That's right out of the OB/GYN literature.

It's shocking to people that it's done nothing but increase interventions. It has not improved outcome, but it's become so standard that we don't even question it. No one questions it.

Shawn Stevenson: Wow.

Dr. Christiane Northrup: So what you want to do as a pregnant woman, is you need an obstetrician who thinks like a midwife, or get a midwife, or hire a doula who have someone-

Now by the way for men, your job guys is to love the woman. That's it. That's all you do, you love her, you can't save her.

You guys are very compassionate and when you see the woman you love going through that process, because it can be- it's a trip into the underworld, let me tell you, but it prepares you to be a mother.

But when you see your woman in that kind of situation, you just want to do everything in your power to stop it. Could we please?

You know so obstetricians for years have been men mostly who were in the job of rescuing the woman from a normal process.

And when you have to do it, it's a wonderful thing. Thank God we have modern obstetrics. Thank God we have C-sections, and blood transfusions, and all the rest of it.

But as usual, because the whole planet is run as far as I can tell in civilized countries by war metaphors, this is like- it's a battlefield. And what I was taught in my training, a normal labor and delivery is a retrospective diagnosis.

What that means is we're going to treat everyone like a disaster waiting to happen until it's over. When in fact there's data that shows you can predict who's going to get into trouble by psychological profiles.

So you've got to- you know this because your show is all about it. The law of attraction; as you think, as you expect, so you attract. And when you expect every birth to be a disaster until proven otherwise, you increase the anxiety of the birthing mother. That increases cortisol and epinephrine, and that makes the labor dysfunctional.

Like okay, here's a dysfunctional labor. If you had a toothpaste tube, and you just begin to squeeze little bits of everywhere on the tube, that doesn't get the toothpaste out very efficiently, right? If you roll it from the back, it gets the toothpaste out really well.

Well a dysfunctional labor is like you keep pounding on different places. A functional labor is like you want a wave of depolarization on that muscle called the uterus from the top down to the bottom, and you want the mother as relaxed as possible, as loved as possible.

You know Ina May Gaskin, that famous midwife who worked at The Farm.

Shawn Stevenson: Yeah.

Dr. Christiane Northrup: She says, 'The energy that gets the baby in, gets the baby out.' And so birth is a sexual experience too.

Shawn Stevenson: Yeah, wow.

Dr. Christiane Northrup: So those are just a few of the things, and then there are things we do like everyone getting an epidural. Well the problem with an epidural, because you'd asked me about that, is in some people 25% of the time it causes a fever of unknown origin in the mother, and nobody knows why to this day why women can get fevers with an epidural.

Well then the baby goes to the newborn nursery or the NICU, neonatal intensive care unit, and has to get a sepsis workup because they don't know if the mother has an infection, but it's just an artifact of the epidural, so this never needed to happen

And then the other thing that we do is inductions, and I think inducing- in even the obstetrician organizations are saying, 'We've been doing too many inductions.'

Because the baby is supposed to come out when it's done. Like when you're baking bread, you don't take it out before it's done and say, 'Well you know, it'll finish up outside.'

The longer the baby stays in, the more the brain grows.

Now obviously you don't want it going beyond, but we're doing too many things for the convenience of the hospital system. And there's data that shows that the C-section rate goes up on Friday afternoon to get out of there, and it goes up I think- there was another time, but it was typically when the staff wants to get on with it.

So those are some of the things, and when you're in labor, you are porous. You could be talked into anything. You are in a hypnotic state so you want to surround yourself by the people who are going to support your body's natural ability to do this thing.

Shawn Stevenson: Wow, I mean my mind is already blown because there's so-

Dr. Christiane Northrup: Well you know, clearly I can get on a rant on this.

Shawn Stevenson: Oh no, there are so many layers to this that I didn't even consider until you just shared that.

And you know, just to take a step back really quickly, you mentioned that US mortality rate had doubled in the last 25 years.

Dr. Christiane Northrup: Yes.

Shawn Stevenson: I want people to just hear that for a second. US maternal mortality rate, so moms dying doubled. How is that possible in the land where we're supposed to have the greatest technology? And you see fractions of that percent in other countries, like fifty other major countries.

Dr. Christiane Northrup: That's right. That's right.

Shawn Stevenson: And then you look at- you said C-sections, obviously again this can be life-saving in some cases.

Dr. Christiane Northrup: Yes.

Shawn Stevenson: But they're overdone and we're looking at generally 10% or less should be C-section just looking at the data, but we're seeing in the US almost two to three times more than that, you know? So upwards of like one out of three births. Crazy stuff.

And you mentioned the fact that adding in the monitor has become a big problem because it's taking women out of their bodies and putting them more into their head.

Dr. Christiane Northrup: Yup.

Shawn Stevenson: And deferring their decisions about their body over to the physician who supposedly knows more, but a lot of times, again no disrespect to us as guy, but we don't have babies, you know? So deferring to a guy who's never had a baby, and you actually understand this process. This is why I'm so grateful to have you on.

And I want to take a second and kind of go back a little bit and talk about this convenience factor.

Dr. Christiane Northrup: Yes.

Shawn Stevenson: Alright so you mentioned how inductions are happening, but not just from the doctor's part, but also from mothers as well. Their families.

Dr. Christiane Northrup: Oh yeah. Mothers are asking for elective primary cesareans. You know, like childbirth is the worst thing a woman can go through, so it's considered a step forward if you just bypass the whole process.

Just schedule major surgery, and then it'll be more convenient, plus I can put it in my daytimer or my Google calendar, and I can have my mother come at this and that time.

I mean here's what I have said, I've said, 'Let me be a loving badass for a minute. There's nothing about having a baby that's convenient. Nothing.'

You've got kids. They get sick when it's not convenient, they don't sleep all night, it's not convenient. The way we're born matters. It imprints us at the most primal level, and so we want to make it- like Dr. Leboyer in France, as gentle, as loving, as beautiful as possible.

Now when I first came on the scene as a young resident, they were still holding babies up by the ankles, like that. They at least don't do that anymore because a baby's two fears, the only fears we're born with, is fear of loud noises and fear of falling.

So when you hold a baby up like that by the ankles, the back is not supported. So imagine you're swimming in this amniotic fluid, the birth process, your body is loaded with beta endorphin and natural morphine-like substance. The labor, the birth for some women can be a sexual experience, even orgasmic, and then you bring the baby out and hold it like this and slap it.

So they used to do that. They're not doing that anymore. We are finally taking the baby and putting it on the mother's abdomen skin-to-skin.

There's one more thing I think needs to be done, and again I've been an advocate for this for so long. I mean finally the stuff I've been yelling about for thirty years is beginning to take place in some hospitals.

Women don't realize how much power they have because birth for a hospital is a money maker. It's a money maker. So you know, we've got to demand this, but delayed cord clamping.

Now we've all seen astronauts going out of the ship on an umbilical cord, right? So the little guy is out there in space on an umbilical cord that is giving him oxygen and all of the rest.

Well when a baby is born, it is going through profound changes in the heart and the lungs. I mean profound. The whole circulation of the body with that first breath closes little holes in the heart, opens up the pulmonary arteries, it's a huge thing.

To go through that, you need to have an accessory oxygen supply from the placenta. That's called the umbilical cord. That's still- it's an organ and it's still pulsating on its own while the baby is taking its first breath, getting the idea of, 'I'm safe and there is enough here for me.'

So when the baby comes out and we clamp the cord right away it's like, 'Here you are.'

You know, and then the other thing we do to newborns is we circumcise the men- the boys, and that's another procedure I've done hundreds of, and I've apologized a million times to all those little boys, but I couldn't talk the parents out of it.

That's a procedure that does not need to be done, and it was started in the United States by the way, by the guy- Harvey Kellogg, who brought you Kellogg's Cornflakes, and it was to prevent masturbation.

That's the whole reason we started circumcising everyone in the United States.

Now there's the Jewish and Muslim religious rituals, but even many Jews are rethinking it and they're doing the bris but without a big cutting ceremony.

So I think about all the things we do to this beautiful newborn who's so vulnerable and has just come into this world. It's hard enough to be in this world, let's try to make the entrance as gentle, as beautiful as we possibly can.

So you delay the cord clamping until it stops, or at least give it a minute or two. But everything is about rushing, you know? We've got to clean up the room, bring the next person in, because birth has been set up in the United States like an operating room procedure.

So you labor in a room, you go down to the delivery room, you go into recovery. Surgical procedure.

Now family centered care, there are more and more hospitals doing this where you labor, and you birth, and you have the baby, and your husband and whoever you want in the same room, and that's a lovely, lovely thing. So you want to look for that, a family centered care. Yeah.

Shawn Stevenson: Wow. I didn't know- whoa, I didn't know that you were going to touch on these things. This is so important because what that did for me was just think about what is our introduction like when we get here? You know? Like we're

trusting in our parents, we're trusting in this safety, and then boom, cord gets clamped.

We're getting- conventionally we were getting flipped upside down, taken away from our mothers, having our penises, the most sensitive skin on our body clipped off. It's just- it doesn't make any sense.

Dr. Christiane Northrup: 40,000 nerve endings in the foreskin.

Shawn Stevenson: 40,000. Oh my goodness, the pain.

Dr. Christiane Northrup: Yeah the pain is unbelievable. The baby boys have three days of eating and sleep disturbance after circumcision.

Shawn Stevenson: Wow, you know I've got to share this because this is something that- I know that a lot of people, we haven't even considered before or even thought about, because again it's become common culture.

But again, humans have been around a long time not having this circumcision. Somebody came up with an idea like, 'Hey let's go ahead and clip some of this wiener off, right?'

Dr. Christiane Northrup: Yeah.

Shawn Stevenson: But the reality is this; today we'll start to think of in terms of cleanliness. It must be cleaner, which is not true at all. We think in terms of not wanting our child to not be normal, right? All these other boys are circumcised and my child- you know so we've got these kind of mental things.

But let's- what I want to encourage people to do, and this is what we do on this show, is just check it out for yourself, you know? This might like put up a red flag for you, or maybe a white flag, and just something to start to think about, and rummage around, and process.

Because heretofore you might not have even known that this is abnormal, you know? And we want to do the best that we can with the knowledge that we have, and once we have the knowledge, then we can kind of take action and figure this stuff out.

Dr. Christiane Northrup: Well you know it's interesting that American pediatricians are not taught how to take care of an intact penis. So what they do, and I know this because my friends at Doctors Opposing Circumcision get calls from all over the United States every day, where some well-meaning but misguided pediatrician forcibly retracts the foreskin of a two year old, and then causes bleeding, and adhesions.

And they even have stickers for the diaper that when you take your kid into the hospital, 'I'm intact, don't retract.' Because people don't understand that the prepuce, that's what the organ is called, it doesn't begin to separate from the head of the penis sometimes until the kid is eight or nine.

And so you think about kittens' eyelids. When a baby kitten is born, do you forcibly open the eyelids? No, they open on their own and it is the same with the foreskin's attachment to the glands of the penis.

And then there's all this sexual stuff that if you have an intact foreskin, it literally binds to the rugae, the wrinkles in the vagina, and it makes the sex act very, very different.

It's in a way- it's like you're taking the guy's ability to sense where the woman is, and you're putting out his eyes. You're literally taking out his eyes.

So this is something you really want to think about long and hard. And I know, when we even bring it up, it's so hard for people because mothers feel guilty, 'Oh my God, I didn't know.'

Shawn Stevenson: Yeah.

Dr. Christiane Northrup: Or there's tremendous pressure from family, but that's changing. The circumcision right now is 60%. When I was doing them it was 99% and I couldn't talk anyone out of it. I couldn't, I tried.

So the culture has to change, just like right now. What's happening in the culture, we're actually taking sexual abuse seriously in men and women finally. That's a huge turning point that's just happened.

Shawn Stevenson: Yes.

Dr. Christiane Northrup: So it's going to be- it takes time for people to change. There are still hospitals where they take the baby away from the mother. The baby should go right here, skin-to-skin on the mother. But that took my hospital about sixteen years to institute that policy.

So you know, the change is slow but you're doing a lot with this show just to bring this up to people. And I know how hard it is. You're in the hospital, all the doctors are running around, you don't want to be a bad patient, you get yourself into the child role, so you need to take an advocate with you who kind of helps you.

I mean there's my daughter who goes in and she goes, 'No, this is how it's going to be.' But she grew up with me as her mother. She said, 'You know, I love you but I'm going to have this duo care. I'm going to have this midwife there, and I know it's not convenient for you, but that's what we're doing.'

And it works if you're kind, and you're loving. You know it's like refusing the flu shot, or you know a shingles vaccine which they're pushing on the entire world now. So yeah.

Shawn Stevenson: This is a great segue, which I want to get to in a second, but you know just to kind of reiterate something, and I'm so glad you mentioned this, that we do what we know how to do at the time, and so we don't want any of the moms out there to feel like, 'I've made some mistakes,' and this kind of thing.

Again we love our babies, you know?

Dr. Christiane Northrup: Yes, yes.

Shawn Stevenson: And many of these things- I have two older kids besides my youngest, who I didn't know any of this stuff, and all of these things happened with my kids. You know, the epidurals, and all this stuff.

Dr. Christiane Northrup: Yeah.

Shawn Stevenson: I was not educated, but today especially being in this field at this level for a decade and a half now, with my youngest son we knew what we were doing to a great extent.

My wife- and also like you mentioned the birthing position, right?

Dr. Christiane Northrup: Yeah, yeah.

Shawn Stevenson: She actually had our son lying on her side, alright?

Dr. Christiane Northrup: That's a beautiful position.

Shawn Stevenson: So she was kind of like- yeah that was like the right position for her. You know she started off kind of squatting like hands and knees, and then just like boom, got on her side and he came right out. And it was just like I had no idea that that was a thing, you know? And again it's just a process of discovery.

Dr. Christiane Northrup: And here's the thing though, the woman will know. If you leave her alone, she'll get into the right position.

Shawn Stevenson: Yes, exactly. That's exactly what happened. And she hadn't had any kids before, you know this was like our first child together. You know we've been together now for thirteen, almost fourteen years, but she knew what to do and my job was just to be there as a supportive presence.

And then you said it earlier, it is not easy because I want to talk, I want to figure out things. I have no business, alright? Let me just be there in a supportive presence, you know?

Because guys, we're fixers, like you said earlier. And so this is just a process of discovery for all of us. And also being an advocate.

Whether you're having your child in a hospital, birthing center, at home; being an advocate for your child's mother, that's really what the goal is. And also the family members listening as well.

So with that said- actually you know what? I just want to give a shout-out to what I'm sipping on over here for my voice, a nice little chaga tea. This is the first time for me sipping on tea during my show.

So chaga, and this is from Four Sigmatic, and Four Sigmatic does a dual extraction of the chaga.

Now chaga, this is clinically proven, you can go to Dr. Google and check this out, over 300% increase in NK cell activity. So these are like your immune system weapons, and I want to talk about this next actually. And kind of helping to format, get your immune system sorted out.

And this is so important for a lot of us, we miss out on kind of a download of our immune system because of how we were born. Alright we're going to come back and talk about that in a second.

But please understand, this is like kind of training for your immune system that you can get from something that's literally- we've got maybe 5,000 years of documented history with chaga. This is the top antioxidant substance that we know about, so helping your body even to produce its own kind of endogenous antioxidants which are the most potent, like superoxide dismutase, from taking on some of this rishi.

Now I love Four Sigmatic because again, it's dual extracted so they're doing a hot water extract and an alcohol extract. When you're just buying it from Company X, you're only getting one generally.

For years I would get both- like buy two different companies, kind of open up capsules, put them in my smoothies, and like using tinctures, and all of this stuff.

Now I have these awesome little packets, which I have right here from Four Sigmatic, and I love these. I literally- this is like American Express or Visa, whatever it is, never leave home without it.

And it's just so, so amazing. So head over, check them out at www.FourSigmatic.com/model. That's www.FourSigmatic.com/model, 15% off all of

their incredible mushroom coffees, mushroom elixirs, I also had the mushroom coffee this morning as well.

And wow, it's just the best stuff ever. I absolutely love those guys. They do a great job, the product is outstanding, organic, everything that you could think about with the standards and the quality, it's all there. Head over and check them out.

So back to the natural birth and why this process matters as far as the immune system, right?

Dr. Christiane Northrup: Right.

Shawn Stevenson: Kind of like coming out of your mother's birth canal, that's an important experience if at all possible for us to have, and why is that?

Dr. Christiane Northrup: Because you get seeded with colonized with your mother's vaginal flora, and then with her skin. You know they did interesting experiments in World War II. They did not have any neonatal intensive care units. They couldn't afford it because everything went into the war effort.

So they began a process called Kangaroo Care, especially with the premature babies. The preemies lived on their mother's bodies, and the ones who had that because they're skin-to-skin, they're getting all the bacteria from their mother, they've gotten it through the vaginal canal, they have far better immune systems later in life.

And what do we do now? We're giving our pregnant women flu vaccines, we're giving them all these vaccines with neurotoxins during the development of the fetal brain. This is insane.

So you want to, as much as possible, avoid antibiotics. See we're just coming out of the antibiotic era. So they discovered penicillin and it was a miracle drug, no question about it. And then as usual, we overshot.

We used it for everything; we still do. People are going into the doctor with a cold. I was listening to a mother just the other day, and she says to her kind on the phone, 'Well I hope they're going to give you an antibiotic. You've had this cold long enough.'

It's like, oh my God, there it goes again. You know, so we now have superbugs, and we have all these things, but we're still giving too many antibiotics.

So that started in the forties. My parents lined us up to give us penicillin shots if one of us had a cold. The family doctor would drive up, give everyone a shot of penicillin. Now we've overshot.

Like you know, in *Jurassic Park*, nature always finds a way. Now we've got to get into the era of the probiotics. Think about it, we were anti-life, now we're pro-life. And

probiotics have what are called - this is really interesting - bacteria syns. They literally go out and they begin to interact with and kill the bad bacteria.

So what we need to begin to think about is what is the ecosystem of our gut? What's the ecosystem of our genital tract? Of our sinuses? Of our throat? All of these have an ecosystem.

You know in people whose gut is really bad, they now do fecal implants where you take the fecal material of a healthy person and you put it down an NG tube into the bowel of the unhealthy person, and many, many times they will get better because they've got the right bacteria.

So you know, you need to think about what's called the microbiome. This is kind of the new buzzword, but again in standard medical systems, the hospitals, the clinics you go to, I mean I get both literature.

I'll get the alternative medicine literature- which by the way, I have to say we should not be calling what you and I are doing 'alternative medicine.' This stuff is centuries old.

Shawn Stevenson: Right, right.

Dr. Christiane Northrup: Centuries. What's new is pharmaceutical petroleum-based medicine that's 100 years old, and it started with John D. Rockefeller and standard oil in about 1920 when he published The Flexner Report, closed down all of the natural medical schools, all of the- Hanuman was a homeopathic medical school, the naturopathic medical schools, the women's medical schools.

They paid huge money to shut them all down and then began the Quackwatch, so that everyone who wasn't using drugs and surgery was a quack.

But what we're talking about, what you're talking about is traditional medicine. But if you look at the standard people, they're still asking questions in the medical literature.

Probiotics: fact or fad? It's like not a fad at all. I mean this is- come on, my dad used to take yogurt down the street to his patients who were on antibiotics, and that was in the fifties and sixties. There was no yogurt available. My mother made it.

And we know that sourdough bread, again a bacteria, eats up all the gluten, so sourdough bread is actually pretty good for people who need to avoid gluten.

There's all kinds of things about how are we going to create the right healthy ecosystem? That's what organic gardening is. You take care of the soil, and then the plants thrive.

And when you don't take care of the soil, the bugs come in, and that's what happens- like for instance if you eat a ton of sugar as a woman, you're going to get- you're going to be way more susceptible to yeast infections because then the yeast overgrows because it feeds on the sugar.

But that doesn't- so standard medicine would just give her seven prescriptions for Monistat that year. Like she's got some kind of a Monistat deficiency.

No, she needs a healthy vaginal ecosystem and it begins at birth. It begins at birth.

And if you didn't get it at birth, don't worry. The body is self-healing. Because here's what I don't want people to think.

'Oh God, I screwed it up. It's too late for me. I had a C-section and my kid's never going to be healthy.'

Not true, so I just want people to know that.

Shawn Stevenson: Yes, thank you so much. I mean we're so resilient, especially mom and baby action, it's really amazing.

But I think another huge advantage that we have as we become educated, even if for instance you've had a C-section, and how important breast feeding is.

Dr. Christiane Northrup: Oh my God, oh yeah.

Shawn Stevenson: And still, like this is coming so much more back into favor, whereas again this was turned into this nutrition medical debate. Like is the baby getting everything it needs from the mother?

When the first milk, especially the colostrum, the first milk is kind of like a formatting disk for our immune system in a way.

Dr. Christiane Northrup: Oh I like that, I like that.

Shawn Stevenson: Yeah, so let's talk about breastfeeding.

Dr. Christiane Northrup: Okay first of all, we know that women who breastfeed have a much lower rate of breast cancer, alright? So that's important to know.

Shawn Stevenson: Yeah.

Dr. Christiane Northrup: But first of all, it is the perfect food for babies. Cow's milk is the perfect food for a baby cow. And here's the thing, breast milk changes with the environment of the baby. It's living food.

So let's say that there are some kind of viruses or bacteria going around in the environment. The mother's milk will make antibodies to what's going on in the environment. You just can't top this. You cannot.

And then the other thing, because it protects the immunity of the baby, there's the skin-to-skin.

And here's another thing very few people think about. It actually changes the tooth and jaw development of the baby because to get the milk out of the nipple, the tongue has to milk literally the nipple this way, and then that goes to the hard palate which is developing, right?

And it makes it much broader so that there's less chance that later you're going to need orthodontia, that you're going to need braces, because you make room for the teeth.

So the tooth and jaw development and the nasal development of a breastfed baby is different from that of a bottle-fed baby, and we now know that breathing is so important.

Babies are by nature, so all humans, we are meant to breathe through our nose, not our mouth. And when you breathe through your nose, you are digesting stress hormones constantly.

So I've begun actually taping my mouth shut at night when I sleep because I wake up way more rested. Now at first you do it, and it's ridiculous. Then you get used to it and you are in parasympathetic rest and restore mode because of your breathing.

When a baby is nursing, it's in that mode. It's in the rest and digest mode because it's constantly breathing through its nose, exercising its mouth, and getting food tailor-made by Mother Nature for that baby, and it also changes consistency over the life of the baby.

So breast milk if you're nursing a two year old is different than if you're nursing a newborn, same mother. Yeah.

Shawn Stevenson: That's profound, oh my goodness. Just I bow down to every woman listening right now. And the rest of us guys, I know we're feeling the same thing.

Like this is so amazing, and nature is making this perfect food, and it evolves based on the environment and the circumstances.

And it's not just dependent on the food that you eat as a mom, but also the environment itself. And like you just said, if there's something going around, you're literally creating the cure in a way for the baby, you know?

So- and I don't know if parents really notice this very often, but breast-fed babies tend to get sick less often.

Dr. Christiane Northrup: Oh they're way less sick.

Shawn Stevenson: That's one of the things.

Dr. Christiane Northrup: Yeah way fewer hospitalizations. I mean if you care about your baby- and is breastfeeding inconvenient if you have to go back to work? Yes, but I pumped my breast and I had breast milk in every hospital refrigerator that there was, because I was determined to do it.

There's one more thing that I would like to say, and there's this- you know, we're in the land of the breast implants, right? That's the United States, and you know, bigger and better.

If you- women worry that breastfeeding is going to ruin their breasts and they're going to get saggy. Now I want to tell you a funny story.

So my sister breastfed her three sons, and one time she's changing, and the youngest looks at her breasts, she was no longer breastfeeding, he goes, 'Mom, what happened to your breasts? They died.'

Okay so they were a little floppy there for a bit, however this is what I want women to know, as time goes on, the more love, and attention, and affection, and handling like breast massage that you do, your breasts will come right back.

They do not need to get hanging down your chest like two empty sacks. It doesn't need to happen, and I just- but they need loving attention.

You need to touch them, you need to love them, the people in your life- your lovers need to touch and love them, and they will respond.

These are the sources of oxytocin. You know nipple stimulation is another way, by the way, to get labor going because it goes right down to the uterus.

Shawn Stevenson: Listen, I mean I haven't shared this before, but I've seen this firsthand. Definitely in the concern from the mother. You know just like, 'I don't know what happened.'

But wow, do they bounce back if you give them the opportunity.

Dr. Christiane Northrup: They do, they bounce back. It's like amazing. It's amazing. And listen, if a woman is done and she wants breast implants because she wants to look different in clothes, that's fine even though there's 100% chance you're going to

have a problem within ten years, and I don't like having silicone between me and my heart.

Like if someone's going to hug me, I don't want my heart protected with a big ball of silicone, however I totally understand personal choice, and I think about transgendered individuals who are transitioning, and they want the implants, I get it.

And if you love them, if you love them and they make you just really happy, not a problem. So I just want to say that.

Shawn Stevenson: Oh no, thank you so much for the caveats, I love it. And this is stuff that we need to talk about because again, we just kind of glance over it like, 'Oh it's nothing.' It is something.

Dr. Christiane Northrup: It's something.

Shawn Stevenson: You know, this is an issue that we're putting foreign objects in our body, we need to be more judicious in these choices.

And with that said, one of the last things I want to cover, and just to touch on this because- and this is not getting into a debate everybody about vaccinations, but just being more aware of the potential problems, and also again being more judicious in what we are putting into our babies, because they don't get a vote.

So can we talk a little bit about some of the information that you were sharing with me earlier before the show, which is pretty profound, and I want people to know about?

Dr. Christiane Northrup: It is profound. We're now giving Hepatitis B vaccines to 99% of newborns in the hospital. The Hep B vaccine has never been tested for safety in children, it leads to an increased death rate in newborns who are perfectly healthy because aluminum in there as the regimen is a neurotoxin, and that Hepatitis B vaccine contains fourteen times the recommended minimum level of aluminum that anyone should have in one day.

So you're really just injecting neurotoxins into your kid and in susceptible kids, this could be dangerous.

We now have almost 50% of our children have some kind of chronic disease, and the vaccine schedule in 1992 doubled or tripled. So now by the age of eighteen, we are giving people 72 different vaccines. That's the CDC recommended schedule.

And what happened in '92, Congress passed a law that exempted vaccine manufacturers from any liability whatsoever. And so then it opened the door to more and more and more and more and more because there's no liability.

And if you're in the business of creating vaccines and then making them mandatory for every person in your country, talk about a cash business. No liability, no one has to test them, and that's where we are, and it's all happened right under our eyes.

So I want people to listen, just go to YouTube, listen to Del Bigtree's lecture on this on YouTube, because he was outraged as an investigative reporter who was a producer of *The Doctors*, and has worked with some of the very best doctors in the world.

And this is happening right under our eyes, and you don't even know that it's happening, and the people at the CDC who are supposed to be protecting us are on the payroll of Big Pharma, and it's actually- I wish this weren't true, but it's kind of worse than even I knew about.

And people just need to be aware. It's your precious baby, and we've never tested. You know, sometimes you'll go into the pediatrician with a sick kid and they'll say, 'Well while they're here, let's bring them up to date on all their immunizations.'

Are you kidding me? The child's immune system is already fighting, and then you're going to inject Polysorbate 80, aluminum.

What I would say to parents just to be informed, ask to see the package insert of the vaccine. Read the package insert, and it'll say right on there that death is a possibility.

And so you have a perfectly healthy kid, and you're breastfeeding, and you're eating well, and you're doing all the stuff you tell people to do, and then you come in and inject them with neurotoxins?

And we wonder- by the way, even though they're telling you that there's no connection between autism and vaccines, that's never been proven that there's no connection. We don't have the data, because they don't want to give you the data.

So just be aware, parents. Just be aware.

My daughter says, 'Oh Mom, please. I don't want to be one of those anti-vaccers.' I said, 'That's okay, hunny. Here's what I want you to do with the school. Take the package insert, show them a picture of your daughter covered with eczema,' which she's had a problem with, is allergic to eggs.

And just say, 'Listen I can't do this because look at what it says. If I inject my kid, this is what's going to happen.'

But really- now let me be clear, I've been at this a long time. I didn't even vaccinate my kids and they're in their thirties, so they're perfectly healthy. It's just that things have gotten actually worse now than ever with the number.

It's the number and we need safer ones, that's all I'm saying. Yeah.

Shawn Stevenson: Yeah, you know I think it's important to understand and note that now you mentioned 72 vaccinations, and yet we're sicker. We're like significantly- it's not working.

Dr. Christiane Northrup: Sicker we've ever been. That's correct.

Shawn Stevenson: You know, like just look at- this is a very analytical thing to do. This isn't about right or wrong, it's just like, 'Wait, is this actually working?' And it's not working.

But what is a possible correlation is like we're sicker and we're taking more vaccines. So again, just something to be aware of, to do your homework on before you make that decision.

And you know, there are some things that have a little positive science, but it's very miniscule because you can't really do a lot of testing. Like how many babies can you test this on and then do a clinical trial with a baby?

You know it's just like of like- literally like taking a shot in the dark.

Dr. Christiane Northrup: Well you know what's interesting, they did one in Africa. In Africa they did one, which was really interesting. And Del Bigtree talks about this.

They had the opportunity to look at a vaccinated population with DPT; diphtheria, pertussis, and tetanus. One population was immunized with DPT- well vaccinated. Immunization is a different deal. And the other population wasn't.

The number of deaths in the babies that got the vaccine was very significantly higher, at least twice as high, and they got all these other diseases as well.

And so that's the only true clinical population-based trial we have of one vaccine, DPT. It's just, you've got to know about this stuff.

Shawn Stevenson: You know, something is coming up here, and I've got a question on this just to shift gears a little bit.

Now we're seeing this phenomenon- and I know of course you see this, but of women having children later in life.

Dr. Christiane Northrup: Yes.

Shawn Stevenson: Right? So is there a potential- like does significantly the risk go up, just say maybe from 30 to 35, or 35 to 40?

Because you know, a lot of people make a big deal out of this, and there's a lot of fear associated with it, in having kids a little bit later.

Dr. Christiane Northrup: Oh I'm so glad you brought this up. I am so glad you brought this up.

Okay this gets into chronologic versus biologic age. So you can have a 40-year old who's healthier than a 25-year old who smokes, and eats junk food, and has pre-diabetes, right?

So it all depends on the biologic age of the mother, and unfortunately again, we treat anyone over 35 as an 'elderly primate.' Like elderly primate means you're old when you're having your first.

I mean talk about hexing, right? And it's the same with- we have this cutoff date of 35 that suddenly after 35 you'd better be freezing your eggs, because you're never going to get pregnant. When in fact, the vast majority, 70% to 80% of women over 35 will have no trouble getting pregnant.

It is a whole new group and there's protocols now for women to get real healthy before conceiving, and you'll find that those women even if they're in the forties are having perfectly healthy babies.

The only reason that age is a factor, for anything by the way, is that you've had that much time to develop lousy habits. But the body is very- I'm for instance more flexible now, I'm taller now than I was in my twenties.

I am healthier now because of health habits, because there's decreased stress.

So I want people to know the body- remember Bruce Lipton wrote 'The Biology of Belief,' and what we believe is what creates our bodies.

I once Brant Secunda, a shaman with the Hucihol tribe. Brant was from Queens originally, but he went to study with the Hucihols. He told me, 'Those women are getting pregnant in their fifties and sixties all the time.'

Why? Because the entire tribe believes that that's a gift from God. But in our culture, what are we taught? 'Oh my God, after the age of 35, that's downhill for you. You're never going to get pregnant, and if you do, your baby is going to have some horrible thing.'

I'll tell you what does increase by double the risk of birth defects, and that's any assisted reproductive technology. So in vitro fertilization, and the only reason for that is you've taken the safeguards of nature and you've removed them.

So you know, if you're injecting sperm into an egg, the egg really didn't have a chance to sit there in the pelvis and say, 'I choose you. No, I'm not taking you.'

See nature has all kinds of checks and balances. It's like the old farmers in Bavaria always felt that it was better to get the cows pregnant out in the pasture with the bull versus the injecting the semen, and I think there's wisdom in that still.

You would never be against all of the amazing abilities that we now have with different reproductive technologies. It's just that there's a payoff there.

Shawn Stevenson: Yeah and it really again starts in our awareness, and in our mind, and our perception about reality and about what's possible because like you mentioned, our thoughts are chemistry and it's so powerful for us to really embrace that.

So you know, I just want to share this, I was just talking with one of my producers here in the studio earlier. I had a little bit of a- I wouldn't call it a scare, but it kind of was.

You know, I had some sciatic pain, and back almost twenty years ago I was diagnosed with degenerative disc disease, right? And I had these two herniated discs, and my physician said I had the spine of an eighty year old person.

And it's so funny how the sciatic pain would trigger me back like, 'Uh-oh, this is not good.' And so I was doing some self-testing because I'm educated now, and I felt like, 'Okay this could be an issue with my spine.'

And so I eventually- you know it didn't go away for two days. And you know, I've had SI joint issue before which is much less tricky, you know?

And so- but it didn't seem like it was my SI joint, so I went in and I got a scan done, and my spine looked better than it did two or three years ago when I got scanned.

Dr. Christiane Northrup: Yes, yes.

Shawn Stevenson: My discs were so vibrant, and full, and just beautiful. It was just like, 'How is this possible?'

When I was twenty, my disc- it just literally looked like an eighty year old man. You know, a sick eighty year old man. Let me be clear. You know and they were just so thin, there was barely any light coming through.

And so it was just like, 'Well it's definitely not your disc connection,' and he could actually- he did a test and he saw one of my SI joints wasn't firing correctly.

So I did a couple of- and I just didn't think to do it, you know nobody's perfect. I did a couple of self-adjustment exercises. Boom, the sciatic pain went away.

The sciatic nerve, FYI everybody, is such a thick nerve. Like it can really get into some different spots and cause you some problems.

But bottom line, our belief in our chronological age versus our biological age, that matters a lot, you know? That matters a lot.

Nobody's perfect, we're going to run into things along the way, but we really need to start to be more empowered in our thinking.

And Christiane you just like, oh my goodness, just blew my mind on so many different levels in helping us to do that today, so thank you.

Dr. Christiane Northrup: What a pleasure. It's just a pleasure to be on this show. And the way you get it, you just get it. It comes in and then it goes out in plain English for your listeners, and I love that.

Shawn Stevenson: Thank you, thank you. I want to ask you one more quick question, because I know quite a few moms out there who actually have new babies, and also you know babies are coming every day.

What are a couple of things- maybe two or three things for families, moms to consider that are important things to do within the first couple of weeks, you know?

As far as like self-care, and like community, is there anything that jumps out as important to help to kind of dissuade and push away some of the isolation, and the associated depression, and some of these other things we're seeing today?

Dr. Christiane Northrup: Yeah get a friend to start a meal train for you. It's a program online.

Shawn Stevenson: Yes.

Dr. Christiane Northrup: Because it's like- if the mother can be fed- okay so her whole thing, she's in the fourth trimester when she's home.

So her body is the external placenta for that baby. Her job is to rest and nurse, rest and nurse, and if someone else can- and she needs to do this, and women are terrible at this, they need to learn how to receive.

So you want to do a meal train where you for the first at least two weeks, better for a month, have someone bringing dinner to your doorstep every single night.

And your friends can do this for you, my daughter did it, it was unbelievable. So- and they didn't come in, the friends don't come in, it's too exhausting to meet with people. So you just leave the food on the front doorstep, or figure it out that way.

Then get someone to come in and clean the bathrooms, and do the laundry. Like that is probably more important almost than the labor and the birth is what happens- because you know, we build up to big climax.

'Oh my God, the birth, the birth, the birth.' Then the mother goes home, the laundry is still there, no one's cooking, and if she hasn't got this figured out before, that's why post-partum depression.

Well first of all, all those pregnancy hormones crash at about day three, and that's when you need support. You need massage, you need someone loving on you.

You have just gone through the biggest marathon on the planet, and you expect yourself to go home and it's business as usual.

No, you've got to line up that support, and your friends will be happy to do it, and it will just provide such a new beginning because it's hard when the baby's sleep schedule isn't right, and all the rest of it. Yeah.

Shawn Stevenson: Boom, there it is. So, so grateful. Christiane, you are just a light and so just paramount in the shift in our thinking right now, and I'm so grateful to know you, and thank you so much for coming on the show and sharing your wisdom today.

Dr. Christiane Northrup: Thank you, my pleasure.

Shawn Stevenson: Can you let everybody know where they can connect with you, website, and also where they can find your books?

Dr. Christiane Northrup: Oh yeah, yes www.DrNorthrup.com. You can get everything there. I've got an eLetter, I have a show with Hay House Radio, www.HayHouseRadio.com every Wednesday 11:00 to 12:00 Eastern. But everything is there on the website.

Shawn Stevenson: Sweet, sweet well thank you so much again for coming on today. I appreciate you immensely.

Dr. Christiane Northrup: Thank you so much.

Shawn Stevenson: Everybody thank you so much for tuning into the show today. I hope you got a lot of value out of this. This is such an important topic and something that doesn't get a lot of attention, and this is the very beginning of life, and I don't think that there's many things that are much more important than this.

And so this is just about having new insights, some ah-ha moments, opening up a conversation, and starting to ask some more empowering questions, and trying to really figure out how this process goes.

And this is important for all of us, alright? For men and women alike to become more educated in this, because we're all the support system for each other, and this is a part of our growth and development and really healing as a society.

You know and how we can get educated is getting access to information like this from Dr. Christiane Northrup. She's been in this for a very, very long time, helping people at a tremendously high level, and it's such a gift to be able to access her knowledge.

And again, to kind of download that into ourselves via mediums like this and this podcast. And again, I appreciate you so much for just being a part of this mission, and I want you to look out for so much more powerful game changing stuff coming up here.

We've got some incredible mind-blowing guests coming up, and some powerhouse show topics as well. So make sure to stay tuned, and if you got a lot of value out of this episode, make sure to share this out with your friends and family.

You can shoot them over a link via email, send this out on Facebook, and Instagram, and all that good stuff, and of course you can tag me and show me a little bit of love that way as well.

But the most important thing is just paying it forward, and not only getting this information ourselves, but sharing this with the people that we really care about to keep this trickle-down effect going and we can really change culture.

Alright I appreciate you immensely. Take care, have an amazing day, and I'll talk with you soon.

And for more after the show, make sure to head over to www.TheModelHealthShow.com. That's where you can find all of the show notes, you can find transcriptions, videos for each episode, and if you've got a comment you can leave me a comment there as well.

And please make sure to head over to iTunes and leave us a rating to let everybody know that the show is awesome, and I appreciate that so much.

And take care, I promise to keep giving you more powerful, empowering, great content to help you transform your life. Thanks for tuning in.