



**Episode 279: Making a Personalized Birth Plan
With Dr. Elizabeth Pearce**

Child: Welcome to my Mommy's podcast.

This episode is sponsored by Kasandrinos Olive Oil. I love family owned companies with a mission and that are dedicated to making the highest quality products and supporting sustainable agriculture and this olive oil fits the bill. Founded by an active duty marine, Tony Kasandrinos, and his sister whose family is from Greece, this company is dedicated to the absolutely highest quality olive oil with the most amazing flavor. With all the controversy over some olive oils being adulterated and diluted, they go above and beyond to test for purity. In fact, all of their olive oil has 3 independent chemical analysis tests done by 3rd party labs. Two are conducted in Europe and another in the United States. These tests confirm the freshness, oleic acid levels and that the olive oil is organic. Kasandrinos use cold press extraction to retain the beneficial properties and use Koroneiki olives which contain very high levels of polyphenols, which are the well-studied beneficial component of olive oil and why they are such an important part of the Mediterranean Diet. Their olives are harvested within 50km of their family press in Lakonia Greece and are non GMO, USDA certified organic, and PGI certified. Learn more and check out their products at kasandrinos.com/wellnessmama and use the code `wellnessmama` for 10% off your order!

This podcast is sponsored by Organifi, my source for super high quality superfood powders that are often part of my meals, especially when I travel. They have green juice, their most popular drink that lets you incorporate farm fresh gently dehydrated ingredients into your diet and lock in the extra vitamins and antioxidants. All you have to do is add to water, drink and let your body soak up the benefits. It's my go-to for veggies in the morning and is packed with Chlorella (good for detox) Spirulina (which is also for Detox and people take for pain and Inflammation) Turmeric, Mint (Improves Digestion), Matcha green tea (Energy) Ashwagandha (helps cortisol and improves stress balance and craving control and Improves digestion). Their red juice is sweet and fruity but packed with antioxidant rich superfoods like Cordyceps (energy) Reishi (used for detox and liver health), Rhodiola (Secret weapon for olympic athletes, boosts metabolism) and an abundance of red berries (low in sugar). It's designed to fight aging, improve energy and metabolism and sharpen cognition and I often drink it mid-day. And lastly, their GOLD drink is awesome at night and is filled with Turmeric, Ginger, Turkey Tail, Coconut Milk, Cinnamon and more. Check all of these out at organifi.com/wellnessmama and use the code `WELLNESS20` gives 20% off.

Katie: Hello, and welcome to "The Wellness Mama Podcast." I'm Katie from wellnessmama.com. And I'm here with Dr. Elizabeth Pearce, who is a psychologist, a childbirth educator, a doula like I am, and a mom of three. Today, we are talking about birth, and, specifically, how personality and other key factors can impact your overall birth experience and outcome.

Dr. Elizabeth is the creator of the "Pregnancy By Design," "Birth Profile Assessment," and "The Beyond the Birth Plan Childbirth Course" that helps women remain in control and navigate the twists and turns of labor, regardless of what may unfold.

Her focus is to educate women to have a more physiologic birth experience by taking a whole person approach to birth, and we're gonna talk about that and what that means today. But, Dr. Elizabeth, welcome, and thanks for being here.

Dr. Elizabeth: Hi. Thank you so much, Katie. I'm so happy to be here with you.

Katie: I think this is such an important topic. I heard it said, actually, when I was pregnant with my first that birth is a woman's ultimate reality. And I didn't know what that meant until I actually gave birth to my first child. And now having had six births, all very different, and challenging, and wonderful, and amazing in their own ways, I very much see what that means.

I'm sure any mom listening has those moments from her own birth experience, whether good, hopefully, or perhaps bad, that really have stuck with them. But I think that's the perfect place to start. So, let's talk about why the birth experience is so important for women.

Dr. Elizabeth: We really have to start with that question, don't we? I think there is a perspective out there that says, "Well, as long as you end up with a healthy baby, as long as you have your baby, and you get through to the other side, why does it really matter how you got there?"

But, if you ask a woman who had a negative birth experience, they have a lot to say about that question. And if you ask a woman who has had a really positive birth experience, she has a lot to say about it, too.

So, you know, I think at least on an individual level, we have to recognize that the birth experience matters a lot to the person who went through it. And then we can unpack that even more and look at what the research tells us about why the birth experience matters.

You know, looking at what our statistics are like at this point in time-related to birth outcomes, women overall are really not satisfied with their birth experience when you ask them. And I think that's a real tragedy.

The latest statistic that I saw on maternal mortality was something like 50%...women today are 50% more likely to die in childbirth or due to childbirth-related complications today than in their mothers' generation.

And that one in three women are reporting that their childbirth experience was even traumatic in some way, either physically or emotionally. That means that if you're out to dinner with two of your closest friends, one of you will have had or is likely to have a traumatic birth. For the woman who's having a baby, hearing that should just really grab your attention and make you ask, "How do I beat those odds?"

So if that gives you a sense of urgency and makes you wanna know, "How do I do that," then stick with me because that's a lot of what we're gonna go into and talk about an action plan for birth a little later here in the conversation.

So the reality is that women are struggling with the birth experience. And what we know about why that matters is that the birth experience impacts mom and baby's start. It impacts the mother-baby bond. It impacts the start of the breastfeeding relationship as well. The mother-baby bond, we know is crucial for attachment in the first year of life.

And so, we know that a baby who has a secure attachment to her mom in the first year is one who, later, will be much better able to explore their world confidently as they grow and also have better, more secure relationships to other people in the future.

So, that bonding is something that we can't really overestimate. And there are a lot of factors that affect that ability to bond, but where I'm coming from is I do not want a negative birth experience to be the thing that damages that. And so the birth experience really matters in that bonding process.

And then let's talk about breastfeeding as well, which is a part of that bonding. And I recognize that there are a lot of factors that affect breastfeeding, but what I'm saying, again, is that your birth experience shouldn't be the thing that takes that option away from you and sets you up to have struggles with breastfeeding your baby.

We want women to have the best opportunity for a successful breastfeeding relationship if they so choose. So, bonding and breastfeeding are impacted by the birthing experience. And then also having a negative birth experience, especially very unsupported or alone during the birth often affects mom's risk level later for her postpartum recovery.

We know that the birth experience can increase her risk for postpartum depression and postpartum anxiety disorders, and even developing postpartum PTSD based on her birth. So, clearly, that affects mom's ability to care for herself, care for her baby and just function in her world. So the birth experience is huge in terms of its impact. I think that covers some of the bases on why that is.

And, unfortunately, you know, at this point in time, it's not a guarantee when you enter our current birth care system that you'll come out the other side with a positive birth and be set up for postpartum success. So I'm here to say that just having a healthy baby is setting the bar way too low. We wanna have healthy babies and healthy moms.

Katie: Yeah. I completely agree with that. It's always made me a little crazy, that statement, "A healthy baby is all that matters." I get the intent of it, you know. Like, obviously, none of us wants to sacrifice our baby's

health for us to have a positive birth experience. That's a given. Of course, no mother would do that, but it's not the only thing that matters.

And, to me, saying that even belittles how much the mother...really like how much that experience really is gonna impact the rest of her life. And I know, for me, I'm excited to talk more about birth plans because, my first one, having never been through it, I had all of these great ideas of how wonderful I was gonna be at labor, and it was gonna be fine, and I'm like really tough, I can just power through anything.

And it turns out that's not exactly how you get through labor, is to tighten and power through things, and ended up with interventions in a hospital that I didn't want and a doctor who wasn't respectful. And I left that birth experience feeling kind of broken and traumatized, but yet everyone was telling me I should be so happy because I had this healthy baby. And I think that just really belittles the internal experience for women and how lasting that can be.

And I think it's something, you're right, we absolutely need to talk more about. And I think there's so many things that come into play there. So, from all the research you've done in working with women, I'm a doula as well, what are some of the factors that you really see influencing that labor and birth experience?

Dr. Elizabeth: So, this is absolutely the question to be asking. And, for me, this question first came up in the delivery room as a doula. It's interesting. If you take a psychologist and put her in a birth room supporting birthing women and their partners, I think this kind of observation and questioning and trying to analyze what's going on is probably inevitable.

So, I was there. I was helping these women and their partners to get through labor. And I just started to ask the question in my mind and trying to observe, "Why do some women tend to do really well in labor while others struggle so much more?" This had a really practical side for me. I wanted to know, "What could I be doing to help my clients prepare better? How do I know what type of support or what type of skills different women might need the most?"

And then, most of all, I was scratching my head on, "Why is there such a disconnect between what women want their births to be like, what they're trying to prepare for by taking a class, writing a birth plan, and then what actually ends up happening?" Even though in my case, you know, I was there. They hired a doula, and yet I was seeing this disconnect between what women were after and what was playing out in the birth room.

So, I started to ask these questions and was making some mental notes of my own, you know, "What are these personal factors? What makes labor go differently for different women?" And then I also started to look into the research, and I found that other people were asking those questions, too. And that was really exciting to me to find out what was being looked at, and I'll share a little bit of that with you.

But what happens when you look at the scholarly research is that there tends to be a lag between what researchers decide to study and then the time that it takes for that to distill down into practical applications to actually help people.

So, that is where my passion really lies, is I'm very motivated to develop real tools to help women connect what we're finding in the research on what impacts birth and help women actually uncover their personal factors, what is it for them that could affect their births, and then apply that insight to their labor preparation.

That's kind of a long introduction to the topic. But, I think it's important to understand where we're coming from with these tools that are really a bridge between cutting-edge research that's just been happening in the last couple of years and real-life application for real women giving birth to their babies to try to help them get better outcomes for themselves.

For me, it's really about empowering women to know themselves and then equip themselves to birth well or at least better in a broken system. So, this idea that there are personal factors affecting childbirth is at the center of our model for childbirth preparation. We, kind of, nicknamed our model "The Four Ps." The four Ps are person, provider, place, and preparation.

And if you picture a triangle, we've got provider and place and preparation, which are all key components to preparing for birth, and then we put the person right at the center of that. These personal factors affect a woman's choices in those three points, and so it's really important to be aware of what those factors are and to leverage them to your best advantage.

So what are the personal factors that affect a woman's experience of labor? When you look at the research, you find that there are certain personality traits that tend to correlate with certain birth outcomes, so her personality.

And then expectations, more specifically, her degree of fear versus confidence about childbirth is really important in predicting how her birth will actually go, which I think is amazing, that what she expects and how afraid or confident she feels will actually impact the unfolding of her labor.

And then also her level of birth knowledge, knowing what to expect mentally and physically, and being aware of what the options are, and what the risks and benefits are. I think that correlates right back to degree of fear versus confidence. You know, when you know what's going on, it's a lot easier to accept the process and feel confident in it.

So those are the personal factors that I would focus on, personality traits, expectations, and then level of birth knowledge. And so, we can dive in a little bit and talk about it. First, I wanna talk about personality and what those personality traits are. There are probably women listening to this right now who maybe have wondered, "How is labor gonna be for me? How am I gonna be in labor?"

And the fact that we wonder that...I know I did before my first baby, especially, but I wondered that, you know, "How is it gonna go for me, and how am I gonna respond to the challenges of that process?" The fact that we wonder this, I think it shows that we have an intuitive knowledge that labor is different for everyone. We do know that our personality, and our history, and how we react to things could affect how labor will be for us.

And so, our answer at "Pregnancy by Design," our answer to these questions, "How might labor be for me," is that we wanna help give women feedback on these key personality traits and help educate them on how those traits could be both a strength and a weakness in labor and how to be prepared for that.

So, looking at the academic research on correlating certain personality traits with the way women experience childbirth, and whether even they develop depression or trauma postpartum, yield some really interesting things. So, the personality traits that have been studied include conscientiousness, openness to new experience, and extraversion. Those were the three that I've seen stand out in the research.

Those are from a five-factor theory of personality, and so psychologists tend to use measures that already exist and look at personality traits that have been well-measured in the past. These three traits, on the birth profiler that I've developed, we kind of translated those traits into things that are a little more understandable and a little more practical. What we measure is control, flexibility, and assertiveness.

We give feedback about whether a woman seems to be high, or low, or somewhere in the middle on each of those traits and then how that might impact her labor. So, what does this look like? Well, no personality trait is all good or all bad. Being high or low on any of these three traits doesn't make you a better birthing person, or a better mom, or a worse birthing person.

But we want women to embrace this feedback about themselves and see how they are uniquely suited for giving birth, and to know what they should have in mind about specific tools that they could learn to help balance out any areas of weakness. So, let me give you an example of this. One of the traits that we measure, as I mentioned, is the dimension of control. Now, this is roughly based on the trait of conscientiousness in the research.

So think about someone who's very goal-oriented, a real go-getter, a woman who believes she really has what it takes to influence her circumstances and her well-being, she prefers to be in the driver's seat of her experience. And I think I heard some of this, Katie, in what you described in getting ready for your first birth and just doing your research and writing a birth plan and having a really clear idea of what you hoped for in your birth.

So, a woman who has a high level of this trait might do really well in labor in a lot of ways. She can leverage that strength, that proactiveness. And this is kind of the easy part to see how this is a strength. She's got that

birth plan. Maybe she brings her essential oils. She's got her hot packs. She's got her birth ball, and she knows how to use it. Maybe she's even hired a doula. And so she's using all of this great control goal-oriented mojo to feel like she's got a plan for labor.

But at the same time, that high level of control can work against her in some ways, too, and I wonder if you found this to be the case for you. But as you know, labor isn't a checklist of tasks that need to get accomplished. You don't get to three centimeters and check off a box and say, "Okay. So what comes next? What do I need to do now?"

It's much more of a surrender and an unfolding in a way that you don't control that timeline, and you don't control the way that your body responds and how quickly or slowly that happens. So, that proactive, go-getter woman might struggle to surrender to the timeline of her labor. It might be hard for her to relax and accept the way things unfold and accept the things she doesn't really have control over.

So we would say to that woman, "Focus on what you can control, that includes your mental coping, your use of comfort measures, your breathing, your rhythm, and then arm yourself with specific mental tools to help you let go of control when you need to, and to know that that's okay." So that's one example of how personality...

Again, no personality trait is all good or all bad. We're just each designed uniquely with our personality traits, and, yet, I think it's important to know how that could serve you and how it could possibly create challenges in the birth experience. So, the next piece...I mentioned personality traits. And then the next piece I wanna talk about is your expectations for birth. This is another personal factor that affects the birth experience hugely.

And this is another area that our tools measure and give feedback to women on how she conceptualizes birth, what her beliefs about birth are, kind of, what she associates with birth. And that helps to highlight her level of fear or her level of confidence when it comes to birth. So, where do our expectations come from? You know, why do we have fear about childbirth, and why is this important? To me, is one of the most interesting pieces of what we measure and what we wanna help women with.

Our expectations about childbirth are impacted significantly by what we see first of all in the media and movies and on TV when we see childbirth portrayed as something that is very sudden, very emergent. This is something that we see a splash of water in a woman sort of in an emergency situation. You know, labor does not necessarily begin that way for most women. So we have these expectations though that are shaped by that and seeing certain images.

And then also, there's negative stories from family and friends. Isn't it amazing how, when you get pregnant, birth stories just seem to come out of the woodwork? I know this was true for me. Family and friends just seem to love telling about their births, and sometimes those stories are really positive. But a lot of times, you'll hear about how hard and how long somebody's labor was.

I think that those women have good intentions. I think they have a motivation to feel heard and probably validated for the hard things they went through in their births, and so I don't blame them for wanting to share those stories. But the impact on the pregnant woman is what we're really looking at here. And what we hear about birth is really powerful in shaping how we think it will go for us, too.

So, when you hear your mom tell about her births, or your sister, or your friend and say, I think especially if it was your mom or someone in your family, "Oh my goodness, you know, my mom had to be induced and had a really long labor, and so, you know, I have every reason to think it's gonna go that way for me, too." I think many of us can probably identify with that type of thought as we try to predict or guess how our birth might go. We all wanna try to get our heads around the unknown and try to predict it in some way.

So we have our expectations shaped by, you know, whatever we do have to go on, whether that's something we saw in a movie, or on TV, or something we've heard from somebody close to us. And so, why does this matter? Well, it turns out that your expectations, and especially your level of fear or nervousness matter a lot.

The research is showing that negative expectations tend to be linked to childbirth that is both physically and mentally complicated. The more anxious a woman is prior to birth, the more unpleasant childbirth might become in what researchers have called sort of a self-fulfilling prophecy. So, it's really interesting that the research is bearing this out, and I have a couple of guesses as to why this is about the connection between expectations, and especially fear, and then how birth goes.

So there are two reasons for this. One, from what we know about childbirth, I think the connection makes a lot of sense, that a higher level of fear leads to higher levels of stress hormones, which can really chase away oxytocin, which is the hormone that helps labor to progress. So, feeling fear, feeling worried can stall your labor, which probably means interventions are gonna be suggested to help counter that.

And then also, when I've taught childbirth classes, I would talk about the fear, pain, tension cycle, which probably isn't new to you either, Katie, and certainly not surprising in the way that it works. When a mother feels fear, meaning that she has fearful thoughts going through her mind and feels the emotion of fear or worry, then what do you think happens in her body? She's probably tightening her muscles, and, often, that means clenching her pelvic floor and her face, and you can just see the tightening in her body in various muscle groups.

And the problem is that muscles that are clenched and tight work against effective contractions. They get less oxygen, and they result in more painful contractions, which, in turn, could increase the woman's level of distress and maybe causes her fear to go up another notch as she feels alarmed about the way she's feeling.

And then you can see how that could lead to medical interventions as well, possibly even fetal distress if she's not breathing well or moving around well because she's feeling very tense, and worried, and afraid. So we

really wanna help women with this important aspect of fear of childbirth, which is so well-researched that it actually has a nickname. When you see it in the research, it's just FOC, fear of childbirth. This is such a really well-known phenomenon.

So, what I want women to know is that they are not stuck with their current level of fear. They are not stuck with their current expectations about birth. And I get really excited about this, really into this, because I wanna offer pregnant women the same tools that I use in the therapy room to help clients address other forms of anxiety.

So, at "Pregnancy by Design," we have tools to help women identify specific fears, and then, for instance, walk through some steps to challenge that fear using cognitive therapy techniques, and then actually develop a birth affirmation or what we could also call a coping thought that directly answers that fear.

So, the woman would then have these customized birth affirmations to rehearse during pregnancy and to use during labor as well. And so that's just one example of how we empower women to choose how they shape their thoughts about birth and build their birthing confidence. And so, that is a lot of what we look at with regard to expectation and fear of childbirth.

And then the last piece I'm just gonna touch on briefly is birth knowledge. We talked about personality traits, we talked about expectations and fear of childbirth, and now birth knowledge. Birth knowledge has its own scale in the assessment that we do, and we offer women feedback about what their level of birth knowledge is as of the time that they take that.

Knowledge is power, and I believe that's especially true when it comes to giving birth. So, it's really important for women to have some sense of how well informed they are prior to going into labor. The sensations of labor get really intense, as you know.

And when women don't know what's going on in their bodies, they don't know what's causing that intensity, or if they don't know what their options are for comfort and relief and how to progress labor if they need to, they can end up feeling really disempowered and afraid. And it feeds back into that fear of pain, tension cycle, and the effects of stress during labor.

And so we give women feedback about, "What is your birth knowledge, your knowledge base right now, and then how would we guide you and direct you to get some really good evidence-based education and tools for increasing that so that as labor unfolds for you, you have a really clear knowledge about what to expect and how to cope?"

So, you have all of these personal factors, your personality, your expectations, and how much you know about birth, that when these things are all in place, and you're aware of them, and you have evidence-based

knowledge and tools, then your choices with regards to your provider, your place, and the way that you prepare really can center around you as the person in light of what you know about yourself.

I think that is kind of the heart of what we are about at "Pregnancy by Design" with helping women uncover and leverage these different personal factors about themselves.

Katie: I love that. And so much of what you said definitely resonated with me. Just to speak to, especially the point of stories, I think you're right that...I mean, I've had that experience now six times. Every time you're pregnant, everyone from random people in the grocery store to every relative ever wants to tell you their birth story.

And it makes me think, especially now having been through this many times, like how much is that really revealing of how those experiences are so transformative for us that even it can be 30 years later, and a woman can still have that need to tell her story and to feel heard. So I often think, like, we also as a society maybe not having the pregnant women be the recipients of those stories.

But, as women, we could support each other, I feel, in that community, and in that being able to tell those stories after the fact and to work through them because there is that really strong, like, just everything that sticks with you from that, even years, and years, and years later.

I even remember my grandma telling me stories, you know, like 60 years after her first pregnancy, and she still knew the details. So it just illustrates what you're saying of how truly pivotal in our lives those experiences can be and why it's so important to really prepare for them. And I think I definitely will admit to the fact that I was...I say I'm a control freak in recovery. But with my first, I was very much just a control freak, and I had every idea of how exactly it was gonna go.

And when it didn't go that way, I was mad, which is not a good state to be in when you're in labor. You know, you hear the ancestral argument of like, "When you're afraid or angry, that's not a signal to your body that it's a safe place to give birth." And so I think you're right. That's one of those factors that we need to look at and something really important to know about yourself and to be able to address and understand before you're then in this kind of intense experience.

But you're right. After listening to what you said, I looked back on my own birth experiences, and I had one with my third where, truly, it was completely out of my control. I had placenta previa, they didn't catch it, and I actually did 100% need an emergency C-section to save my life and his. And I think if that had been my first birth experience, it would have been even tougher because I was so much in that control mindset. And, truly, it was what it was. There was no alternative, but I'm glad I had had a couple of birth experiences under my belt at that point to be able to mentally handle that one.

And then I think how much even by my...my fifth and six pregnancies were both breech. With my fifth, she was breech, and I kept trying everything to turn her. And, at 37 weeks, she still hadn't turned. And the midwives in the hospital told me, "Well, we can't let you deliver naturally in the hospital. We can't let you." And, at that point, I have that confidence that you talked about plus birth knowledge, plus a lot of these factors enough to be able to say, "I trust my body. I know what's right for my body, and you're fired."

And I found a new birth provider at 37 weeks, and I had a perfect, amazing home birth. And she was 10/10 Apgar amazing. But I don't think I would have had that confidence earlier on because I didn't know those things about myself.

So, let's talk about how do these things...how can we take this knowledge and take our understanding of ourselves and then translate it into a birth plan or a birth preparation that is more likely to go in our favor? Because you're right. There's obviously so many unexpected things that can happen, so how do we optimize for a best-case scenario?

Dr. Elizabeth: Great question. And that's really what women wanna know, "How do I take all of this and make it practical? How do I create a birth plan that is really gonna help me and serve me during birth and be honored by my birth team?"

And I think, you know, part of what we would say is that the background work is so important. Knowing that as you write your birth plan, this is one way to do your preparation and exert some influence and some control over how you hope your birth will go, but then also giving women feedback on, you know, "How flexible are you as well?"

And being able to meet that level of control with also tools to help you be flexible to say, "You know what, I'm writing a birth plan, but what's more important than my birth plan is who I am as a woman and my ability to follow the twists and turns of labor and give my baby the birth that he or she needs."

And so viewing the birth plan as a good starting point in a way to do research and hopefully set yourself on the path that lines up with your values and your preferences but then being able to view it as a tool and not the end-all-be-all that, you know, if we don't achieve the birth that was there on the birth plan, it's not a failure.

What it actually is, is you being strong enough and flexible enough to give your baby the birth that they truly need. And so we do wanna help women write a great birth plan. We do that inner work. We give women feedback about the personality factors that affect maybe what their birth plan should look like.

But let's take a look at a couple of really common pitfalls, a couple of reasons why women sometimes end up feeling like their birth plan got thrown out the window. So we'll look at these reasons and then what we might suggest as possible solutions to that. So, number one, a woman can write a great birth plan and then walk into a place that is not set up for that birth plan to succeed.

She might be in labor and be working with a provider who doesn't normally do the things on her birth plan, and women don't realize that that could really be a hindrance to having that birth plan be honored and successful. So, if your birth provider or the place where you're giving birth usually does birth a different way from what you've written on your birth plan, then it's kind of like walking into a burger joint and ordering a cheese soufflé.

The chef might have never made one or even really seen one in his training, and so you're not likely to get a good one even if they're willing to try to make one. So, unfortunately, it can be like that with many providers, especially obstetricians around normal birth. They are well-trained medically, they're well-trained to spot problems, they're trained in surgery, but they may not have attended many normal physiologic births. And so, it may not be really within their wheelhouse to do the things that support that.

So you really need to be thinking about, as you write your birth plan, "Where am I taking this birth plan? Who's gonna be reading it?" And then your choices for birth care need to be rowing in the same direction as your birth plan. Women really need to know that when they sign on to work with a certain provider or give birth in a certain place, they're essentially saying, "Yes, please treat me like you treat most of your patients." You're basically asking to be treated a certain way. You wanna make sure you know what that way is.

So, if your provider has a 34% C-section rate, you're saying, "Okay. That sounds great. I'd like a one in three chance of having a C-section." Or, conversely, if you find a provider, I'm thinking particularly about midwives who have a much lower C-section rate typically, and you find someone with maybe an 8% or a 10% C-section rate, and you're saying, "Yes. You know what, I would like to have only a 1 in 10% chance of having a C-section."

So, what I'm saying is the solution to this problem is really to research your options and to go with a provider and a place that truly support the kind of birth you desire and align with your values about birth. And their statistics should line up with that as well. And then you have a much higher odd of your birth plan being honored, having the birth that you desire.

You wanna set out on the path with the place and the provider that normally deliver what you're really after on a regular basis so that you aren't looking to be the exception to the rule in that case. This is actually why our birth course is called "Beyond the Birth Plan" because a woman's chances of having a better birth centers so much around so much more than just the plan that she writes.

We wanna give women that education on what their options are and how their personal factors and values play into those choices and what the research says, obviously, about how to make that choice. So, that's number one. We wanna set women up to write a great birth plan and make choices so that all these other factors are rowing in the same direction as her birth plan.

And then, number two, there can be problems with the birth plan itself that decrease the odds of it being followed. I think women mean well and are much more likely, today, to write a birth plan. They have a sense that that's important to do some research and have a plan ahead of time. And so we wanna help women to channel that desire for a birth plan into writing one that's gonna be easy to read, easy to follow for their birth team. And so we look at the way that the birth plan is written and the amount of information that the woman tries to fit into it.

One issue that women can fall into is sometimes making a birth plan too long. I know I was kind of like this. I wanted to do all my research and look at every possible option and try to fit it all into my birth plan and touch on absolutely everything. In fact, I've seen birth plans written by some of my doula clients along the way that were, you know, six or seven pages long, and just tried to capture every preference that they had about their birth and postpartum care.

I think those were probably women that would have been really high on that control scale. They had a lot of opinions, and they wanted to exert that influence, which is not a bad thing. But, it's way too much for a provider and a labor nurse to possibly read through and digest, let alone to be able to follow it during labor. So, it's possible to write a birth plan that's too long and too comprehensive.

On the other hand, I think women sometimes write birth plans without having all the information they need, and it can end up being too short or kind of uninformed and kind of fall to that side as well. And then a third pitfall that I would mention is creating a birth plan that's maybe too rigid. Women sometimes write a birth plan like they're ordering a sandwich. They might feel like they have to be really clear and really firm in order to have the birth they want.

And, I actually give them credit for that because that level of assertiveness, which again is something we measure and something we encourage women to develop skills in. But then when you use language like, "Well, I want this, and I don't want that," it can get to be almost too directive or too rigid, and you risk maybe the birth team getting turned off to following that birth plan because they don't feel like you're seeking their expertise when this is really what they do, is helping women in birth.

Or that birth plan might be too rigid to account for possible twists and turns, and then that can feel really discouraging and result in a birth plan feeling like it just went out the window when things changed. You know, a birth plan could be too long. It could be too short. It could be too rigid. So, there are all these ways that a birth plan could fall into one of these pitfalls.

And so what we do is we have a model of writing a birth plan that really helps women to avoid these pitfalls. We think it's really important for women to think through birth planning comprehensively. We want women to do all that research and have tons of evidence-based knowledge but still have a readable short birth plan for their birth team to use.

So the way that we do that is we split the birth planning into two components, and we give women a full...they get six or seven-page action plan to help them outline all of their plans and all of their wishes for early labor, active labor all the way through. And we have a free guide that they can fill out and develop that action plan and have it ready to go. It has you thinking about all these areas, your personal factors.

It has places to research your birthplace and your provider and develop your preparation, and your scores from the birth profiler can plug right into that. So, it's really comprehensive. It's gonna help all of those really high control women to feel like they've covered their bases. It's everything you need to consider.

But then the second component is that we encourage and guide women through distilling those wishes down into a one-page birth plan that introduces you, makes you a real person to your birth team, and then shares the top priorities for birth that you need your birth team to know.

So it's kind of the best of both worlds, and it incorporates an emphasis on those personal factors that really help you customize your birth plan, and, at the same time, maximize the chances that your birth team is gonna read through that one-page and resonate with it and be able to really honor it for you.

Katie: Yeah. I think that's so important, being able to capture kind of the essence of it versus...because truly, labor and delivery nurses are incredibly busy, and they probably don't have time to read a seven-page birth plan, nor does a doctor.

And the goal really is not to micromanage every scenario but to be able to have them on your team and to have that essence captured so that if something changes, or if there's an adjustment that has to happen in labor, they know what direction you're gonna wanna take that without you having to fight for it. Because I know I've had experiences where I felt like I was gonna have to fight for different things in labor, and that's a really, really terrible time to feel like you have to fight for something, for sure.

This episode is sponsored by Kasandrinos Olive Oil. I love family owned companies with a mission and that are dedicated to making the highest quality products and supporting sustainable agriculture and this olive oil fits the bill. Founded by an active duty marine, Tony Kasandrinos, and his sister whose family is from Greece, this company is dedicated to the absolutely highest quality olive oil with the most amazing flavor. With all the controversy over some olive oils being adulterated and diluted, they go above and beyond to test for purity. In fact, all of their olive oil has 3 independent chemical analysis tests done by 3rd party labs. Two are conducted in Europe and another in the United States. These tests confirm the freshness, oleic acid levels and that the olive oil is organic. Kasandrinos use cold press extraction to retain the beneficial properties and use Koroneiki olives which contain very high levels of polyphenols, which are the well-studied beneficial component of olive oil and why they are such an important part of the Mediterranean Diet. Their olives are harvested within 50km of their family press in Lakonia Greece and are non GMO, USDA certified organic, and PGI certified. Learn more and check out their products at kasandrinos.com/wellnessmama and use the code `wellnessmama` for 10% off your order!

This podcast is sponsored by Organifi, my source for super high quality superfood powders that are often part of my meals, especially when I travel. They have green juice, their most popular drink that lets you incorporate

farm fresh gently dehydrated ingredients into your diet and lock in the extra vitamins and antioxidants. All you have to do is add to water, drink and let your body soak up the benefits. It's my go-to for veggies in the morning and is packed with Chlorella (good for detox) Spirulina (which is also for Detox and people take for pain and Inflammation) Turmeric, Mint (Improves Digestion), Matcha green tea (Energy) Ashwagandha (helps cortisol and improves stress balance and craving control and Improves digestion). Their red juice is sweet and fruity but packed with antioxidant rich superfoods like Cordyceps (energy) Reishi (used for detox and liver health), Rhodiola (Secret weapon for olympic athletes, boosts metabolism) and an abundance of red berries (low in sugar). It's designed to fight aging, improve energy and metabolism and sharpen cognition and I often drink it mid-day. And lastly, their GOLD drink is awesome at night and is filled with Turmeric, Ginger, Turkey Tail, Coconut Milk, Cinnamon and more. Check all of these out at organifi.com/wellnessmama and use the code WELLNESS20 gives 20% off

Katie: And you also mentioned the C-section rate, and I think that's another important thing to highlight. And I will say, first and foremost, I always say this anytime there's a controversial topic. I do not say this as a judgment on any mom or any choice that she has made. And if a mom chooses a C-section, I fully support that.

I've had a C-section out of necessity, and I know how difficult they are, and I have so much respect for women who have C-sections. But I also know that in the U.S., our rate is incredibly high. It's way above what the World Health Organization says is safe, or normal, or healthy.

And there have been multiple reports coming from the World Health Organization urging us to try to get that rate down because you do have a higher risk of a lot of complications when a C-section happens. And, like you've pointed out, there's ways that we can hopefully help avoid that.

And I think choice of practitioner and choice of birthing environment, those are both huge. And a lot of women maybe don't consider that, especially when you're eight weeks pregnant, and you're just meeting different doctors, and you're going on what you like or a personality that you connect with. That's important, too.

But I think a lot of women maybe don't even know to ask that question or to really delve into that statistic, or they'll ask questions...like, maybe we can talk about this. How do you screen to find the best doctor and birth environment? Because I know, early on, my doctor actually had a one in three C-section rate, and I didn't know that because the questions I asked were questions like, you know, "I wanna have a natural birth. Am I gonna be able to do that? Are you okay with that?"

And they like, "Oh, sure, we'll see how it works out, but yeah, that's fine." But they're not telling you their C-section rate in that scenario. So, how can women...even in our questions, and in our screening, and in that initial process, how can we take ownership of that kind of birth process we wanna have later on?

Dr. Elizabeth: That's such a good question because that choice of provider and your birthplace is the number one factor that determines how your birth will probably go. And like you said, a C-section is not a bad thing. It

can be a life-saving intervention. But what we want to do is set women up to be in a place and with a provider where they know, if a cesarean is recommended, it's because it's truly needed. It's not because it's just the way that that provider tends to do things when labor takes too long or something like that.

And so, you're absolutely right. We want to put that information in women's hands. So, right in our comprehensive guide to writing a birth plan, there's a whole page that women can fill out, you know, putting in there. We have space for at least three different providers and then on a different page for three different places, facilities where they could give birth. So, we guide women through. There are different checkboxes there.

So we want women to ask, "What is your C-section rate?" We want women to ask things like even, "What is your rate of epidural use? How many of your patients typically use pain management? Do you have tools nearby that support normal birth such as a birth ball, a peanut ball? Do you have birthing tubs right in the room versus being kind of somewhere up the hall," which suggests that they realize women want to use a birth tub, but it's not someplace that they can really actually have their baby because it's out somewhere.

I've actually been in hospitals where the setup is like that. And a woman could labor in the tub, but then she has to get out and come back to her room to have her baby. So, that tells you something about maybe how important they view normal birth or physiologic birth and the ways that they're set up to support that.

And so I think going on a tour of the place where you want to give birth and seeing what tools they have and asking how many birth balls and where are they located, "How do I get one?" We encourage women to ask, "Do you support women eating and drinking during labor? Do you support women getting up and moving around? How much of the time during labor will I be able to be out of bed and moving around and walking and using different positions?"

Because, you know, these are all things we know are important to keeping women's strength up and keeping their stamina up and encouraging their baby to find their way down through the pelvis during labor as opposed to being really restricted in their movement or in their nourishment. So those are key questions to ask.

To get a little bit more specific, a question that I love is to ask a provider, "Walk me through how you typically manage a patient in labor. Tell me what's normal for you and what you typically do and how you manage labor." When they walk you through that, that can sometimes be illuminating as to whether they really line up with what you believe about labor and how you want your labor to go.

So, yeah, I think getting into some of those deeper questions versus just a yes or no, "Do you support a normal birth?" And even the question, "Do you support VBAC, a vaginal birth after cesarean?" A lot of doctors will say yes, but as it comes nearer to the time of going into labor and giving birth, they kind of come up with different risk factors why that might not actually be a good idea.

And so asking really good questions and then also finding ways to ask a community of women what their experience has been with that provider in that place, which is getting a lot easier to do with the advent of Facebook groups.

I know we have some local Facebook groups in my area where women can really connect with each other and say, you know, "Tell me about providers who truly support VBAC or who are truly supportive of physiologic birth. What do you think about this hospital? What was your experience there?" So that's a great resource as well for women to connect with each other around those questions.

Katie: Yeah. I love that. I think those are so important for choosing your birth environment, choosing your birth provider. And I think that, like you said, everything you've highlighted, they're just so important, and things that you may not even know to think about when you're first pregnant. So I love that you're bringing awareness and just education to this entire topic.

And as we get close to the end of our time, which I can't believe has flown by already so fast, you're so easy to talk to, I'd love to ask, and you might already touched on a couple of these, but what are a few areas that people seem to not know or misunderstand about your area of expertise?

Dr. Elizabeth: So the one that I have not touched on, and I really want to mention is related to doulas. I know you have been a doula. You've worked as a doula. I have too, and I haven't talked about doulas at all and where they fit into the big picture. But as we talk about taking a whole woman person-centered approach to labor preparation, we're talking about helping women make birth choices that all work together in the same direction.

And what I wanna say is that, you know, I've worked with clients who take the approach that they can choose a highly medical place to give birth and a provider, you know, who takes a very medical approach, uses a medical model of care. But then if they hire a doula, that'll kind of take care of things. It's like a doula is their insurance policy to help them have a natural birth despite these other factors working against them.

So what I really wanna say is that a doula, as you know, we work a lot of magic for women and their partners, but we really aren't a magic wand. We can't overcome a system if it's working against you. And so, as a doula, you know, I can't tell you how many other doulas I've talked to as well who find themselves feeling frustrated about how limited we can feel in certain places or with certain providers.

We can do everything that we can and advocate for our clients and help them to ask good questions so that they can give informed consent, but I think it would be better for women to consider, "If I am envisioning the kind of birth where a doula is gonna serve me and help me have the birth that I want, let me also set up these other factors like where we're gonna be and who we're gonna be working with to all row in the same direction and all work in harmony."

So if you're considering having a doula, I say, you know, please definitely do that. Doulas bring so much value to your birth team. But I would also say to choose a birthplace that truly welcomes doulas and a provider who would work in harmony with your doula so that your doula can do the best possible job for you, so just a plug for the doulas.

Katie: I love that you said that because I've been in those experiences as a doula. It's incredibly difficult to feel like you're fighting a losing battle, and especially that you're fighting a losing battle for the woman who's in labor who you so desperately wanna help, and you're working...like, the hospital is working against you, and the nurses are working against you, and she's the one that's getting the brunt of that. So I think that's so, so important, and I love that you brought that up.

Dr. Elizabeth: Yep, super important to think about.

Katie: Another question I'd love to ask at the end, and this one's largely selfish because I'm an avid reader, if there is a book or books that have changed your life, and if so, what they are and why. They don't have to be related to birth, but they can be.

Dr. Elizabeth: My book that I wanna mention actually is not related to birth at all, but it is very relevant and applicable to birth and new parenthood. The book that's really been influential for me, it's called "Boundaries." It's by a couple of authors, Cloud and Townsend. The gist of the book is that they help you to identify what is yours emotionally and materially so that you can take responsibility for your emotions, your reactions, your choices, your decisions.

It frees you to take care of what's yours, and it frees you to not be responsible for someone else's feelings, and opinions, and choices. So this has really impacted me personally because I can tend to be a little bit of a people-pleaser and feel like, "Oh, man, you know, I really need to make so-and-so happy here." And it's not that we don't care about how other people feel about our choices and the things we say and do.

But, at the same time, this was really helpful for me to realize their feelings and their reactions are not mine. So this has impacted me personally. It's also something I use professionally all the time, not only to help instill these concepts in my clients but then just as a helping professional. I would say as a psychologist and as a doula, as a birth worker, it's so important to be able to separate, "What am I experiencing, and how am I reacting to this, and then what am I seeing my client going through?"

But not to take that on completely and be, you know, impacted by that so that I maybe can't be as effective. So, those boundaries are so important. And then I think for a pregnant mom and for new parents, aren't boundaries are so important, too. Everybody has opinions. Everybody's got birth stories like we were talking about earlier, so you wanna inform us about how birth is gonna go and what we should do and the choices we should make.

And that extends right on into parenting and having a newborn and raising our kids. And so, you know, I just think these are really important concepts to know that good fences make good neighbors. And if I know what's mine, then it frees me to be able to say no and to be able to say, "Well, this is what's right for." So, that's the book that I would mention. It's called "Boundaries."

Katie: I love that. And I have not read that one yet, so I'm adding it to my Amazon list right now. Lastly, what parting advice would you like to leave with our listeners today?

Dr. Elizabeth: The closing advice that I would want everyone to hear right now is that if you are having a baby, you are the one who was given the job of carrying and delivering your baby, that you are built and designed to do this. The problem that we've been talking about is that the birth culture right now is set up to work against you in a lot of ways, but the tools are available for you to birth well in that broken system.

So, your job ahead of time is to know yourself, to know what's important to you, to identify your strengths and weaknesses, and then to set yourself up with solid evidence-based education and the mental and physical tools to make the right choices for you. And work with who you are and what's important to you. My advice is to go beyond the birth plan to set yourself out for the best birth possible for you and your baby.

Katie: Perfect. I think that's a perfect closing note to leave on. And thank you so much for your time today for sharing and for all that you do to support women.

Dr. Elizabeth: Thank you so much for this opportunity, Katie. It's really been a pleasure chatting with you.

Katie: Oh, likewise. And, as always, thanks to all of you for listening, for sharing your most valuable asset, your time, with us today. We're so grateful that you did, and I hope that you will join me again on the next episode of "The Wellness Mama 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.