

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

Healthy Moms Podcast

BY **Wellness Mama**[®]
simple answers for healthier families

Episode 76: How to Optimize Your Pregnancy and
Birth Experience with **Mama Natural** Genevieve
Howland

Child: Welcome to my mommy's podcast.

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Hi and welcome to The Healthy Moms Podcast. I'm Katie from wellnessmama.com. And today, I'm here with one of my close friends and someone I love dearly and who also is an incredible resource for moms. Her name is Genevieve Howland, and you may know her online as Mama Natural. She has more than a million YouTube video views per month, over 60 million total. So you've probably seen her online. She's awesome, she's funny, and her videos are so informational and helpful for moms. And, I actually watched a lot of her videos before we became friends and I loved that when I met her in real life, she's exactly like that. She's so bubbly and amazing and outgoing and I just adore her as a friend.

And now, the reason I'm having her on is she's turning a page, and she's writing an incredible book that's going to be an amazing resource for moms. It's a week-to-week pregnancy book but from a natural perspective. "The Mama Natural Week-to-Week Guide to Pregnancy and Childbirth" is the modern and yet still traditional and ancient approach to pregnancy and childbirth. And she's an expert in this herself, and she's also done hundreds of hours of research to create an incredible guide that I wish I had had with my first baby and all the ones since then. So, Genevieve, thank you so much for being here, and welcome.

Genevieve: Oh, Katie, thank you so much. That was such a sweet introduction and it's such an honor to be here with you. I love...anytime I can get together with Katie and talk, I'm in.

Katie: I love it too and I love that people can just listen in because I feel like we're just going to have a conversation like we do when we actually hang out in real life. So, the first thing I want to touch on before we get into the nitty-gritty is that I feel like birth and pregnancy are such...can be touchy subjects and that there's kind of this unspoken birth war that goes on. So, I know that we both come from this place, but I just want to speak it out there that nothing we say is at all a judgment of anyone who's chosen something different, and that you and I are both very big proponents of moms having choices in childbirth, whatever those choices are.

But just that we want them to have information and to be able to make the choice that they want and also to touch on the point that you always hear people say that, you know, "A healthy baby is the only thing that matters." And, I think that's the most important thing certainly but it's not the only thing. And I think that moms,

it does matter so much to us, how our babies come into the world, and it can affect you very deeply. And I love that you talk about this so well. So I just want to speak that out there and let you mention it too.

Genevieve: Yeah, I could not agree more. I mean, really, this book is for any mom, you know, a mom who might just want to eat healthier during their pregnancy to a mom who wants to have an at home water birth, you know what I mean? So, the full spectrum is not about judgment, it's about empowering moms, educating them, and then they can make their own decisions. You know, for some moms, they're going to want some interventions, for other moms, they're not. And, you know, at the end of the day, birth is still such a mystery and it's something that we can do all the prep work and all the preparations and yet it doesn't go the way we wished. And so, all of us, you know, just can show up to the best of our abilities.

And so, that's really what this book is about, is educating the mom, so that even if she does have to make some decisions in the midst of birth and get interventions, she'll know what she's doing and she'll feel good about those choices because she knows kind of the consequences and how to work with that. So, that's so true and, you know, I, myself, am a C-section baby. Thank God we have them. We need them in about 15% of the births out there because they literally save lives. So, this is not about judgment, this again, is just about educating moms.

Katie: Absolutely, and I got that 100%. I have had a C-section that was medically necessary and it saved my life and my son's, and there's a definite time and a place. But also, there until recently, it's been...seems like very lacking of really good comprehensive resources for moms who just want to choose a natural option if it works out that way, and that's why I'm so excited about your book because it is like the bible for moms who want to have a good birth experience, whatever that means to them, and you've put so much into it.

Genevieve: Yeah, and I think that's the thing, you know. I remember going out to lunch. I always more of a late bloomer. I had my children later. And so, I went out with lunch with several of my girlfriends from high school and they had all had babies and I would ask them, you know, "How was your birth? How was this? How was that?" And I think, literally almost all of them, with the exception of one, had Cesareans. And it was almost the same kind of predictable pattern, where their birth wasn't going as quickly as the doctor wanted, so they had to get Pitocin, and then it got so intense they need an epidural, and then that slowed down their contractions, and it was like this similar pattern or similar story.

And I don't think that they realized that they had options, that they had choices, and I think that's what breaks my heart, you know, that moms don't know, you know, the choices out there and kind of the consequences of accepting different interventions and really knowing, "Is this medically necessary or is this something that is just part of this cascade of interventions that kind of is this medicalized view of birth?" and you know, kind of distinguishing between the two of those.

Katie: Yeah, and I feel like that's the...even the views, it's kind of given in a lot of the pregnancy guides, including the ones that are, you know, really popular out there, and that's just kind of like, "Well, you know, you can try to have a natural birth but really like this is probably going to happen or this is the cascade of interventions that you might choose and there's not as much support." So, let's talk about birth. Why might someone want to choose a natural birth? Maybe they don't...that's never been on the radar. I know it wasn't on mine until I got pregnant the first time. So, why would someone want to choose a natural birth?

Genevieve: Yeah, I mean some people like...some of my friends think I'm crazy, like, "Why would you wanna go through all that, you know, pain or uncomfortability when there's all these great drugs and yada yada yada?" So, that's definitely an awesome question and I think there's lots of different reasons. I mean, for me, I'm a kind of purist, so I wanted to try without any help, you know. I believe that women are designed to give birth. They've been doing it for millennium, and so I wanted to give it a go. But there's a lot of benefits for mom and babies. So, for mom, it's more enjoyable in terms of giving birth because you're able to move around freely, you can eat and drink, you can try different positions, you can walk around, you also recover faster after giving birth. I remember with both of my kids, I was up walking around, eating, you know, and just doing my

thing, you know, minutes after giving birth. It was crazy.

So you recover quicker. You're able to get released from the hospital or the birth center, if you're giving birth outside the home, sooner. It also can really help with breastfeeding, because a mom that isn't sedated or a baby that, you know, hasn't been affected by pain medication is able to nurse. You know, they're more alert. And so, that first hour, you know, a lot of lactation consultants believe that first hour of breastfeeding and bonding is super important. And so, a mom that gives birth naturally is more likely to have a more successful first latch, you know, to get things going earlier on than a mom who might have had a surgical birth. So, if breastfeeding is something that's important to you, that's another benefit.

For babies, there's a lot of benefits. If you think about a baby going through the birth canal, their lungs are getting squeezed and their bodies are getting molded and they're able to expel a lot of the fluids that are in their lungs, so they have less respiratory stress. Also, there's some studies now that are coming out showing that babies who are born vaginally are less likely to be obese, to have allergies, asthma, diabetes, so some like chronic health conditions, too. And a lot of researchers believe this is tied to the microbiome. So when a baby comes through the birth canal, they're actually being kind of, you know, inoculated with this good bacteria from the mom, and that can set them up for a lifetime of good health, good digestion, things like that.

So, those are some great reasons. And then also, when I was talking about that hour of bonding, moms, if you don't interfere with that hormonal cascade that happens, moms are flooded with natural oxytocin, and the euphoria, and the bonding, and the love that happens after birth is unbelievable. It really is. And I know for me, I felt like a rock star after I gave birth, you know. So there is something about just building self-esteem for a mom too that I think is part of it.

Katie: Yeah, I would echo that. I think definitely I would say that a couple of my births have been up there with the hardest things I've ever done, but that feeling that comes right after is, hands down, one of the best experiences of my life. It's just incredible. And meeting your baby when you're having those amazing hormones going on is just an incredible experience.

Genevieve: It is. I mean, it's kind of almost like the birth of this mama bear, which all moms...you know, that instinct, that primal instinct it...I really got in touch with it because, like you said, birth was the hardest thing I had ever done physically and emotionally, I think too, and mentally. So, walking through that and like getting to the end of myself and being like, "I cannot do this," like, "I am losing it," you know, and working past that and being able to deliver, was huge. It really is transformational, and I want more moms to be able to experience that, if they want to.

Katie: Right, absolutely. So, on that note, I think there's a wide range of birth experiences that people choose, and I know I've personally had multiple different kinds of birth experiences. But the trend of home birth and water birth seems to be really rising in today's world, and I know in our state right now we're introducing legislation to hopefully legalize it because our state hasn't licensed midwives in about 40 years. But this is definitely a growing trend, and I know that you touch on it in the book. So let's talk a little bit about home birth and water birth and how they compare, because hospital birth has been the regular standard of care for a long time in our country.

Genevieve: Yes, absolutely. You know, home birth makes a lot of people nervous and, you know, rightfully so, but it can actually be a very safe option. You know, you're looking at...when they look at studies of women who have given birth at home, they're seeing fewer birth interventions, less likelihood of complications, lower chances of eventual C-section. And so, for a low-risk, uncomplicated pregnancy, home birth can actually be a great choice. Of course, that's something you need to discuss with your doctor, your midwife, whomever. It's also a good idea to be close to a hospital, so if a need for transfer, you know, takes place that you can do that.

But yeah, home births are definitely increasing. There was a study that was published in 2014 from the "Journal of Midwifery and Women's Health," and they looked at 17,000 women who planned to give birth at

home, and only 5% of them ended up having a Caesarean, okay? So that could include even women that were transferred. I mean, that's such a low rate, it's really amazing, and only 4.5% ended up with an epidural or Pitocin. So, you know, you're seeing these lower interventions, lower surgeries. So, it really can be an awesome resource and an awesome option for moms. In terms of water birth, that also is something that's becoming very popular and it can be really effective for pain relief, okay?

In fact, there's been some studies where moms, you know, looked at narcotics or water and they felt like the relief was comparable, believe it or not. It really helps your body feel more buoyant. I mean, think about when you're really pregnant and you get into the water and you're swimming, you feel like you could just move better. So it can help with, you know, getting your body and your baby into a better position to birth, and it can absolutely be safe as long as, you know, whoever you're working with, you know...or whether it's the tub or whatever is clean. There's certain procedures you want to go through to be sure that it's a sterile environment and the water is clean and stuff like that, but it certainly is a wonderful tool that moms can use as a natural pain relief.

Katie: Yeah, absolutely. And I actually have plans to write about it more pretty soon considering, like I said, our state's trying to legalize home birth right now. But I had with my last baby a home water birth and she was breech. So, actually like having a home birth for me was the only way to actually find a practitioner or midwife who was trained in breech birth because none of the doctors in our area are. And I would have had a surgical birth in a hospital absolutely, and being in the water gave me, like you said, the buoyancy and the pain relief and also the little bit of extra time because baby wasn't in air, so she didn't have that instinct to take a breath until she was all the way out, which is all actually a lot safer for breech birth. And unfortunately, that's kind of a lost art, and I was really grateful to find such a good midwife who still understood and knew how to deliver a breech safely.

Genevieve: Yes, it's so true. I mean, we talk about breech birth in our book as well and it is a lost art. People aren't being trained on how to give birth to breech babies anymore, and it used to be the norm, you know what I mean? My grandmother had a breech baby, Michael's grandmother had a breech baby. I mean, it was just another normal baby position. So, there can be increased risks, but that's why it takes extra training and stuff like that. So, I'm glad that worked out for you.

Katie: Yeah, but that's why you guys are so awesome because you're bringing awareness to so many of these issues that I feel like people are really searching for answers on right now. And the other thing I love is that you start basically from the beginning. So, I know when I first found that I was pregnant the first time, like I immediately wanted to go to a bookstore and find all the books I could about pregnancy and learn about it. And there weren't as many online resources then, but they're also really, really were not any great books. Everything was all in one place and you guys have done that. So let's kind of start at the beginning. I mean, we know that healthy pregnancy can even start before conception, but if someone's pregnant, what are things they can do from diet to lifestyle in the beginning to really help give them the best chance of a healthy pregnancy?

Genevieve: Sure. I think it's really important to just get your basic foundational things like good sleep, fresh air, regular exercise, and a whole foods natural diet, including animal proteins, animal fats, those are really important when you're pregnant. And certainly, there's supplements you can take. I mean, some midwives now recommend getting on a prenatal even when you're just trying to conceive. But I think just the basics of good rest, you wanna be sure you're getting eight hours of sleep, uninterruptedly sleep at night, you're getting exercise several times a week, and you're just eating a diet without packaged, processed foods. So, plenty of protein, good amount of fat, you know, just a good whole foods diet. So those are some really basic things you wanna do before you get pregnant.

Also, you wanna look at cleaning out your medicine cabinet, your household. If you're using, you know, laundry detergent that's fragranced, or dryer sheets, or bleach, things like that, you want to have your house be as clean and as non-toxic as possible. So, just go back to using good old soap and water, you know, apple cider vinegar diluted to wash your windows, whatever it is, you know, just cleaning out all those types of things. In

terms of beauty products, just using coconut oil on your face. You know, don't use all those scented lotions or anti-aging lotions or whatever, you know.

So all those things that you're becoming into contact with just to be as simple and as pure and as natural as possible. Because it's scary what they're finding between plastics and BPA and GMOs and parabens, I mean, I could go on on how they can affect our hormones, which is obviously are very important when we're pregnant, and disrupt kind of our body's balance. So, cleansing the home...and we talk all about this in the book and what you can do step-by-step to just make your home, your actual home, and then the baby's interior home, which is your body, healthy, clean, and safe.

Katie: Yeah, and especially, I mean, the studies that we know how much can cross the placenta now. I think that for a long time they didn't think most things could cross the placenta and it was kind of like they thought your baby was safe as long as it was inside of you. And, I mean, back, of course, in the days when women even smoked while pregnant, and now we know how much can cross the placenta and how much of an impact that can have at the earliest of pregnancy.

Genevieve: Yeah. I mean, it's really stunning that most women, you know, by time you find out you're pregnant you might be six weeks along and yet the heart has already been forming, and the, you know, spine, and all these things. I mean, this happens so fast. So, the more, you know, you can do these things before you even start trying to get pregnant, the better. Because once you're pregnant, things start happening very, very fast, and some of these foundational, you know, structures of your baby, you know, are on the go. So, it is scary. It is scary how much that can get passed on to the baby in utero.

Katie: Absolutely. And the great thing is if someone's starting before even getting pregnant, it's great for dad to be involved too. Because, as you guys talk about, we know so much of how the man's health and his sperm can impact baby's health their whole life now.

Genevieve: Absolutely. We talked about that in the book and that like now they're showing studies that men that eat a lot of pesticides, like let's say they don't eat organic foods and stuff like that, it lowers their...not only their sperm quantity, but also the quality of the sperm. So, absolutely get papa involved, get him. You know, when I've got pregnant with Griffin, the first time, Michael and I went on this like preconception diet for about six months, you know, where we're taking the cod liver oil, we're eating whole foods, we're, you know, just practicing good, healthy habits to just set a good template.

Katie: Absolutely. And, okay, so, when someone gets pregnant in today's world, I feel like kind of the first step is they make a doctor's appointment. They go to the doctor and almost always at least in the friends I know, they're offered an ultrasound at that first appointment for dating and for just...the doctor is kind of making sure everything's okay in there. So, talk about that, because you have some amazing research you've done on ultrasounds and why we might want to at least be cautious of that.

Genevieve: Yeah, ultrasounds...you know, we talk a lot about this in the book too. I mean, they're not medically necessary and they do not improve birth outcomes. So that's the thing that's really important. They don't improve birth outcomes for mama or for baby, this is based on studies. So, really, what ultrasounds can help with is bonding, okay? So, for some moms and dads, seeing that baby at 20 weeks and seeing the little feet in the head and, you know, finding out the gender or the sex, all of that is really important and it's kind of this bonding experience, and that's a choice that you can make. But, you know, these routine ultrasounds that are being done at 8 weeks, 12 weeks, you know, every appointment are definitely not necessary and can be harmful.

And I can give you some follow-up information, Katie, in your show notes in terms of all the different reasonings. You know, a lot of it is that it increases body temperature, you're dealing with electromagnetic frequencies, you know, there's lots of different things, and there's some controversy with it. But I will send you that information so you can include it in your show notes, but just know that it's not mandatory. I think that's,

again, the thing that people think, you go in for your first appointment and you feel like, "Oh, the doctor wants get an ultrasound. Okay, I got to have an ultrasound," you know, and you don't. Just know your choice, know your options, know and ask, "Is this medically necessary?"

The same thing with a Doppler, which is where they hear the fetal heartbeat. You don't have to have that if you don't want to. Again, some moms love it, they need to hear that heartbeat to know that this is really happening, and that's totally fine. But for other moms, they're not comfortable with it because it is a strong source of EMFs that can... You know, I remember with my first pregnancy, Griffin was hiding from that thing. I mean, they could not get a heartbeat on him, I think, because he was like trying to get away from it. But just know your information so that you're making informed choices. And, you know, another thing too, it doesn't have to be all or nothing. You can get the 20 weeks' scan but that's it. You could listen for that first heartbeat at week 14 or whatever and then don't do it again. You know, once your baby hits 20 weeks you can use the fetoscope, which uses no electromagnetic frequencies. So, that's kind of my thoughts on those topics.

Katie: Yeah, and I think you approach everything with such a good balanced view in like in looking at the science and the research. You really source...you cite everything that you talk about in the book and, like you said, there's gonna be times and places where moms are gonna make different decisions, and those are both great, but just knowing the risks that come with it. So, for instance, I've read a lot of the same things about ultrasounds and I'm definitely cautious of them, but at the same time, I have a history of placenta previa. So, I can't get a caregiver to attend my birth until we make sure the placenta is not in the way.

So, I can set to one ultrasound at 20 weeks just to confirm the placenta's not there and I tell them, "I don't really need to do all the other scans. It doesn't matter to me honestly if the baby has any kind of problem because we're still going to birth this baby and love this baby, but just make sure I can get the baby out." And so, for me, that's a time when the benefit does outweigh the risk. But if you're just talking about like, "Let's go to the 4D deep place and get like a thousand pictures of the baby," that might be a time when you would want to exercise a little more caution.

Genevieve: Yes. Yeah, and that's the thing. I mean, these are blanket statements. They're always gonna be individualized depending on your medical situation and what's going on. But I think, again, it's just a difference in approach. With the medicalized view of pregnancy, it's like you come in at six weeks and you get an ultrasound pretty much with almost every visit. In some cases with a midwife, I'll never forget when I called and be like, "I'm pregnant!" I was so excited, and she's like, "Great, I'll see you at 10 weeks." I'm like, "What? I thought I'd be in there, you know, at week six or something like that." So, you know, they're more hands-off as the general rule, midwives. So, it's going to depend. If you've had a history of really complicated pregnancies or miscarriages or things like that, you're gonna need a lot more care. But just know what you're walking into and you could always ask that question, "Is this medically necessary?"

Katie: Exactly, and I echo that because I remember...I think it was maybe my second...yeah, my second pregnancy, I had switched to midwives and they were actually hospital midwives, what I remember, calling them, and I was so excited I was pregnant and the same thing, "I'll see you between 10 and 12 weeks," and I was like, "No, no, no, I just told you I'm pregnant. You need to..." Like, "Don't you need to do something?"

Genevieve: I know. It's crazy.

Katie: But it's a testament to like birth is natural and pregnancy is natural and the doctors and the midwives know that. There's no emergent need for them to check on your baby when you're four weeks along.

Genevieve: Exactly.

Katie: Okay. So let's go a little bit more through kind of the pregnancy process and things that moms would be considering. I want you to touch on birth plan in a minute. But before we get there, let's talk about epidurals, because those I feel like are kind of the more controversial, the birth intervention, as far as a lot of people

choose them, which is, of course, that's a choice that they can make. But a lot of people think they're totally safe and they're totally fine and kind of get angry at the suggestion that maybe they're not. But there is some really fascinating info on this. So let's...can we touch on that a little bit?

Genevieve: Sure. Yeah. We, again, go into this in the book and on my blog and stuff like that. But, you know, epidurals, again, I think they're kind of, at least of my experience, they're kind of presented as, "This is a tool for, you know, pain relief," and they sound like, "Oh my gosh, these sound amazing." I mean, who wouldn't want to numb some of the pain or the discomfort? But there can be, you know, no consequences to them. You know, for moms, it can make her births longer and harder. It can lead to slowing down of her contractions, which then usually necessitates getting Pitocin, which is kind of a synthetic form of oxytocin, which helps to increase the force and the frequency of your contractions, which causes a lot of pain, which then might cause you to get more...you know, turn up the epidural, and it can kind of be this, you know, what they call the cascade of interventions, you know, and then it can lead to fetal distress because the baby, these contractions are becoming so fast and furious and could lead to eventual Cesarean.

So, statistically, you are increasing your risks for complications for interventions. So that's something that's important to know. Some moms have adverse reactions to epidural. So they might get a spinal headache. For some moms, that lasts a day or two, a couple weeks, some months, some indefinitely have some issues. I'm going on with that. They also just might not feel well. For some women, the epidural doesn't take. So there could also be issues with that. And then in terms of recovery, it doesn't look the same, because, you know, when it comes to like pushing and stuff like that, a lot of moms might not be quite as in touch with sensation down there because they're so numb. And so, this is where if you have a doula or a midwife who can really coach you each push so that you're not...because you can increase your risk for tearing pretty substantially. So, you want to be sure that you're being coached through that process.

But for some moms, you know, for example, my cousin, she has five children. And finally with one of them, she's like, "I need an epidural." You know, she had done natural birth with all of them except towards the end, and wanted for her last baby she got an epidural. But she said it was so hard to push because she didn't know what was going on and she hated that sensation. She hated that feeling. She hated that she couldn't even... She felt kind of out of control of her body. So some moms emotionally don't really like the feeling of it.

Another friend of mine also had a couple natural births and the third birth, she's like, "I'm getting an epidural. I don't care," but she was really surprised because she was then confined to her bed and she actually got a catheter. So she couldn't even use the restroom, you know, by herself. She had to just be in bed and on her back basically laboring, which is not a great position for most moms because it can compress the pelvis and it's just not very comfortable when you can't move around. So, those are just some of the consequences or, you know, the things that could happen with epidurals.

Now, for some moms, they can be lifesavers. They can actually prevent them from having a Cesarean because it helps to relax that pelvic floor. It might help to take away anxiety. You know, so for some moms, in a small percentage, they can actually help them a lot. So, really, again, it's such a case by case situation. For some moms, epidurals can really help them sleep. They might have gone... This might be their third or fourth day of labor and they're like barely, you know, surviving here and they need rest, and that's where an epidural can help them get that rest. So it's not an all-or-nothing situation but, again, informing yourself so you know the consequences, you know the potential repercussions, and then you can make an informed choice, you know, based on your own specific circumstance.

Katie: Exactly. And I've had friends even who naturally just had low blood pressure and they ended up having natural births anyway. But the doctors had told them like, "It really would be bad for you to get an epidural because they tend to naturally..." One of their effects is they can lower your blood pressure and they, of course, watch for that in the hospital. But for people who already have somewhat dangerously low blood pressure, that would be something you'd want to know and be cautious of going into the birth.

Genevieve: Mm-hmm, absolutely. That feels terrible, ah. Well, I've had low blood pressure before in my life and you just feel weak and shaky as it is, and then to have something, you know, pumped into you that makes you drop even further. I mean, that can be quite dangerous.

Katie: Yeah, and especially when you're trying to have a baby, that could be really scary. And another thing, you mentioned earlier like the higher rates of C-sections in a lot of places. And the World Health Organization, I believe, I'm sure you can tell me if I'm wrong, well, I believe they say that when most populations it shouldn't go above 15% and we're much higher than that, at least in the U.S. now. And one factor that it seems like midwives think may be causing that is that a lot of babies are not in optimal placement to be born. And this is something that you talk about that not a lot of people do. So, talk about that. What is the right placement for birth and how do you get your baby in that position?

Genevieve: Well, you're absolutely right about that 15% of...you know, what the...10% to 15% is a good, healthy range. If they see numbers lower than that then they get worried about not good medical care in that particular community or area. If it's higher than that, then obviously there's some stuff going on that, you know, this is above and beyond what's medically necessary. So, yes, baby positioning. Now, this is, again, another controversial concept. There are some doulas and midwives who don't believe baby positioning make a big difference. I personally think it does, not only for my personal experience, but just talking and working with so many other moms through the years of having their blog and stuff like that and just with other midwives and doulas that I've worked with. So, we talk a lot about this in the book. We have a chapter about... First of all, just knowing where your baby is positioned is really important and empowering.

Again, I think most of us, our first time around, we're pregnant, the baby's growing, and that's about it. You know, we don't...I don't know. I had kind of more like a hands-off. I didn't know what to expect. I didn't know I could touch my belly and really try to feel like, "Where's the foot? Where's the head? Where's this?" So, that's what we really want to encourage moms, is you can actually kind of do belly mapping, which is, it kind of is what it sounds like, where you make a map of your baby on your belly. And there's ways you can palpate your stomach and kind of know where the baby's head is because that's generally going to be the hardest. This kind of feels like a little baby bowling ball, and then where the butt of the baby is, and the legs, and the hands, and stuff like that. You kind of draw this on your belly, and that gives you an idea of how your baby is positioned.

And really we want, you know, our babies to be head down, obviously, but we want them to be anterior facing, so basically, so that their back is facing your belly versus their back facing your back, which is a posterior baby. And I know that, Katie, you've given birth to a posterior baby, haven't you?

Katie: Yeah, or had the rotating...like the very, very end as I was pushing and it's not the easiest thing in the world.

Genevieve: Yeah, yeah. Posterior babies hurt, hurt, hurt. Because basically what's happening is the hardest part of their head is going against your spine and that's, you know, a big cause of the dreaded back labor. So, I, personally, I'm in the place where it's like, "You know what? If there's anything I can do that can optimize my birth or make it easier or make it be faster, I'm going for it," you know. And even if it doesn't always work, it's still worth a shot, right? And so the key is, and they really talk about the reason why, like you said, this increase of Cesareans, if you think about our lifestyle, we sit in a car, you know, drive to work, we sit in a desk all day, and then we drive back home and then we are exhausted by the end of the day, this is especially when you're later in your pregnancy, and you put on the TV and you're laying back in your big, cozy chair or your couch, and all of this is not great for your pelvis. We really want our pelvis to be open, balanced and not, you know, crunched up like that.

And so, all those things, between driving, sitting and reclining is encouraging a baby to be in a posterior position, encouraging kind of a malpositioned baby. So we want to have to kind of work against those things. So, leaning forward, sitting on a birth ball or like a medicine ball or an exercise ball, there's so many different names for it, but you know what I'm talking about, those big inflatable balls that you can sit on. So, you could

bring that to work and sit on one of those balls. If you're sitting at home and watching a movie at night, sit on the floor, you know, cross-legged and lean your back against...you know, keep your back straight and you can kind of lean against, you know, a table or a couch, so it's comfortable. But just find ways to keep that pelvis open, balanced, kind of more forward to get that baby in a good position.

We also have seven different exercises that you can do that help to balance your pelvis and keep it...you know, and again, just encouraging your baby to have a good position. You also can get chiropractic care. There's the Webster technique, which are chiropractors that are actually trained in techniques that help pregnant women, so it's very safe. It's not like the crack, snapple...you know, snap, pop that you're used to or whatever. It's not rough, it's very gentle, but it can really help keep, again, your pelvis aligned and balanced and get that baby in a good position. And I was really diligent with that with my second birth and I had such an awesome labor. It was like night and day versus my first pregnancy. So, I'm a huge believer in that and we definitely go into that in-depth in our book.

Katie: That's awesome. Yeah, and I would echo that. Even if science hasn't done studies yet to show that these things are necessarily 100% effective, obviously, it's not going to hurt you to move around, and to stretch, and to have good posture when you're pregnant. And, like you said, if it may speed up and make things easier on you, to me that's absolutely worth the try. And anecdotally for what it's worth, my last two babies actually have been born breech. So, I was, of course, trying to do a lot to flip them, and for whatever reason, they just wanted to be born breech. But all the chiropractic and the walking and the crawling and the sitting correctly, they were by far my two shortest births. In fact, number six was only about a three-hour labor from like, when I was like, "Oh, I think I'm in labor," to she was in my arms.

Genevieve: Wow, so awesome.

Katie: So anecdotally I'll offer support, like it may help a lot.

Genevieve: Yes, absolutely.

Katie: Cool. So those are kind of some of the common pregnancy things that someone may have questions about when they're pregnant, and I know a lot of women try to create a birth plan and that you talk about birth plans in the book. And I know, I'll state it right now, that I was the worst example of this with my first. I researched too much and had...and I was also a researcher by trade. So my background is in journalism and I always have researched everything my whole life. And I showed up to the hospital, to that poor doctor, with like a six-page birth plan with sources and all this stuff and I am looking back, I'm like, "Oh my gosh, he had to have just cringed, because what doctor, as busy as they are, is going to read a six-page birth plan?" So how do you write a birth plan that actually gets read?

Genevieve: Well, the key is to keep it really, really short, one pager and just really simple. You know, really a birth plan...the way I look at a birth plan I think it's really the most beneficial really for the parents and the provider to be sure that everyone's on the same page. Because if you're putting things on your birth plan that the provider that you're working with is like, "Well, we can't do that," or, "Oh, that's not going to work or da, da, da." Those are red flags right there that you guys are not on the same page. It might even necessitate you getting different care. So, I think, you know, a birth plan is really a conversation starter. It's a way to be sure that you're aligned with the people you're working with. You want to show it to, obviously, your midwife, your doctor, your doula, anyone who's going to be with you in that room when you're giving birth.

And then, you know, for me, like I gave birth at a birthing center but it was within a conventional, you know, hospital. And so they did as part of the regulations, they had one conventional "nurse" who was with me basically while I was laboring. So I really had them for her, you know, to... Because, again, my midwife, we had the discussions weeks before I gave birth. They had a copy of it. They knew the plan. And it basically was kind of their policy, you know what I mean? So, we were so aligned that I didn't even really need a birth plan for my midwife because we were so on the same page, but for this nurse it was helpful.

So I would just recommend keeping it at one page. We have a visual, a birth plan on our website that I think is awesome because they're just little icons that you can populate. So it's... You know, people love images and visuals more than reading things. So, it's just really simple. It has these little icons. It's quick to identify. And leave it...make it one page and attach some mints to it, or a little bit of chocolate or some kind of treats or some kind of incentive or thank you for this person who's going to be reading your birth plan. So, that's kind of my thoughts about birth plan. But we do talk it about in the book, and we do give some pointers and get some good probing questions to get you started as you create your own.

Katie: Yeah, I'll make sure to link to that. It's so cool the way you guys have done the visual birth plan. And I also want to go back to what you said a little back, because I think it was so important on making sure you find a care provider who aligns with you and asking the questions before you're in labor because I know so many women who didn't do that. They met a doctor who was super nice and they got along great, and it wasn't until they were in labor that they realized they had vastly different views of what was going to happen in that room. And I hear so many women say it, and it makes me so sad, like, "I wasn't allowed to," or like, "He didn't let me," and I tell them like, "Remember who is paying who. And you always have a choice, but it's a much easier choice to change if you do that before you're in labor."

Genevieve: Mm-hmm, absolutely. And this is...like this is what breaks my heart, and it can happen very innocently. Because like for, you know, this is a common story I hear a lot, is that a woman has an OBGYN, she's had this person for years and years and years ever since they got their first period, you know, it's a great relationship, it's great, it's nice, they go for their yearly Pap or whatever, and then they get pregnant, and so they go, "Okay, well, I'm going to go to this person," and they don't realize that, you know, there's such a huge difference in what they believe and what this person believes in terms of natural birth and stuff like that, but yet it's comfortable, you know. And it is very vulnerable when you're pregnant. You want to feel like...it feels better to be with someone that you've known through the years but, you know, at the end of the day you need to be sure that you guys are aligned.

And that's where asking other moms in your community, reaching out, you know, and just talking to a great resource actually is doulas, you know, finding out where doulas recommend or good practices that support natural childbirth. So, getting out there, making some phone calls, making some connections, and finding, you know, a team that's going to support you with your birth goals.

Katie: Yeah, absolutely. I remember the change... So my first was in a hospital with a doctor, and like in my experience too a lot of those things that I didn't think were going to be an issue became an issue in labor and it was partially because it was an on-call doctor, which I didn't realize I could even have an on-call doctor at that point. And so, I did not have the birth experience I was hoping for with my first. And so, with the second, I was interviewing all these midwives. And when I knew I had found my midwife, I was going through the questions and I said, "Will you allow me to do this? Can I do this?" And she stopped me and she's like, "Don't use that word. It's your birth. I'm here to support you, but yes, I would encourage those things or I would encourage you not to do those things."

And that was so refreshing, just to feel respect. And I feel like you don't give up your rights when you become pregnant and you still have the right to say no to any treatment. And a lot of women, maybe you are so concerned about your baby being healthy as you should be that you're afraid to speak up to a doctor. And I love that you touched on that. Because I think it is so important that whoever you choose you need to feel supported because that is, like we said, one of those tough times in your life and you need trust with those people in that room.

Genevieve: Yes, absolutely.

Katie: Just a reminder that this episode is brought to you by Paleovalley. If you aren't familiar with them, I'll explain why they're one of my favorite companies that I found recently. They make among other things some

amazing grass-fed beef sticks. These are non-perishable, they don't have to be refrigerated, so they're great to take along in your purse for hungry kids, but they are even better than that. There's a lot of different meat-based products out there, meat bars, beef jerky, etc. but theirs stands out. It's made from 100% grass-fed and grass-finished beef. It was never given grain at all. It's also grain-free, dairy-free, and-soy free.

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Katie: So, I want you to touch on the kind of you like hot seat items that, I know, come up and that have been popular or there's been some articles about recently and to get your take on them.

Genevieve: Sure.

Katie: So, one of the things is in a hospital especially, one of the first things they do to a baby after they're born is give them a bath, and they want to get all the like nasty vernix off of them. So, what are your thoughts on that? Why might that not be the best idea?

Genevieve: Oh, gosh. That is one of my pet peeves. So, vernix, that white cheesy stuff that babies have and now, again, depending on how old your baby is, a younger baby is going to have....or a premature baby is going to have more than maybe an overdue baby, but this vernix is absolutely wonderful, okay? The name is crazy. It actually means "cheese varnish," which I think is hilarious, but this really protects the baby's skin, okay? If you think about it, especially if you're giving birth in a hospital, you know, this vernix is actually a coating that can protect them from bacteria and pathogens, okay? So, both inside and outside the womb. So, this is kind of a protected coating for them. It actually has immune proteins found within this vernix, they have studied it, and it's similar to what's found in breast milk. So I'm sure that having that vernix on the baby probably helps them initiate breastfeeding because there's, you know, there's similar...it smells like mom kind of thing going on.

It also can help protect them from meconium exposure. It's also a great moisturizer. You know, if you're anything like my...at least my children, like they can't get that dry, flaky skin, you know what mean? So, this vernix is helping to condition the baby's skin, moisturize the baby's skin, and it's a great temperature regulator

because, again, the baby's been nestled in your womb for how many months? They come out to this bright, cold, scary world that vernix is a layer of protection for them. So, don't wipe it off, wipe it in, rub it in.

And, you know, even with my second birth my daughter, again, we were at the birthing center and the conventional nurse was like rubbing it, you know, trying to get it off where I'm like, "Stop!" You know? Because it's such a natural thing for people to do because it doesn't look that pretty. And so, you know, you definitely can massage it in, and rub it in. And if there's some that's like coated on the hair or something like that, you can wash that if you want to, if it really is not, you know, comfortable for you or whatever. But try to leave as much of that vernix on because it really can help that baby...keeping the baby just more protected. That's my opinion, especially to a lot of these hospitals. They might be using Johnson & Johnson products, or strong soaps, or harsh types of things on your baby, you just want to keep it as simple as possible.

Baby does not need lotions, creams, you know, all this diaper rash, all this stuff. It's like, "They just came from the womb," like, "Just let them be," you know. Really that first hour is about bonding with mom. It's skin to skin, you know, touching. It's breastfeeding and it should be quiet. The light should be low, it's sacred. So, if you want...you know, and again, if you really want to give a bath, wait a couple days, you know. Wait a couple days. Wait at least 24 hours. Some people wait a week, you know, it's really what you're comfortable with. But know that there are definite benefits of that vernix.

Katie: Absolutely. And even moms who either need to have a C-section or who end up having a C-section, they can still do those things. They can still make sure the vernix stays on. They can...even if mom is unable to do skin-to-skin right away dad can, but there are still so many ways, and I know you write about that, "The Gentle Cesarean." So even...if you have to have a C-section, like we said, they're life-saving but there are still ways you can bond with baby and get baby the best start with a C-section as well.

Genevieve: That is like my passion. It's like, let's optimize it. You know what I mean? So, even if like, you need a Caesarean, how can we make it better? How can we naturalize it as much as possible? It's not just like, "Oh, no. I'm totally, you know, I can't do anything." You know, it's not all-or-nothing. There's never all-or-nothing, so there's always hope. There are always options. There's always ways that you can incorporate a more natural experience and get some of those benefits for both of you and the baby, even with a surgical birth.

Katie: Absolutely. Okay, so a couple more I want to touch on. Red raspberry leaf tea, why are a lot of women choosing that as a good thing during pregnancy?

Genevieve: Well, it's funny. With my first, you know, pregnancy my midwife is like, "I am such a believer of red raspberry leaf tea. I drink it with all three of my pregnancies. I had fast births. They were awesome, blah, blah, blah." So I heard that and I was like, "Okay." So, I started drinking the red raspberry leaf tea, you know, because she was talking about how great it was. And this was like probably week 10, and I started having a little bit of like uterine tightening and it scared me. So I stopped drinking the red raspberry leaf tea and I never drank it again for the rest of my pregnancy.

My birth was 27 hours, it was brutal, and my uterus was like so exhausted at the end that I needed two drops of Pitocin to finally push my baby out. So the second time around I learned, I'm like, "Okay, I'm gonna try this uterine tonic because, you know, my uterus needs some strength there, need some support." So I started drinking red raspberry leaf tea, which really is a uterine tonic. It really helps support that whole pelvic wall area. So, I started drinking it but I waited till after I got out of my first trimester.

So, I started about 14 weeks, and I think I started with like a cup of day, a big mug a day, and then slowly I worked up to two mugs a day. So I just had like a real big mug that was like the equivalent of 32 ounces with a two tea...or a 16 ounces with the two tea bags, drank that throughout my pregnancy from then on, and my birth was amazing. My uterus was so effective. It was unbelievable. I mean, I literally could like feel with just one contraction my baby moves significantly, like it was crazy. And I only pushed like maybe four or five times and the time before I pushed for four hours.

Now, I realized that second births can be easier but this was like night and day. I almost did not make it to the birthing center in time, that's how crazy it was. So I am a huge believer of it. And, you know, there have been studies that show that it can help with the effectiveness of contractions. It can help reduce pain during labor and after birth because, again, it helps the tone those muscles that we use during labor. It can help with...some people find that helps with morning sickness. So it really can be a helpful tool when you're pregnant, and I know you're a huge believer, too.

And they show that, you know, drinking red raspberry leaf tea regular during pregnancy can result in faster labors, reduce complications and interventions during birth. They're less likely to go overdue, moms that drink it, or give birth prematurely. So, I think it's a wonderful tea to drink during pregnancy. Again, you always wanna get the sign-off from your doctor or your midwife. But I think, again, if there's anything I can do that can help make my birth shorter, easier, and less complicated, bring it on.

Katie: Exactly. And I think that's kind of the approach I took also was wait till after the first trimester and make sure the midwife was okay with it and then go for it, and it does seem to have helped. The other one that I think helped me this last time, that I'd love to get your take on, because I know you've written about it is dates, which...this is kind of like it was like a folk remedy but that it sort of took off on the internet and I've always...my first four labors were like 24 hours or more. So, again, like you, I'll do anything to help speed that up. So I was putting dates and smoothies the last month, and then I had a three-hour labor. So, what are your thoughts on eating dates to shorten labor?

Genevieve: Yeah. I mean, that says something right there, though, because it's not like you had your first labor was 24 hours, then your second was 12, and your third was 8, and then your...you know I mean? You had solid long births for several births, and then after doing the dates you had this radical reduction, you know what I mean? And that's the thing I think with the dates. So there was a very small study, and it was done out of Jerusalem, which I think could be a little bit biased because that's like where they grow dates, but they did show that women who ate six dates a day, okay, for the last four weeks of pregnancy leading up to their birth, their water didn't break like most...they had more intact membranes when they were admitted to the hospital and that...which is always good, you know, because then you have just more time and stuff like that and it protects the baby. They went into labor spontaneously versus being induced, they avoided Pitocin and had shorter first phases of labor, which for most moms that's the longest stage of labor, is that first stage.

So, it's kind of crazy but I think...so there has been that study but I think what I've seen more is when I've put it out to my community, the stories I've gotten are crazy. I mean, women are such believers in this, that they're like I...even women that are...I wish I had known about this my first pregnancy because women that are giving birth their first time are having labors that are like six hours long. That is crazy short for a first-time birth, you know what I mean? Because that first baby is like a trailblazer and, basically, it's gotta work through a lot of things, like to get mom ready, and so to have a six-hour first-time birth is crazy. That's awesome. So I'm all for it. I'm like, "Eat the six dates," you know. And if you don't wanna...I don't know, put them in smoothies, like you said, you can just get a Larabar, that's about six dates right there. Eat one of those a day, simple as that.

But I do think that there is something to it, I definitely do. Because I've just heard too many stories from moms that... And you can dissect the actual fruit itself, like it has different fatty acids in it, it has, you know, serotonin, it has calcium, these different things that might be part of, you know, how it helps the muscles of the uterus and blah, blah, blah, really there needs to be more studies on it. But in the meantime, it's a delicious way to try, right? And if it could help you have a better, shorter, faster, less complicated pregnancy, go for it.

Katie: Exactly, and it's like you said, a whole food, you're focusing on eating a nutrient-dense food. And I've also heard women say it helps improve their digestion, which can be a little tough at the end of pregnancy.

Genevieve: Totally. Good elimination.

Katie: Exactly. There's no evidence that it's dangerous and evidence that it could be great, so why not?

Genevieve: Yep. Yeah, and just have it with some healthy fat and or a little protein and you're good to go.

Katie: Absolutely. So I'm going to make sure we include links to a lot of the stuff we talked about, and especially to your book. But real quick give us an overview of your book and your blog and all the resources you have for women on those.

Genevieve: Well, I just want to say too. Like in my book, I try to, for example, with things like morning sickness or swelling or pups or just the different things that can come up with pregnancy, I try to always offer natural remedies, natural solutions. So just like these dates or, you know, doing the exercises, that's the whole purpose of this book, is to make your pregnancy more enjoyable, more natural, easier, and just more healthy. So that's like the intention of my book.

And frankly, I never wanted to write a book. I'm a video girl. I was a Youtuber. I never thought I would ever write a book, and this book has been like, birthing a baby. It's over...it's just massive, massive book. It's like over 500 pages. But I knew, I'm like, "This is something I wish I had when I was pregnant," you know what I mean? There was nothing out there from a week-to-week perspective for a natural guide to pregnancy and childbirth, and that's why I wanted to create it because it just wasn't there. So I really hope it's helpful for moms.

We talk about everything from sex during pregnancies to the ultrasounds, to natural remedies, each week. Probably my favorite part of it, because I'm such a foodie, is that each week we have a special recipe for moms that is really targeted for that exact week that she's pregnant. So there are certain nutrients that are important that particular week because baby is developing in this particular way. So they're all real food, delicious recipes, so that's every week. We talk about how to naturalize a surgical birth. So if you do end up having to have a Caesarean, how can you make it more natural? We talked about natural pain relief during labor, everything from breathing, to different exercises, to different supplements, things like that. We talk about every stage of labor and what to do.

In fact, at the end of the book is this thing called the labor playbook where it's kind of a step-by-step guide for mom and partner that will help walk you through what you do during each stage of labor and what to expect, you know. We also talk about after birth, right? You think there's a lot of interventions, you know, when you're pregnant between ultrasounds and, you know, different things like that and Dopplers and different...all the genetic testing. We talk about all the different testing that gets done between, you know, diabetes and GBS positive, all those different things, what you need to get tested and what you can say, "I don't need it," you know, what's mandatory and what isn't mandatory basically.

But we also talk about all the interventions that happen after giving birth. You know, are you going to give your baby the vitamin K shot, the eye ointment, the hepatitis B vaccine, those types of things, circumcision. So, we talk about all those post-birth procedures that happen that a lot of moms are surprised by, frankly. I was a little surprised by how much that goes on between the hearing tests and this and that, it's like, "Ah, I just gave birth," like, "Leave me alone. I want to be by myself with my baby." So we talk about those and what's necessary, what isn't, stuff like that. And again, I'm not here to tell anyone what to do in any stretch of imagination. We are simply presenting the information, presenting the research, and then they can make an informed choice.

So, yeah, I think I have kind of walked through basically what our book is about, but you can learn more about the book at mamanaturalbook.com. And right now, you know, we are offering some bonuses for moms who do order our book. So, you can check out all those different bonuses. Some of them include affirmations, and cards and courses and different things like that. So you'll be sure to check that out as well, mamanaturalbirth.com, or, I'm sorry, mamanaturalbook.com.

Katie: And I'll make sure to link to that as well. And I'll also going to put a link because you have a great week-to-week series of emails that go along with the book or that...like someone can get before the book comes out, even to take them through pregnancy week-by-week and then you provide additional resources there, and you have so many great posts at your blogs. I'm gonna link to all those in the show notes.

Genevieve: Thank you, Katie.

Katie: But, Genevieve. Thank you for being here. It's always so fun to chat.

Genevieve: Oh, it's great to be here. Thank you so much. Thank you for all that you do for just supporting healthy families and just being out there talking about the next generation really and that's like my heart. It's like, we're birthing this next generation, let's set them up for success, you know. And really the more we can incorporate some of these natural childbirth things into our lives, the healthier our next generation is going to be. So that's a big part of why I want to write this book, and I love that that is your message too, so thank you.

Katie: Oh my gosh. You're welcome and thank you. And I hope that every pregnant mom gets a chance to read your book while she's pregnant. I wish I had had it 10 years ago. I know you do too and I wish you all the success with it.

Genevieve: Thank you so much.

Katie: And thanks to all of you for listening, and I'll see you next time on The Healthy Moms Podcast.

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