

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 83: Beating Postpartum Depression &
Natural Pelvic Floor Care with Dr. Jolene Brighten

Child: Welcome to my mommy's podcast.

Katie: This podcast is brought to you by the Kids Cook Real Food course, and you may have heard me talk about this before because I love it so much. It's made by one of my good friends, Katie of Kitchen Stewardship, and it's one of my favorite bonding activities I've ever done with my kids. Basically it's a course, Katie's a teacher by trade, so the course is incredible. It's all these videos that teach children of all ages how to cook, starting with the most basic skills all the way up to advanced skills. So my little ones love things like slicing soft fruits and vegetables, or spreading things, and my older ones love that they now have great knife skills and can make entire meals from scratch.

If you want to check it out, you can go to kidscookrealfood.com/wellness. There will be a special offer for Wellness Mama listeners, so keep an eye out for that. And I would highly encourage any of you, if your kids are not already amazing chefs in the kitchen and you would like them to be a little bit more helpful but also to instill a love of learning and a love of real food in them, I highly recommend the course. I can't recommend it highly enough, and every friend that I have either given it to or encouraged to get it has absolutely loved it. So again, check it out, kidscookrealfood.com/wellness.

This episode is sponsored by Mama Natural and my friend, Genevieve, also known as Mama Natural, has just come out with a game-changing pregnancy book called "The Mama Natural Week-to-Week Guide to Pregnancy and Childbirth." So if you or anyone you know is pregnant, I strongly recommend picking up a copy or just grabbing one to donate to your local library. It is an incredible resource and definitely one of the best resources I've seen for new moms. Also, Genevieve has a week-to-week email series for pregnancy, so you've seen these on other websites but this one is a natural take on week-to-week emails that tells you how your baby is growing, what milestones he or she's hitting, all that cool stuff, and it's free. So you can check it out at mamanatural.com/wellness, mamanatural.com/wellness to sign up for the free week-to-week pregnancy email series or also to check out her amazing new book.

Katie: Welcome to the Healthy Moms Podcast. I'm Katie from wellnessmama.com, and I can't wait to chat with today's guest. Dr. Jolene Brighten is a functional medicine naturopathic doctor and the founder of the Rubus Health Center, which is a root cause women's clinic where she specializes in the treatment of hormone disorders, including adrenal and thyroid conditions, and autoimmune disease. So basically everything I've personally struggled with, she works on fixing. She's a bestselling author, speaker, and the creator of Rubus Pelvic Care, which we're gonna definitely talk about on this podcast.

So in her clinic, she works on navigating the space between conventional and alternative medicine, and she helps her patients achieve hormone balance and overall health and happiness. She's also an urban homesteader and a mom, and I can't wait to jump right in. Dr. Jolene, thanks so much for being here.

Dr. Brighten: Yeah, thanks for having me. I've been a big fan of all of your urban homesteading that I followed for a long time. So I'm excited to be chatting with you.

Katie: Oh, and likewise, I've been a big fan of your work for a long time as well. And you actually have a pretty amazing story on your road to both becoming a naturopathic doctor and for your own health. And it sounds like it involves everything from SIBO, to Hashimoto's, to Addison's disease, and a whole lot more. So to start with, can you just kinda take us through your journey and how you made it to the other side?

Dr. Brighten: Yeah, it's kinda been a crazy journey in some ways, but everything has happened just the way it was supposed to, to bring me to the moment where I'm at today and how I serve women, and I'm 100% confident in that. But you know, my journey in medicine actually started when I was a kid. I was super into learning everything I could about health, about medicine, about leveraging food as medicine and herbs. And then this thing happened where I got really sick, like I couldn't digest food, I was throwing up all the time, I had heartburn and reflux, which you know, I was having that in grammar school. This isn't something they saw in

children.

And so, you know, I spent a lot of time at Oakland Children Hospital, which now I have a practice in Oakland, California. So I'm like, "Wow, that's come full circle." Now I serve that community. I spent a long time at that hospital and everybody couldn't figure out what was wrong with me. Until, you know, fast forward to when I was 17 years old, so I went with this chronic gastritis for about seven years of my life. And then, you know, this doctor was like, "You know, there's this thing called H. pylori we're just learning about. I think we should test you for it." And sure enough, there it was, I had H. pylori.

Now, I can definitely look back and say... So now that I'm a naturopathic doctor and I think about things differently, I'm like, "Yeah, I had the H. pylori but what was really at the root of that?" Well, at the root of all of that was really that I had, you know, a really stressful childhood. It was...you know, it's not something that like I like to dwell too much on, but my childhood was not unicorns and rainbows. It was very difficult, very stressful. And so really at the crux of that was that I was under a lot of stress, and that was really allowing my immune system and my gut to take a hit, which allowed for me to get infected with H. pylori.

So I was treated for that. At the end, they said, "Here's your proton pump inhibitor. P.S., we've never studied this in women and people your age, but we think you should take this for the rest of your life." And I was 17 and I was like, "No, I can't take this pill for the rest of my life." And I start... That's when I started to dabble more in nutrition and started to figure out on my own, like, "Oh, if I eat refined carbs then I have more heartburn." And you know, even though my doctors then were like... I asked, "Can I change my diet?" And they're like, "No, that has nothing to do with any of this." And you know, at 17, I was like, I refused to believe that. There's just no way, like it makes no sense to me. And so I figured...you know, I figured all of that out and that ended up propelling me.

At the time, I was a registered dental assistant. I was actually going to become a dentist. I'd done all my prep work for that and was going to sit for the dental exam when I was then bit on my right hand by a dog, and it actually made it so that my pinkie doesn't work quite right. It's functional for me but it wouldn't have worked for me to be a dentist.

And so I studied nutrition, and I went into that really hard. And then I kinda got my heart broken because I was really into the science. I really wanted to learn, you know, the science of nutrition, and then only to find out that the science was being manipulated, that the American Dietetic Association was being funded by corporations that actually, you know, supply food that we knew hurt people. And so that's what I mean like I got my heart broken a little bit in all of that because I was like, "Wow. I thought I was a part of something doing good work and I can come to see now that, you know, it was just owned and funded and all of that."

So that's...you know, it was really when I kind of started to fall out of love with science and the dogma of science and recognized that like there is no such thing as unbiased science. It just doesn't exist. That's when I actually...I stumbled upon naturopathic medicine. And at the time I was in grad school. I was doing nutritional biochemistry research work, and you know, getting my degree in that. And I was a yoga instructor and I was doing nutrition. And when I found naturopathy, it was like everything about my philosophy, I resonated with that, but you know, I'm still like the hardcore science person. So I had to bring that with me, and that's how I got into naturopathic medicine.

Now, fast forward to the birth of my son and that's where, you know...I gotta say to you. This is...it's ironic in a way that I got Hashimoto's because I was studying under Dantes Cross since I was in my first year of medical school. I loved Hashimoto's, like it was my favorite thing to treat in clinic when I was in school. I, I mean, lived and breathed it.

But you know, after the birth of my son, things really went downhill and I was having a lot of problems that were just progressing more and more. And you know, things like muscle aches, I started gaining weight again, my hair was falling out. I was really depressed, and I could feel...I mean this was about...like my son was like 16

months. He was more than a year old and that's really when my depression started to hit me. And I could recognize that like, "This is not my life. This is physiological, something's wrong."

And I went to doctor to doctor like so many of us have, and I was met with a diagnosis of being a mom, which is not a diagnosis in my opinion, but they just said, "Yeah, of course you're tired. You're a mom. Of course, you feel this way. You're a mom." And meanwhile, I was like, "Can somebody run some tests on me? Can somebody like order some labs?" And you know, I'd get these partial labs, never the full picture. And I was in this place where, you know I was a doctor. I thought I needed to give my power to the doctors that I was seeing because they could truly help me, and I shouldn't be treating myself, I shouldn't be helping myself.

Now, that has really shaped how I do things in my practice different now because now I don't want any patient to give me their power. I can see like how flawed...that's like a big issue, I think, in medicine all together. But it was when I fell asleep at the breakfast table after about sleeping 15 hours and I still couldn't make it through my day. And my husband came in and he started to list off all of the symptoms I was having. And as he just listed them out the way a patient would have, it was so clear to me in that moment that I had Hashimoto's.

And so being the nerd that I am, I then dug deep. So I got my testing done, there it was. I got on medication. Oh, my gosh. Within two days, I had no depression. My joint pain was resolved like, you know, total game changer for me. And so I had to ask, "Why and what's up with this? Why didn't anyone else know?" And when I got into the research and I started digging, I found that, you know, most part of thyroiditis, like an autoimmune activation is incredibly common in new moms, but no one's testing it. You know, in our society, the way it is, no one's looking over after mom. Like she gets her six-week checkup and then it's done, it's over. No one's looking out for her. And so that's why we're missing it a lot and nobody's really talking about it.

And so, you know, part of that journey and part of that story though is that as I was going through this and I was very new in learning everything is that I did get pregnant, which is this is how it goes. You've been working on your adrenals because I'd been doing that all along, but then you optimize the thyroid and now you're super fertile.

So I got pregnant and because of my struggle with doctors to even get my testing or to increase my medication, and I ended up... You know, it was a real struggle and I was completely mismanaged, I can see this in retrospect, and I lost my baby. I lost my baby at 11 and a half weeks, and it still hurts to this day. I still feel that pain resonate in me when I'm speaking to a mom and she's gone through that loss as well. But it was after my miscarriage that then what popped up were 21-hydroxylase antibodies.

So now, my adrenal glands, my total cortisol output was almost nothing. The doctors I was seeing were like, "You need to be on cortisone. You need some actual, you know, adrenal support, like next level medication." And I really didn't want to go that route because I've seen what it's done to so many patients and how you can get stuck in all of that. And so, you know, it was really another aha moment for me. Again, I was supposed to have this journey because I didn't realize that miscarriage could trigger autoimmunity, but there it is in the research. And what's scary to me is that there's decades of research. It goes back decades that we know all of this but we are not seeing it in women's medicine. We're not seeing it in women's health. And so, you know, that's something that I'd really kinda taken on a part of my role is to educate more people about that. You know, if you want me to go a little bit further, I can tell you my SIBO story. I've never actually told this publicly, I think, but it's actually kind of hilarious. But I don't want to take too much time talking about me.

Katie: I would love to hear it actually. My husband, I've written about it before, but he had a pretty severe bout with SIBO that we finally got it under control. But I would love to hear your side of it, too, and what you did.

Dr. Brighten: Oh, yeah. So this is really funny. So my husband... I treat a ton of SIBO and people, you know, they're always confused because they're like, "Wait, you do autoimmune disease and hormones," and I'm like, "Yeah, gut." And I treat primarily Hashimoto's women, women with hormone disorders, and women coming off the pill. They all have gut issues and they're all but less susceptible to SIBO. So I treat a ton of this. And so

when my husband was having symptoms, I was like, "Okay, buddy, you got SIBO. You have to get tested." And he's like, "Oh, well, I'll test if you test." And I'm like, "Well, whatever." Because you have to do this prep diet, drink this thing, and I'm like, "Great. I love data. Let's just do it," but I'm like, "I'm not going to have SIBO."

And so we test. My gases are among the highest I'd ever seen and it was hilarious because I was asymptomatic with a really strong positive SIBO. So that was just my little moment of like, "Okay, you don't have to have gut symptoms," remember this. And so how did I actually get SIBO? I can actually trace this back. I know the exact event of when it happened because I took this test a couple months later.

So what happened was I was going to Paleo f(x) and I was in San Francisco, at the airport. This is like I rolled out of bed at 6:00 a.m. to get to the airport, no coffee, totally out of it. And who walks past me but Michelle Tam. And my entire little brain decides that I know her, and even though she doesn't know me, like of course, we're best friends, right? So she walks past me and I grab her. I literally reached out and I'm like, "Hey, how's it going," like we've been friends forever, except that her shocked face with her two children, you know, sent me where I was like, "Oh, my goodness. You don't know me, I know you, this is really inappropriate." I was super, super embarrassed. She was rad, she was like, "Hi, I'm Michelle." You know, this is the scene.

So I get on the plane. Chris Kresser's on the plane, like several, you know, people that are really big in the Paleo space. We're all in the same plane together. And funny enough, I'm listening to Sean Croxton podcast. I fell asleep, and then like his outro music comes on. I wake up, and I'm like, "I'm not feeling right. Something's wrong here." And so I go to take another sip of my organic unpasteurized juice and realized that there is something growing in there, growing in the lid and I'm like, "Okay, I don't feel well." So I had to get out of my airplane seat. You know, to spare the details, I didn't think that much fluid was possible to come out of somebody, let alone on a plane.

So I was in the back of the plane completely sick with food poisoning and everybody can hear me. So it's super embarrassing, and all these people actually know who I am on this plane. And I come out of the bathroom and who's there but Michelle Tam. And so we actually have a conversation. I tell her my situation, and like she's so sweet. She sends my son a toy. We're friends now. But that was my introduction to like Michelle Tam and getting to know all these people, but that was my trigger for SIBO.

I got food poisoning. Whatever I got was really, really bad because, you know, it was 24 hours. You know, it's probably one of these things that releases cytolethal distending toxin, which is at the crux of the majority of SIBO. And so, you know, the cytolethal distending toxin, the problem is your body's super good at recognizing that toxin is bad news, it's going to make you super sick. And so it makes all these antibodies that grab on to it. But then just like with Hashimoto's, there's this thing called molecular mimicry or, you know, basically what happens is there's an amino acid sequence that your immune system identifies that's so similar to vinculin, which is a protein on the migrating motor complex.

So let me say this in English. So your immune system basically starts attacking the nervous system of the gut. And that's, you know, something that I actually see and this is how I treat things differently is that I see SIBO isn't just about treating the bacteria. It's actually about treating the nervous system. And so this is something universal I see is there's nervous system dysfunction in the gut. And so, you know, for me, when I treated SIBO, there's definitely the antimicrobial component. I do a lot of vagus nerve stimulation. I use remedies that reinforce the vagus nerve, remedies that help...you know, I'm using herbs and remedies that help with cellular regeneration of the neural tissues, so actually nervous system being rebuilt. And we work a lot on...you gotta get in parasympathetic activity before you eat your food. There's no ifs, ands, or buts about that. It's non-negotiable because, right, like the problem is that parasympathetic activity is often everyone and then we're getting really susceptible to these pathogens.

So you know, I ended up treating my SIBO and that's all resolved. And we retested but, you know, it was absolutely...I could... I mean I was shocked when my gases came back positive because I only had one episode of bloating in that two-month period of time, and I was like, "Well, I had eaten like a boatload of

cherries before that." Maybe that wasn't a good idea. Like eating five or six cups of cherries because they were ripe and in season and la, la, la. Maybe that was the issue, but now...I mean once I did the test, I was like, "There it is."

And so it's a good reminder for everyone that just because you don't have symptoms of gas, bloating, diarrhea, or constipation, doesn't mean you can't have SIBO in your gut. It can certainly be present there and, you know, definitely in cases of like when we're talking about Hashimoto's, we're talking about mood and we're talking about hormones. We've got to be looking there because if you've got SIBO, you've got a malabsorption issue, and if you got a malabsorption issue, then like nothing stands a chance in the body because you're not absorbing the nutrients you need.

Katie: Yeah. That was exactly our experience as well. And it seems like SIBO is one of those tough ones to finally eradicate, but I wanted to go back to what you said, and first of all, say how sorry I am for your loss. I know that's...a lot of women have had that same loss and it's really heartbreaking every time.

But the reason I love your work so much, and I want to really delve deep into this, is that pretty much all of my listeners are moms, for the most part. And I found that, like for myself, my body and health pretty much drastically changed after pregnancy. Even each pregnancy that I've had, it changed in different ways. So you've written a lot about this, and I feel like society doesn't support this. Society says like, "Okay, we're gonna do all this testing while you're pregnant to make sure your baby is healthy." And then now you had a baby, you're right, "In six weeks, you'll be back to normal, have a great life." And I feel like you have a really, really good insight on this.

So what do you recommend for women after baby? Like what lab tests, when should women get these done, and what's kind of the system of getting back to a little bit normal?

Dr. Brighten: Yeah. So I mean you're absolutely right. That was my experience, too, and that's my big aha, is like there's only someone looking out for... There's actually... Let's just be honest, there's no one looking out for mom in her pregnancy. What they're really doing is looking out for baby, and that's where someone like me comes in. And this is not a bad thing for people listening. It's that your OB and your midwife is looking at your health through the lens of how can we affect... You basically manipulate your system or do whatever we need to do to support baby and that's great. We need a provider hyper focused on a healthy baby, love it.

So my job is actually support mom, like that's where... I'm like, "Hey, I wanna look out for you." And so I wanna back up to... I definitely think there's lab testing. I do things way differently than most doctors do. Because there's lab testing postpartum but I actually have an entire program that women go through with me of points that we're checking in throughout their pregnancy. Because I don't want to start on you postpartum, because if I want to prevent postpartum depression and postpartum thyroiditis and all the sequelae that can come with being a mom, I gotta get you at like before you're pregnant ideal or while you're pregnant.

And so, you know, what I want to say is that I think we should absolutely have universal screening in the third trimester of not only thyroid health because if we see thyroid antibodies starting to stick around in the third trimester, so TPO antibodies specifically is where the research usually looks, we can predict that you're going to have a thyroid flare. And again, you know, this is the most common autoimmune disease of women, but this is the number one that's going to affect moms. About 1 in 12 moms worldwide will get a postpartum autoimmune thyroid condition after giving birth.

So not only the thyroid panel, but I want to know before you birth that baby, where are your red blood cells at? Where's your iron store? So I'm going to look at your ferritin, I'm looking at CBC, and then I'm also going to be looking at your homocysteine because that tells me about your B-12, your folate utilization. If those aren't right, your mood will never be right. Nothing will be right. Your mitochondria won't function. So I'm looking at that, and I'm looking at inflammatory markers, especially C-reactive protein. This is one that's like, you know, it's really easy to test, it's fairly inexpensive, depending on the lab you go through, and it really gives this good

information. So in third trimester, we should see the CRP starts to rise. Inflammation usually rises before baby comes.

And then what I want to know is in postpartum...so for postpartum women, I might test you at six weeks if you're someone with a history, like you have a history of thyroid issues, you've told me before postpartum was really hard for you, your mom had a hard postpartum, postpartum depression or has a thyroid condition. I'm asking all these things about women. If you've got any of that, I'm testing you at six weeks postpartum, and I'm going to see you at eight weeks postpartum because I want to know sooner than later how much trouble we're going to be in at six months postpartum, right? Because six months postpartum is when postpartum depression spikes. It's also when we see the hypothyroid phase, postpartum thyroiditis is so prevalent.

So I want to make sure that that distinction's clear then. If 1 in 12 women are getting postpartum thyroiditis, and absolutely we know that if you don't have enough thyroid hormone as an adult, you'll be depressed, then it only makes sense we should be looking for this. We should be screening it.

Now, the funny thing is that if you get into the research, there's so many research papers that will be like, "We don't see a correlation between postpartum depression and hypothyroidism," and I'm like, "Really?" Because, you know, we see it in everyone else. Every other population we say, "Yes, if they're hypothyroid, treat that first because they're depressed." But this thing starts happening in women's medicine where it just is like nobody just starts thinking about what would it just be with a normal human because they're like, "Oh, you're pregnant. You're postpartum, therefore you're so different. We have to put you in this different category."

So you know, those are the basic tests that...those are like the basics is what I should say. Then I would say, if you can get done, you know, somewhere like 32, 36 weeks, at least by 38 weeks, I usually like to see women at 38 weeks because they're going to know where they're going to be birthing, what everything is going to look like. And that's when we're going to start on the postpartum birth plan, which, you know, I'm not a fan of actual birth plans because I'm like birth is just like life. You can make all your plans but you should just best plan on doing none of those, so you have no idea, like all bets are off.

So I'm like I want you to focus on your birth plan is, what are I non-negotiables? What is it that I'm like, "Okay, this is my non-negotiables. This is what like... you know, it's like baby... So for me, a non-negotiable was that cord has to stop pulsing before you cut it. That was a non-negotiable for me. Guess what happened when my son was born. He came out and his cord broke instantly. There was no waiting for the pulse. So I'm like, "Great. Glad I had that non-negotiable," because nature and life just did its own thing.

But you know, I'm focused more on the postpartum plan because birth, for some women, if you're like my mother-in-law, it's going to be six hours for you. If it's me, you're going to, you know, be a day, and if it's some of my patients, birth might be three days. But it's a very finite window you're going to go through. But that fourth trimester, there's no two ways about it. You've got three months of nature healing and then you've got another nine months of healing after that. So I would argue that postpartum healing and recovery is really a year long, right, because we don't even start to pull calcium back into our bones until 12 months, like somewhere near 12 months.

And so just to speak to like, you know, what you said about the way that women are not supported, this is where I see, you know, medicine's not going to change because I go and say it needs to. Medicine's not going to change because I teach providers. I actually don't actually like to teach providers. I like to teach medical school students because I feel like they're more like, "Okay. I want to help, I want to help, I want to help. How can I do it?" They're more just interested in all of that.

But you know, where it's really going to come from is from us women deciding we deserve better in medicine, and us advocating and saying no. And if every woman walks into her doctor at six weeks postpartum and says, "I want all of these labs because I want to prevent postpartum depression and I want to thrive," because, you know... And I should go back to... The iron thing alone, I want to know where you're at because if at like 38

weeks, your ferritin's below 50, then I know when you give birth, you're going to lose blood and we're going to be trouble postpartum. Because when you go to rebuild your blood supply, that ferritin is your storage form, your savings account of iron. Well, you're not going to be able to do that, and if you can't do that and you can't transport oxygen, you will be depressed. Your brain will not work right. And so it's basic things like that that can then get checked anywhere.

So again, high risk, let's do six weeks postpartum. Otherwise, it needs to happen in the first three months postpartum. But if every woman started doing that with their doctors, their doctors would start saying, "Why do they want to know this? And like what's going on and what can I learn about this?" Because in my experience, you know, the majority of doctors want to help. They really, really want to help and they want to know how to serve their patients better. It's just that, you know, they're not getting that education upstream in medical school. I mean, gosh, like I went to naturopathic medical school. We're talking really holistic, and I feel like I was not taught well enough about postpartum. And I took the midwifery courses, I took an entire postpartum course, but you know, medical school couldn't even prepare me for being a mom.

With our moms today, this is something, I think, is really important. If medical school couldn't prepare me 100% for being a mom, like how are our moms doing overall? Like they need more support. And so it really comes from like a really grassroots movement. And this is why I love that you have this podcast and we're talking about this because if we can empower our patients to demand that women's medicine is done differently, then it's going to change. It will change. We've seen evidence of this.

Katie: Yeah, absolutely. That's such a great point that we don't have to wait till the system changes but that women can go in and ask for these now. And hopefully, doctors, they're just like, "Huh, a lot of women are having these postpartum thyroid problems." Like you said, it'll change the standard of care, so that it's not such an obscure thing.

So to geek out for just a second, because you talked about this whole hormone cascade and the changes postpartum, and I love that you considered the fourth trimester like a year of healing because I think that's super important. Talk a little bit about the placenta and how it really changes the regulation of our hormones during pregnancy and also after pregnancy. There's a huge change in the hormones then. And also just sort of nerdy question, I'd love to hear your take on women eating their placenta or encapsulating it.

Dr. Brighten: Oh, yeah. The eating and... So I totally did this. I encapsulated my placenta. I will definitely say that like I found it incredibly helpful. And you know, one thing that I'm like kind of bummed about is when my book came out, there wasn't a whole lot of research on placenta encapsulation. And now, there's more that it's come out and we're seeing that there's benefits for sure.

One thing I will say is like, ladies, you always got to be cautious with the research and who's funding it. That's one thing for sure. But you also need to just like use a little common sense because sometimes scientists, they forget this or they just don't have this because they have super nerdy brains, and it's great. They're using their best self. But there's this research study that came out and why bring this up is that it's...

So you know, it said like the placenta contains trace amounts of estrogen and progesterone, like these hormones. And so for that reason, because it's trace amount, it's really low, it's probably not helpful. But then in the next sentence, they said, "But because that there's estrogen in here, we know estrogen can cause clots, women should not be eating their placenta because that estrogen could cause blood clot." And I'm like, "Hold up. If that estrogen is too little to do anything for her mood, you're telling me that she shouldn't eat her placenta because it'll cause a blood clot, but you're perfectly fine to prescribe this new mom a birth control pill, which is way higher dose of estrogen than like her placenta can give."

So know this. There's just like...the research is not quite there yet, but here's something we do know definitively. The placenta is an excellent source of minerals, and there have been studies on women's placentas. Now, it all depends on your own iron status, of course, and how you're eating and what your food

supply is giving you, but the placenta is really rich in iron. So eating that after having a baby, there's no one who has a baby and doesn't have blood loss, is a good way to rebuild your blood cells. So I'm a huge proponent of it, along with organ meats.

You know, what we got to do is we got to stand back and we got to say, "Okay, back in the day when we were in tribes, what would we have fed our postpartum moms? Oh, they fed them the placenta, they fed them organ meats, right?" They fed them things that were actually really high in the minerals and the nutrients that they needed, also high in glycine, which helps with anxiety, which is, you know, one of the first ways that women experience postpartum depression, one of the reasons it can get overlooked.

So it actually helps with anxiety, which is kind of universal in moms. And the reason is — so now let me tie it back to the placenta — is that your placenta, you know, took over your progesterone and your estrogen production. It's also making HCG, that's what you pee on a stick and you test when you're pregnant. That HCG also has the role of stimulating your thyroid because we need more thyroid hormone when we have a baby. That's how I ended up with a miscarriage. And I appreciate you, you know, speaking to my loss and I appreciate those comforting words. It's something that I've really become empowered through and I've wanted to normalize the talk about miscarriage through all of that. But let me go back to the placenta.

So you birth this placenta, and the moment that you do, now you've lost who's been producing your progesterone and your estrogen. And so the big one with anxiety is you birth the placenta, your hormones drop to that of a postmenopausal woman, so if you ever want a glimpse of like what it's going to be like for you then, I think early postpartum definitely gives that to you. I know that I got to take care of my adrenals or I'm going to be a crazy, crying woman. That's true for me, but it's that progesterone drop that makes us...you know...

So progesterone stimulates the GABA receptor in the brain. So any time there's freak out neurotransmitters that are like, "We gotta panic. We gotta freak out," you know, GABA is the one that's like, "Stop, slow your roll there. We don't have to freak out over everything. Let's just feel chilled out and calm for a second." This is when, you know, progesterone is right. This is when women are like so in love with being a mom, so in love with taking care of their family. That progesterone is really important, but it drops with that placenta. And because your brain and your ovaries haven't been talking for like a good 10 months, you've got to reestablish that connection. And in modern society, this is where we fall into trouble.

What I like to say just straight up is that modern motherhood is an evolutionary mismatch all together because we were never meant to go in alone. We were never meant to mother alone. It is impossible that the human race would have made it this far if we were abandoning women in motherhood the way we do today as society. And this is something that gets me really, really upset because I feel like if we really...we want to walk the talk of true preventative medicine, then we would be, as a society, taking care of our mothers and our future mothers because they're the caretakers of the human race.

And so when we look at all of that...I mean so much... There's the hormone piece, there's all these things, but so much of what I see in my practice that like really is the tipping point for postpartum depression and so many of these things is this lack of support. And what so many women...I mean really, having thousands of women's stories of saying to me like, you know, I feel...basically the gist of it, I feel like there's something missing, "I feel like there's something wrong, so it must be something's wrong with me." This is how the story goes. But we all feel something is missing. We all feel the loss of community. We all have that sense that like this is not the way it's supposed to be.

And that behavior of blaming ourselves and doing all of that, let me just reinforce that, you know, everything that gets diagnosed as a psychological disorder in women, it really served us in terms of the grand scheme of things. I mean you're hard-pressed to find a man who will put everyone else first in his life, bend over backwards for everyone, and then at night not be able to fall asleep because he replays his entire day of how he could have done that better and how he wasn't quite adequate. Like this just doesn't happen for men as much, and it happens for women more. It's something because, "Yeah, like we're the caretakers. This is the

way we're wired."

But in today's society, at six weeks, you have this baby...or excuse me. You have this baby, and at six weeks, you're supposed to go back to work. You're supposed to be a super mom. You're supposed to be up and about and doing everything. And you know what you need to really be doing is resting yourself then. I mean other cultures don't allow women to get up off their back in the first like 40 days. So this is very true of like Chinese and these other cultures is that they very much respect that.

Now, why? Why is this so important? Well, that really heavy uterus and all that relaxin that's circulating around, you being up and up and about and doing all this stuff and lifting heavy things, that actually, you know, fast forward to your 60s and you set yourself up for a uterine prolapse because we weren't supposed to be getting up and being active. Like what we went through as moms, I mean this is the way I frame it. If somebody ran a marathon, we would totally give them grace to like rest for the next week and to just be like, recover your body and do all that. But there's something about like childbirth that's taken for granted, where women, you know, are told like, "So what, you just had a baby. Get up and keep going." And this is not a diss on my family and like...

So you know, my mother-in-law was there for the birth of my son and she's a wonderful, wonderful woman, but I'll never forget the day that I finally got dressed, like within the first week of having my son, and she was cheering for me for getting dressed and being like, "Great," and like, you know, trying to encourage me to do more. Because from her perspective, that's like what a mom did next. But from my perspective, I was like, "Uh-uh." I have seen some things and I'm gonna hang back for like three months and really take care of my body. Except I did this really dumb thing, that I was a doctor.

So this is the trouble we doctors and other healthcare practitioners have a really hard time ever taking time off of work. And this is a big issue, I think, in America altogether, is that if you're a woman, you can't take time off of work. You know, you're not necessarily going to be in that position. And so for me, I need to go back to work because I had a patient load and I had student loans that did not care that I had a baby.

And so those are two reasons I went back, and I can see now how that was absolutely devastating to my health. It was absolutely the biggest mistake I made in that early postpartum, and I bare it all to the world to be like, "If I made this mistake, I just want you to learn from it and not to make that same mistake."

So I know I was talking about placenta there and I kind of got on the next tangent. But does that resonate? Is it making sense?

Katie: Yeah, absolutely. And I think you touched on another important point there. And I'd love to use it as a segue. They really go deep about postpartum depression because I feel just like miscarriage, that's definitely like a very taboo topic. And I think you're right that there is a community aspect that's still missing for so many women and that men just don't quite understand because they're just built differently. So let's go deep with postpartum depression, and I feel like a lot of women maybe even have this without realizing it, but I know a lot of my close friends have struggled with it pretty seriously. So can you give your insight on postpartum depression and how to recognize it and what to do about it?

Dr. Brighten: Yeah, yeah. So you know, it's this societal narrative that like it's supposed to be really hard being a mom and like...and all of that. So I just want to say the first thing is that you got to start sorting the bucket, and this is what we do with patients of like, "What is your beliefs? What is true for you and what is coming from other people?" Now, let me say this. That's the big time work, that's the next level work, and that doesn't happen if you're in a postpartum depression kinda crisis, period.

So you know, in postpartum depression, it's a very slow kind of onset. It's not like, boom, you wake up one day and you're totally depressed and this is the same way autoimmune disease works. And so it's why these things are really overlooked often. In women's medicine, honestly, I just don't think doctors will just...they're not taking

women's complaints seriously enough. What women have for concerns are often dismissed and I feel like moms are dismissed at a higher proportion than other women. And I say that because this is just what I see on the stories I hear of them coming from other doctors.

And so, you know, women don't often recognize this in themselves until it's really bad because they're full steam ahead. Really important to me that we don't play the blame game with anybody or anyone, so I'm not...and when I say this, it's not that, "Oh, this is the woman's fault for not recognizing it soon." And something else I want to say is that we can't heal anything in present time by wasting all of our energy in the past, telling ourselves we should have done better in some way.

So just as somebody who's had a journey that I wish I could have done better in some ways, just to say, "If we want to heal, I need you to stick with it in present time and not be judging yourself in the past." So you know, the dismissal is pretty pervasive and what usually starts is baby blues in moms. And so that's going to start in the first couple weeks and it only lasts a couple weeks, right? Those big hormone shifts happen, you're crying more, your emotions are...you know, they can be all over the place.

The problem comes when it sticks around longer. And so this is why I have my patients make a postpartum or...well, a postpartum or fourth trimester birth plan. And in that plan, they identify before they have that baby, one, we get the ally, the mental health worker ally because this absolutely has to be in place. You cannot see a nutritionist, you cannot see a naturopath, you cannot see a functional medicine doctor if they're not a psychiatrist or something, that you can't see them solo. This takes a team approach and it's much better to find who's going to be your mental health ally before you're in the thick of it, before you're in panic mode needing it.

Because when you're in panic mode needing it, you're probably going to find somebody who will match your energy of panic mode and you don't need that. You want to find that person ahead of time because that's how women end up on medications that they don't want to take, which is also why a lot of women don't seek help is because, you know, if you know the only thing that your doctor has to offer you is one of these medications that you've seen your girlfriends become numbed out from or you've witnessed other people... I mean we know these medications mess up women big time in a lot of ways. And we've all watched it in our own girlfriends, in our own lives. And so, you know, a lot of women are hesitant because they're like, "If that's my only answer, then I don't want anything to do with that." And I get that.

So we've got to have the postpartum birth like mental health provider and then we need to have a sheet on the fridge for whoever's coming to that woman's house. So that might be her husband is going to be looking at the sheet, her mom's going to be there, her sister, you know, her neighbor, whatever it is. And on that sheet, it's like, "If you see me crying, I want you to do x, y, and z. If you're getting concerned about my mood, these are the next steps to take."

And so, you know, what I have on my patients is if they're getting concerned about your mood, you have to decide, "Are you going... Do you want them to say that to you first or does there need to be more of an action taken to...you know, that you put into place?" And so if they have a history of postpartum depression, if their moms had depression, if they have a history of depression, you know, any of that, I'm like, "You have to have that person in place and what needs to happen is whoever's looking at that list you have on your fridge or your postpartum plan, needs to have that contact information, so that they don't tell you first you're depressed," because people with depression, they don't know...they can't always see it. It's just like, you know, this is how health is.

When you're having your own health crisis, it's like the book is being held against your face. It's way too close for you to read it. You need to get that info to somebody who can stand back, who's far enough away that can translate it for you because truly... And me as a doctor, I don't tell patients anything they don't know. I mean they've given me all the information. The only difference is that I'm really good at sorting the information, standing back, and painting the whole picture in a way that they can digest and understand it. But you know, all of this, it really is internal.

So you know, with postpartum depression, a big thing... So in my clinic, we've got phenomenal prevention rates in postpartum depression. My lady is like...it's...I mean it's something where like, "I want to be cautious," you know, throwing in kind of stats, but it's almost unheard of in my practice in anyone who goes through preconception care with me. And the reason is because we're loading up with nutrient-dense, we're keeping really tight parameters on everything, and we are looking at the individual as a team. So I've got, you know, nutrition providers and there's other providers coming in, working with this woman in a team setting.

And so, you know, if you're a woman listening to this and you're like, "Well, shoot, I'm about to have a baby and I don't want to get postpartum depression," you know, one of the first things tried and true is you gotta stay on that. You gotta stay on that prenatal that you were on. You definitely have to rebuild your nutrient storage. You have to be eating, you know, really good nutrient-dense foods, but you need to be supporting those adrenals.

So what do adrenals love? They love good night sleep, they love consistent meals, they love low stress, they love routine, you know, all the opposite things that a baby actually gives you. And this is not baby's fault. This is just the way it is. And so you gotta look after those adrenals because when you deliver that placenta and you roll into that postpartum, you've had a lot of trauma to your tissues. There's a lot of inflammation. It's your adrenal glands that come in and they actually are going to make cortisol to dampen that inflammation. But you keep not sleeping, you keep missing meals, you know, you're really, really stressed out and you're doing nothing to give your adrenals like B vitamins. You're not doing like, you know, stress reduction practices because...I mean that's just like how it goes in the beginning being a mom. I'm like, "I didn't do any stress reduction practice for like the first three months because I didn't have a doctor telling me to." I'm like, "Had I had a doctor telling me to, that would have been a different story."

But the other thing, you know, that we really leverage is getting the warming anti-inflammatory herbs coming. And it's no coincidence that in other cultures, they're feeding ginger, they're feeding turmeric, they're giving high doses of this in postpartum moms. These things are anti-inflammatory. They're fantastic for your gut. They're fantastic for breast milk. Because if we get inflammation down and we take care of our adrenals...so this is a really important thing for women to understand. If your breast milk is declining and you're drinking enough water, it's probably not fenugreek, you know. If you've taken that it's not helping, you gotta start looking at adrenal and thyroid functions.

So postpartum thyroiditis can manifest by a drop in breast milk, and certainly, high stress will keep you from being able to make breast milk. This is why when women are pumping, I'm like, "I want you listening to either your baby while you're pumping, like record noises, or I want you listening to really soothing like binaural beats or Deepak Chopra's voice or whatever does it for you that you really relax and get into that place. Because, you know, the stress of being a modern mother really takes a toll on the adrenal glands.

More of us enter into pregnancy nutrient-depleted than we've ever seen before. This is the result of poor farming practices and poor food supply, all the reason to grow your own food, why I'm on urban homesteading. It's because you can be in control of that. But you know, this is something to recognize is that you...as women, like we can do so much to prevent postpartum depression. But if you think...if you're like, "Ah, I think, you know, what this doctor is saying is starting to resonate with me. I'm anxious, I'm not sleeping, I'm not motivated, I have no joy, I'm not connecting with my child. You know, my breast milk supply is dropping." Like you're starting to have all these symptoms.

If there is a second in your body that you feel something is not right, that is the time to get help, because whatever you might be experiencing may be very common of mothers, but it is not normal. And all that matters is, is it normal for you? That's the question I ask. I don't really care. So often women will be like, "Well, if I'm rating my energy, my neighbor has this much," and I'm like, "I don't care. I don't care about your neighbor. Let's stop comparing ourselves. What is true for you?" And this is where medicine makes a big mistake is they say what was true for the research study of this bottleneck little tiny population who would participate in research

study.

We have to take the truth of the research study and we have to ask, "Is it true for the person sitting in front of me?" And ladies, this is why you need to get help because you can't do this on your own, you can't out turmeric, all of this stuff. You need root cause solutions, and what that means is lab testing, going deeper and working with a provider who wants to ask why and who also... I mean this is a big difference in my clinic. I'm a long-game gal but I love short-term solutions. So I'm like, "What do we got to do in the long term to make sure this problem stays gone? But right now, I hear you. You have your needs of, you know, whatever's going on. How can I make your symptoms better as soon as possible and give you tools with that?"

Just you know, because I've spoken to anxiety a lot and like almost every woman gets anxiety in the beginning, passion flower, passiflora glycerite... I like the glycerite form because that little bit sweetness you get also lights up like dopamine and other great things in your brain that's like, "All is well," when you take it. But passion flower is safe in breastfeeding and it stimulates the GABA receptor in the brain. And it can be great to take with like night waking and night feedings to take a dropper full of that, go back to bed. And of course, if you're getting up with night feedings, you need to be using red lights only, you need to keep it as dark as possible because we don't want to... If we mess with your circadian rhythm...

So this is really interesting. A study just came out. If we mess with your sleep cycle, your light-dark cycle, we mess with your liver. Your liver doesn't detox. It doesn't do its job right. Women, we are on rhythms, everything about us is on rhythms. We even cycle with the moon, which is really, really cool. So to me, we've got to tend to those parameters really tightly of how do we keep the rhythms, how do we keep that going. But passion flower is a really great one because it's not addictive, it's not suppressing. It's basically...it's just a little like push of what progesterone should have done. Does that make sense?

Katie: Yeah, that makes perfect sense and I think you speak so well to supporting women and also to like watching yourself postpartum.

This podcast is brought to you by the Kids Cook Real Food course, and you may have heard me talk about this before because I love it so much. It's made by one of my good friends, Katie of Kitchen Stewardship, and it's one of my favorite bonding activities I've ever done with my kids. Basically it's a course, Katie's a teacher by trade, so the course is incredible. It's all these videos that teach children of all ages how to cook, starting with the most basic skills all the way up to advanced skills. So my little ones love things like slicing soft fruits and vegetables, or spreading things, and my older ones love that they now have great knife skills and can make entire meals from scratch.

If you want to check it out, you can go to kidscookrealfood.com/wellness. There will be a special offer for Wellness Mama listeners, so keep an eye out for that. And I would highly encourage any of you, if your kids are not already amazing chefs in the kitchen and you would like them to be a little bit more helpful but also to instill a love of learning and a love of real food in them, I highly recommend the course. I can't recommend it highly enough and every friend that I have either given it to or encouraged to get it has absolutely loved it. So again, check it out, kidscookrealfood.com/wellness.

This episode is sponsored by Mama Natural and my friend, Genevieve, also known as Mama Natural, has just come out with a game-changing pregnancy book called "The Mama Natural Week-to-Week Guide to Pregnancy and Childbirth." So if you or anyone you know is pregnant, I strongly recommend picking up a copy or just grabbing one to donate to your local library. It is an incredible resource and definitely one of the best resources I've seen for new moms. Also, Genevieve has a week-to-week email series for pregnancy. So you've seen these on other websites but this one is a natural take on week-to-week emails that tells you how your baby is growing, what milestones he or she's hitting, all that cool stuff, and it's free. So you can check it out at mamanatural.com/wellness, mamanatural.com/wellness to sign up for the free week-to-week pregnancy email series or also to check out her amazing new book.

Katie: Another question, I'm going through like a list that I keep of blog questions I get a lot. And a lot of women ask about pelvic floor issues postpartum and I certainly like notice a difference in myself after having six babies. And I think there's like all these societal...

Dr. Brighten: Yes. Mad respect to you, lady. Mad respect. I have one and I'm like, "How do people do more than one? I can't figure it out." It's just not my walk in this world, but you're amazing. That's just amazing.

Katie: Well, thank you. I think there's so many jokes in society about like, you know, after you've had a baby, every time you sneeze you pee or like all these things. But you've written a lot about this and it doesn't really have to be that way. In fact, I think you have an actual technique that you've developed. So can you talk about pelvic floor health postpartum and what we can do to support ourselves that way?

Dr. Brighten: Yeah. So this is huge. I mean this is what I was talking about — getting up, moving around before that, you know, early in your postpartum can be really problematic. Yeah. I mean I had one kid and I ended up with what's called a cystocele, which is...these are really common in women. So I had a... Basically, this is like totally TMI, but this is a mom's podcast and I think we should normalize all this stuff.

So the bellybutton side of my vaginal wall had an outpocketing. And so, yeah, we had to do the connective tissue support but I also need to work on my pelvic floor. So ladies, I see a lot of trauma in the vagina. If you think like, "Hey, you know, something's not right with my vagina." No, that's super common in moms. And so because it's so common, there's these really awesome countries like France that actually prescribe like a dozen...you know, they just pay for it, they're like, "Hey, you had a baby. Here's a dozen pelvic floor sessions." Because we know how important this is in the long term at supporting your health. I would just be jumping with joy if the U.S. could get on board with that because I think this is true for every woman.

So when a small human passes through a very small, you know, small canal, we expect there to be damage and trauma. So why wouldn't we expect? You know, we have to rehab that. Just like if you had any other musculoskeletal injury, you're going to go to a physical therapist, you're going to start working on all of this.

So you know, what I do is I teach women how to care for their pelvic floor. So my work is an internal myofascial release therapy coupled with energetic work. So what does that mean? This is basically an internal massage to the vagina. And what I'm looking for is I'm looking for trigger points and muscle imbalances, and then I'm teaching women how to find those as well, what to do with it, because you can actually do your own internal massage to your vagina. And I think we actually should all be doing this. And some, you know...

I know some people get a little bit weirded out, but let me say this. When your fingertips touch a muscle that should be engaging...so if you want to do an abdominal crunch and you touch your fingertips there, you reinforce your brain's connection to those muscles and you stimulate that strong connection so those muscles engage correctly. If you're doing this pelvic floor therapy, you can release your trigger points, you can say bye-bye to pain. That's awesome. You can start to create muscle. You can start to balance the muscles yourself as well, and you're going to get tuned into your pelvic floor.

Now, for most women, this is actually how I got into women's medicine. The big thing is that I saw that things were done to women. Okay, that's how women's health was done. You have a Pap smear done to you. You are not participating in this. This is not your body. The doctor has now taken charge of this area. I reject everything about that because it's so disempowering. And so when I see this so often, because the way medicine's been done is we relinquish our power in some ways, and like it's happening on the subconscious level. This happens in childbirth as well that...and I did this. I recognize it only now that I was giving away my power to my midwife. I was trying to be then the birthing mama I thought I should be. I'm doing air quotes. Ladies, don't do this. I did dumb, don't be me. Because it was in that moment that I was like, "Who am I? How is this baby coming out?" And then when all of that happened, my baby was out in 10 minutes. I was like, "Oh, done. That was part of my work. That's what birth taught me." So I appreciate all of that.

But you know, when it comes to pelvic floor therapy, after birth, all of us are done to do...or are told to do Kegels. "Kegel away, Kegel away." And I totally disagree with that. And someone who's written way more about this and she actually deals with diastasis recti and she's a physical therapist, this is Katy Bowman. And I think she's a great resource to look at with this as well. But you know, much like you need a personal trainer in the gym to ensure you don't create or reinforce imbalances in your muscles, you also need a physical therapist for the same reason.

And so even though I'm teaching women how to do this pelvic floor work, I'm getting them to own the pelvic floor space again to really connect into it. That's what this energetic work's about. We're using things like herbal prescriptions and flower essence and chakra jobs and whatever that patient, whatever that woman needs in that moment to really reinforce all of that. And then we're coupling with a physical therapist because what the physical therapist is now doing is looking at, "Well, what's going on with your hamstrings? What's going on with your quadriceps? How are your abdominal muscles?" And so we partner in that way to really support the woman.

And so, you know, I've termed this Rubus Pelvic Care. So my clinic's name is Rubus Health, and Rubus idaeus is red raspberry leaf, which is the leaf is the herb that strengthens and supports the womb space. And that's really the work I see I'm doing in this world is that my clinic, we support and we strengthen the... What's womb space? It's the feminine. It's the female energy, it's women's health. And so, you know, that's really how this got its name of Rubus Pelvic Care is like we're strengthening and supporting the womb space. But the really important thing is that in teaching women how to do this for themselves. So then that way, they don't feel like they're reliant 100% on a provider, they know how to tend to their pelvic floor as well. Does this make sense? I know this is kind of different than what we've been talking about.

Katie: Yeah, absolutely. I think that's a really cool model that you have.

Dr. Brighten: Well, thanks. Yeah. You know, it's just something that I'm like, as women... Like why aren't we being taught these things? Because, you know, even... You know, this work, mostly we want to come to the pelvic floor work after having a baby, but we actually use it preconception a lot because it increases the pelvic floor circulation. And if we can increase the circulation, we increase nutrients, we move out, you know, things...the waste that we don't need there, and inflammatory proteins can get processed sooner. All of that sets up the environment, so when the egg is fertilized, the egg says, "This is a really good place to hang out in. Like, hey, I'm going to implant here. This is really great." That's our approach to preconception is we're like, "How do we tell the body and baby that the environment is super safe and you really want to be here? If there's ever a time, now is the time to be here."

Katie: Yeah, I love that. That's really cool. And I'm going to make sure we include links to all the resources you mentioned and to your book and to your pelvic floor system and everything, and especially to your website. But where can people find you online if they want to find out more about any of these topics?

Dr. Brighten: Yeah. So you can find me at drbrighten.com. It's brighten like the sun, not like the jewelry. Sorry, ladies, but it's D-R-B-R-I-G-H-T-E-N. And then you can also find me on Facebook, that's where I answer a lot of people's questions. You know, whatever people are requesting for topics, I usually do a Facebook Live there. So if you're wanting to like, you know, hear a little bit more about that, definitely Facebook is one of the best channels to find me at.

Katie: Awesome. I definitely would encourage anyone listening to go find you there. You are a joy to talk to and so full of information. And I'm so glad we finally actually got to chat in person.

Dr. Brighten: Yeah, I know. It's kind of crazy, how many of the same friends we have, like how...and like we both looked at each other's work and I'm like, "How have we not talked yet?"

Katie: I know. Exactly. And thank you so much. I know you're incredibly busy and I appreciate so much you

taking the time to be here. And like I said, I encourage everyone listening, especially anybody struggling with these problems to find you and to connect with you and to find answers for themselves.

Dr. Brighten: Absolutely. Well, I appreciate all of that. And for, you know, all the ladies listening, if you want to know about the meal plans and the things that we do to get women started on a really nutrient-dense hormone balancing diet, you can go to drbrighten.com/hormonekit and I have a recipe guide in there and basically a toolkit to get you started with all of that.

Katie: Awesome. Thank you so much for your time.

Dr. Brighten: Yeah, thank you. It's been so much fun.

Katie: You, too. And thanks to all of you for listening. I will see you next time on the Healthy Moms Podcast.

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