

# Fourth Trimester Podcast

## Episode 50: What Postpartum Doulas Do (Listen To This If You Are Considering Hiring A Doula - What To Expect With Monique The Doula)

**Sarah Trott:** [00:00:05] My name is Sarah Trott. I'm a new mama to a baby girl and this podcast is all about postpartum care for the few months following birth, the time period also known as the Fourth Trimester. My postpartum doula, Esther Gallagher, is my co-host. She's a mother, grandmother, perinatal educator, birth and postpartum care provider. I've benefited hugely from her support. All parents can benefit from the wisdom and support that a postpartum Doula provides. Fourth trimester care is about the practical, emotional and social support parents and baby require, and importantly, helps set the tone for the lifelong journey of parenting.

When I first became pregnant, I had never heard of postpartum Doulas, let alone knew what they did. So much of the training and preparation that expecting parents do is focused on the birth and newborn care. Once a baby is born, often the first interaction parents have with medical or child professionals, other than the first pediatrician visits, is the six-week checkup with the OB/GYN. *What about caring for mama and family between the birth and the six week doctor visit? What are the strategies for taking care of the partner and the rest of the family while looking after your newborn?*

Our podcasts contain expert interviews with specialists from many fields to cover topics including postpartum doula practices, prenatal care, prenatal and postnatal yoga, parenting, breastfeeding, physical recovery from birth, nutrition, newborn care, midwifery, negotiating family visitation, and many more.

First-hand experience is shared through lots of stories from both new and seasoned parents. Hear what other parents are asking and what they have done in their own lives.

We reference other podcasts, internet resources and real-life experts who can help you on your own parenting journey. Visit us at <http://fourthtrimesterpodcast.com>

**esther gallagher:** [00:00:45] Hi! this is Esther Gallagher hosting today's fourth trimester podcast. Sarah isn't joining us today sadly but we have a wonderful wonderful guest Monique the doula. The doula Monique Monique Callen and she's going to tell us all about her practice as a birth and postpartum doula which of course is very exciting to me because that's what my career has been as a birth and postpartum doula.

But before we started I just want to remind our listeners that we have various ways that you can be in touch with us. We have a Facebook page and we have a newsletter that you can sign up for. And we also have ways that you can help sponsor us if you are able and inclined to even just a dollar a podcast would just really really help us out. We don't we don't really have any personal income from this podcast. It's all personal outgo but we love doing it. And here we are.

OK so I'm so excited to have Monique on the podcast. I encountered her on Facebook quite a while ago and we've just had our lives and not a great chance to connect via the podcast. So here we go. So Monique I am going to hand the microphone over to you. Metaphorically speaking. And just tell us all about yourself!

**Monique Diane:** [00:02:36] hi Everyone, I'm Monique Callen, aka Monique the Doula. I am a birth and postpartum doula. I've been doing this work for the last 6 and 1/2 years. i'm the mother of a very bright very funny 7 yr old girl. She's the reason why I began doing this work. Before i became pregnant i had never heard the word doula. I was not educated in birth really at all, let alone Home-Birthing or natural birthing or any of the things we are involved in. I was actually quite afraid to give birth at all. I'd resolved in my mind that I would not have children because why would I want to do that. It seemed painful and scary.

And so when I found out that I was pregnant I was terrified. And so my only thought was I just don't want to feel anything, so I did massive amount of research just looking for what is the least painful way to give birth without having surgery because I was also terrified of having a c-section and I stumbled across the profession of Doula. I happened to stumble across it! I believe the first thing that I heard about was HypnoBirthing. And so but at that time I was working for a non-profit and was making basically donations; that was my salary: just donations. And so there was no way that I could afford a Hypno- birthing Doula.

A friend that I was in high school with, I noticed on her friend list on Facebook that one of her friends was a doula, she lived in Los Angeles. And I was in Atlanta at the time moving back to LA so I contacted her and this woman her name is Tara Baskin, and she is easily the most calm, loving, easy-going, sweet natured and yet strong person that I have ever come across.

**esther gallagher:** [00:05:31] Just what you need.

**Monique Diane:** [00:05:33] Exactly what I needed, and when I connected with her she became a friend, a confidant, all around shoulder to lean on and there was lots of drama and everything, which I'll talk about a little bit later, going on during my pregnancy.

And she was very sweet and understanding and nonjudgemental and helped me get through all of that. At the same time teaching me how to get my mind together and completely shift my thinking surrounding birth. And I ended up having a very empowering non medicated vaginal birth in the hospital. It was very much, it was just most awesome experience and I just remember as soon as everything settled down I knew that this is what I want to do. and I know a lot of women come to this profession that way.

So as I was learning how to be a mommy, I realize how very hard and exhausting and sometimes I mean almost cruelly exhausting sometimes. And that's when I learned about postpartum doulas. I was not able to have one. But thankfully I do have a lot of family who surrounded and supported me. But that was when I said, you know, this is something that women are desperately in need of, and yet it is a profession that is very underrated. And I don't think, I mean, the profession of Doula and midwifery is starting to again gain a lot of traction in our society.

Postpartum Doulas are kind of under the radar. So we're gaining traction. But this is something that I'm very very passionate about. The fourth trimester is where we're made or broken and there are so many women and men who are suffering from mood disorders because they don't have the support that they need. And so I am passionate about seeing families healthy and whole. that's why I do what I do!

**esther gallagher:** [00:08:51] That's awesome. I resonate with every word of your story. I will say I wasn't afraid of being pregnant or giving birth. That part came very easily to me. I was very lucky in that one particular way.

But you know beyond just the logistics of finding a midwife, from there on I totally resonate with every word you say and people who know me know that the thing that really radicalized me was after having the baby and being alone in that. And even even

the helpers who would help had grave limitations. I just I think and I was in a fairly normal situation as far as my physiology and still needed care that I never received. So I am thrilled to hear your story. I resonate with the difficulties of it.

But I think that you're pointing exactly to the things that we don't know in our culture about and that we need to understand and that, here we are, we're in a profession to do exactly that support. And tell me a little bit about how you learned to be a postpartum doula, since, as you say, you didn't experience firsthand having a trained postpartum doula. Tell me a little bit about how you evolved your practice. Because, like you, I didn't have a postpartum doula but I you know heard that there was such a thing and I thought well yeah, that needs to happen.

[00:10:58] As I evolve my practice and as I learn more and add skills sets it's the synchronicity and serendipity and just the coincidences if you can call it that, finding that every woman that I've met that is in this profession has said it really is almost like a calling and that you know some of the work that we do, we've always done.

And you know and I don't know, from the time I was old enough to work I've worked with children and babies and women and I've taken care of my friends children and you know accompany them to hospital when they had babies and helped them to take care of their baby and learned about remedies for diaper rash and all those things. I've always done it.

And so when I trained through birth arts international and as I went through the curriculum it really was like ah, I do this! Oh yes I do. And it really was, a lot of the things that I had learned about what women need, was this is something that I needed. And as you were saying, like things that I didn't get, not because. Not that people weren't willing it was simply that they have their limitations. And that they didn't know. The thing is that you don't know you don't know.

**esther gallagher:** [00:13:10] Right. I mean how would your family who, I'm going to guess never heard of the sitz bath know to scrub out your tub and make herbs and put you in tub with them. You know of course they don't know that: my mom wouldn't know that and she's a very loving caring person. Nobody did that for her.

**Monique Diane:** [00:13:35] We now know there are traditions: I'm an African-American woman. So there are a lot of traditions that we don't know why, but we do. You know, the old folks say you do, so you do! My grandmother who, from a tiny town in Texas; And you know would tell me, "OK. Make sure you keep yourself warm.

Don't go outside for the first month. You know keep that baby with you. You know everybody shouldn't be kissing on the baby. Things like that that we teach to our clients for their health and their well-being that is tradition for a lot of cultures. You know, some things are old wives tales that I go through with some of the family of my clients. Some things you can take and some you can leave! Yeah. So I was fortunate in that regard that as I was going through the curriculum I see that there are a lot of things that

[00:14:50] You know as women in families that that you that I was just doing for other family members that you've just learned how do you know they're learning like that. I mean I know people love to say that prostitution is the oldest profession... you can't have the prostitution unless people are born!

**esther gallagher:** [00:15:23] God I love you! I have said exactly the same thing myself!!

**Monique Diane:** [00:15:30] Yeah. All the oldest profession has to first be a midwife and then the doula.

**esther gallagher:** [00:15:37] Yes. They maybe we'll get around to prostitution.

**Monique Diane:** [00:15:44] Right.

**esther gallagher:** [00:15:46] But only if we have to!

**Monique Diane:** [00:15:47] They got to get born here first. Yeah I think that is innate. I actually just learned that my maternal great grandmother was either... she passed away so young and when my grandmother was only sixteen. But my grandmother recently told me that she would actually like the town midwife or she did something like doula work. She would go to the homes of the women who were having babies before she died. I remember as a little girl, that she would take me when I was a little girl and she would go in the room and we wouldn't leave until the baby was here.

**esther gallagher:** [00:16:35] That's so cool!

**Monique Diane:** [00:16:39] So it's in me, it's in my blood. It's what I'm supposed to be doing.

**esther gallagher:** [00:16:45] Fantastic. Well hopefully you'll find a way to find out more about her now, in terms of all this. Maybe there's some kind of record somewhere! That is so great Monique! I love hearing about those kinds of things. So why don't you if you don't mind, to take us through what a day, or day to day is like in say, the first week of

care that you give your clients postpartum. What are the typical things you might encounter with them and address.

**Monique Diane:** [00:17:29] OK, let's just say if the client had a vaginal birth, unmedicated, typically i'm helping her with comfort for whatever discomfort or pain she might be experiencing after birth.

And for me that will include, if the client wishes, herbal remedies which includes teas, herbal sitzbath for them. And for those who don't know, I'm sure your already know what sitzbathe is, but you scrub the tub out, you run water as hot as mama can stand it, about just a couple inches of water. I steep the herbs in a the big pot of water pour that in and she sits in it for at least 15-20 minutes.

And that will help her heal, it will help to keep away infection. It will help the pain. And whatever discomfort she's having. And it also just help her feel better. Yes. You know sometimes, that's another thing I do, I make sure, I help her feel like a person!

**esther gallagher:** [00:19:09] Not an easy thing when you're going through such a profound transformation. Right?

**Monique Diane:** [00:19:16] First week I also help if she's wanting to breast, i assist with breastfeeding because, again, she's a new mama and the baby is a new person. And so everything is a learning curve and I lot of reassuring that she's doing a good job and that everything is OK. I don't I think you know it's, our society's weird.

You know we have this thing where you know we deify mothers and we also demonized them...All in the same, you know? It's a weird weird weird thing! So you know, in ancient times and you know it's not that women did not go through the same struggle. You know, as new mothers. People still had issues with, do I have enough breastmilk? They still have issues with, I'm tired and all the baby wants to do is sit around and eat! They still had issues with all of the things; the difference was there were women surrounding them to show them what do.

**esther gallagher:** [00:20:37] And they would have seen any number of these issues growing up. It just would have been around.

**Monique Diane:** [00:20:45] And it just the whole thing. When we normalize what happens... like, when we watch... the only thing that we know about Birth and postpartum is what you see on TV: you're either seeing somebody you. Know complete exhausted, zombified, and you know, spit-up everywhere with torn clothes and the

house is just crazy or you're seeing somebody who is floating on some lotus petals and hair blowing in the breeze.

**esther gallagher:** [00:21:33] Almost virginal. Wouldn't you say? It's almost like you're a virgin. You never had sex, let alone been pregnant and pushed a baby out!.

**Monique Diane:** [00:21:46] Let alone an entire human being just came out your vagina!. You're at least a little sleepy! Part of what i do for my families is just that. 'Cuz a lot of us, even if you have children in your family a lot of us just have no clue what the fourth trimester looks like.

And so a lot of my mother in the beginning feel very inadequate and feel very much like what everything they do, am I doing it right? "Am I doing it. I don't know if I'm doing this right?" So I'm letting them know, "You're good, you're ok." You know so that's what, most of what I do is that. Along with, making sure that their surroundings are suitable for them, so I'll do dishes, pick up clothes, I'll vacuum the floor, I'll do baby's laundry, her laundry.

You know things like that. Just making sure that she is getting rest. Sometimes that means do you want me to hold the baby while you take a nap?And I'll do that. It's funny when you say, "What's a typical day?". It's like I can go for a day explaining to people and they're kind of like, "OK you're like a nanny." I understand how people can believe that.

But it's that line of thinking that kind of keeps women from asking for help. When you think of nannies, you think, this is a luxury, this is a person that rich people hire to take care of my kids when I don't feel like what I want to. Yeah you know. And might I add, having a nanny can be important too. Because sometimes you don't feel like it! I have a 7 year old. Sometimes I don't feel like it. Can we keep it real?.

**esther gallagher:** [00:24:12] Thank goodness for playdates, right?.

**Monique Diane:** [00:24:16] We call our parents or our friends and ask, can you please take this child because we are going to... it's a real thing, you know.

**esther gallagher:** [00:24:31] And it's real with newborns. Moms will feel like, "You know what? I've given every molecule I can give and I'm exhausted beyond my capacity and I need 30 minutes to close my eyes in order to get back at it."

**Monique Diane:** [00:24:52] It helps for someone... because it's good for Mom it's good for the baby. We have all the studies about you know allowing newborns to cry it out,

purple crying and all the [bad]stuff. But these are things that happen when you have exhausted parent with no support. If mom can get some sleep and baby have the fresh pair of boobs to lay on...

**esther gallagher:** [00:25:24] That's what bosoms are for!

**Monique Diane:** [00:25:28] And a fresh pair of arms to hold them in that awkward position that they've become so fond of, looking out the window. You know how it is. He doesn't want to lay this way. He wants to lay this way with my wrist all turned...OK If there's a fresh pair of arms that can do that, it's invaluable. Now you have a mother who is rested.

And who, while you're resting and it's so important, it's not just about being tired. A mother needs that rest in order to recover from childbirth, in order for her hormones to go back into alignment where they need to be. As would anybody-- if you go into a doctor's office, if you have to have surgery or you've gone through some sort of trauma or you've had a major illness, the first thing the doctor's going to tell you before he sends you home is, "You need to rest." .....any great doctor's gonna say, "I know you feel OK. I know you feel fine. But you need to rest". Because rest is the only way the body has to rejuvenate itself, it's the only way the mind rejuvenates itself.

So having someone like me, that's something that I also have to.... I have some clients who, this is the biggest hurdle to climb: for some reason, they believe that if they're not doing something they're lazy. It's like, "No, at this time, during this 4-6 weeks, your job, your whole job is to have a seat." Yes yes.

**esther gallagher:** [00:27:44] Monique I want to back up on a couple of things and since we're on the subject of rest, do you get the opportunity to kind of help your clients be well nourished? Because I find, or at least it's my belief, I'll say, that clients will rest better if they're not hungry. You know, if they haven't been eating while they're breastfeeding then the first thing they're going to need is to eat. And so I try to get clients to do: eat when their baby eats because you can. And that way they'll be ready to sleep when their babies sleep. That means that in my practice like I often have to make sure that it's in front of them. You know, prepared and in front of them and so, do you give much attention to that in your practice?

**Monique Diane:** [00:28:43] Yes,absolutely. I cook for my clients. Sometimes they don't want that. But I go to their refrigerator, usually the first thing that I do when I come into the home after our initial meeting, the first thing i do is look to see she has water and food in front of her. If she does not that's the first thing I do is go into the refridgerator



and look for: Snacks, nuts, berries, lunchmeat, whatever is in there that's nourishing for momma. And I get a huge jug of Water. And, "Here you go, you need to eat you need to drink!"

**esther gallagher:** [00:29:31] Wow. That's great!

**Monique Diane:** [00:29:33] And that's the first question. "When's that last time you ate, what did you have? How are you feeling? Are you having headaches? Are you feeling weak? When did you eat? What did you eat?" Personally, I'm very much old-school, I'm very much a stickler for warming foods during that initial postpartum period.

**esther gallagher:** [00:30:11] Yeah. Yeah. You got to get something in there.

**Monique Diane:** [00:30:17] You know how we say "fed is best for baby", fed is best for mom. So, You want me to go to the hamburger and that's all you'll eat. Ok cool. I'll go around the corner and get you a burger if that's all you'll eat. But you need to eat.

**esther gallagher:** [00:30:39] Eat the lettuce and tomato with it. PLEASE!

**Monique Diane:** [00:30:48] Usually with clients, especially if I cook, I'll say I know this recipe, you're going to love it, it's so good. Unless they have an aversion to certain things, a nice warming hearty soup, they all love.

**esther gallagher:** [00:31:08] Yeah. And don't you find to that so often you know assuming they've been in the hospital for however long you know, two to three days that they don't know yet, how hungry they are but the moment you put some good nourishing stuff in front of them and it disappears and they open their eyes and go oh my god I don't even know how hungry i was!

Or they'll look at the portions I bring in which are just enormous and they go oh I'll never be able to eat that. And then it's gone and they're like OK! And I try to point that out if there's a partner or a grandma around like did you see what just happened? That needs to happen like eight times a day! Yeah.

**Monique Diane:** [00:32:04] It also happens when they're thirsty, and they don't realize how dehydrated they are and i bring them a huge jug of something to drink. "I have to drink all of this?" "Just sip, it will be right hear" and an hour later, "Can i have some more water?" You have all of this to replenish, all of this came out of you.

**esther gallagher:** [00:32:32] Yeah it basically goes in your mouth and out your boobs anyway. So yeah yeah. Yeah. And the other thing I wanted to just make note of for the sake of our listeners is that generally speaking when we're gonna provide you with a

sitzbath, prepare and help you have a sitzbath, we want to know that a good 90 percent of your any swelling you might have incurred giving birth has resolve.

So we're not going to put you in a hot bath tub. if your vulva is still pretty swollen and Perineum is pretty swollen but the herbs are typically herbs that will will help resolve that last bit of swelling and the soothingness of the warm water and the rest that you get while you're in the tub is efficacious. So I just remember when you were talking about it and I thought well if they think this is going to happen on day one....

**Monique Diane:** [00:33:51] What I do make for my clients with swelling is the Padcicle.

**esther gallagher:** [00:33:52] Yeah. Tell us about that.

**Monique Diane:** [00:33:53] Well the padcicle are: you take the postpartum pad, some aloe gel, alcohol free witch hazel which is an astringent, and you can make a tea of any herbs that you like or not, but some of the herbs that I use are lavender, calendula, comfrey, especially if there's any tearing that happens and you steep those, mix them all together, then pour it on the pad, make sure it's on top of plastic. And then wrap those in foil, stack them up in the freezer. Once you're ready to go to the restroom you grab one. Put one of those on and those feel so good, so soothing.

**esther gallagher:** [00:35:04] Yeah. So good.

**Monique Diane:** [00:35:08] Yes. So those are real easy to make. You may like Herbs or not. I know every one doesn't use them. Before I use them I make sure there are no allergies and their doctors say it's ok. So. Yes padcicles are great right from the hospital from day one through the first week.

**esther gallagher:** [00:35:43] Yeah that's right. That's even that kind of thing that I could imagine at birth doula could bring when she's going to visit her clients the next day in the hospital. She could bring some in the cooler that she brought the placenta home in, with the placenta pills, if she's managed to do those or not. You know, but give mom some padcicles to use while she's still in the hospital. I mean they'll give you an ice pack, that's better than a stick in the eye. Yeah that's lovely. Wow. You take great care of your clients! .

**Monique Diane:** [00:36:30] Before we do, or if the client can't do a sitzbath, if the hospital sent them home with the peri-bottle, putting that herb tea in the bottle and using that as a wash is very soothing and healing as well

**esther gallagher:** [00:36:57] Now you have this 7 year old. I happen to have an 8 year old grandson. It's pretty fun stuff. What does she think about having a mom who's a doula.

**Monique Diane:** [00:37:16] She wants me home all the time. It's funny because my family is, and I think this about most families in our society: we're not very open about sexuality, talking about it, using the correct terms for things. But you know when she was two or three... really earlier than that, I mean I was studying to be a doula from before she was born.

I had childbirth books all over the place. And so when she could thumb through, look through them like a picture book, she did. She knows exactly what it looks like for a woman to have baby, she knows where babies come from. Not how they get in mommas' womb, but that they come from mommas' womb. She's all for it, she breastfeeds her dolls and her toys. You know, She's cool with it, very nonchalant about it. She's now at that age, "Are we talking about babies again?" She tells all her friends, "My mom's a doula. Do you know what a Doula is?"

**esther gallagher:** [00:38:54] All right. Right on. Yeah. And that is great .

**Monique Diane:** [00:39:02] She's Home-schooled and now we're part of a home-school co-op which is more classroom time for kids who are home-schooled. And a lot of those kids have parents who are doulas.

**esther gallagher:** [00:39:26] Wish there was more of that when my kids were young. That kind of cooperation but it is great the way our kids. just know stuff. you know they know this whole realm of just really honestly every day life with a certain kind of you know ownership and agency that frankly a lot of their peers don't even, can't even relate to. I mean they're go- to kids because they know stuff. Yeah I mean I remember my my son when he was really little breastfeeding a doll. That's the kind of guy he is. Yeah.

**Monique Diane:** [00:40:23] She shocked my family. She might have been 3 years old.

**esther gallagher:** [00:40:24] Right on schedule.

**Monique Diane:** [00:40:35] I think it might have been Thanksgiving, everyone was in the room. She came to me and said, "Mommy! My vagina itches!" You could hear...

**esther gallagher:** [00:40:51] A pin drop!.

**Monique Diane:** [00:41:03] You could hear a mouse dropping a pin. And they were like, "Did she just say vagina?!" And I just said, "That's what it's called."

**esther gallagher:** [00:41:08] That's great. I love it. Well so Monique, tell me a little bit about the community work in. Who are your clients and what's your range. Here in the Bay Area, one of the things doulas ask each other is, "so what's your range?" Do you guys do go up to past Marin and do you go down the Peninsula. You know, people want to know kind of what's what the scope is on various levels so why don't you talk a little bit about who your clients are and where and when.

**Monique Diane:** [00:41:51] I am in Southern California and I serve the greater LA, Long Beach, through North Orange County areas. A lot of my work as of late has been in the inner-city with a lot of women of color. As I'm not sure if a lot of your listeners are aware, the statistics on black women and black babies are two to three times more likely to die before their first birthday than any other babies in America and black women are four times more likely to die of complications of childbirth than other women in America.

**esther gallagher:** [00:42:47] And so if you don't think we have institutional racism in America, it's time to wake up! and we've posted on our Facebook page various you know articles and things of that nature. So at least I hope our Facebook listeners are getting a clue.

**Monique Diane:** [00:43:07] We need to be aware and so as of lately what I've been doing myself and other doulas I've met are doing making sure that things stop. No woman in this country should be dying in childbirth. It's 2018! It is ridiculous. And the fact that we are the only industrialized nation where Maternal mortality rates are actually going up. Insane. It is unthinkable.

The fact that you have nations that are considered third world like Jamaica, nations in Asia, countries that have maternal mortality rate that are actually going down and ours are going up and we have a person in office who would think to say really horrible things about some of these nations; at least their mothers aren't dying in childbirth. So now I work with everyone. I do I serve all clients and actually paying clients help me to help clients who are unable to pay.

**esther gallagher:** [00:44:45] And you do have an explicit understanding with your clients in terms of that? I'm curious.

**Monique Diane:** [00:44:53] I do. It's funny 'cuz on my website I don't necessarily say I have a sliding scale or sometimes I do pro bono work. I do believe that you know, I've

come across, and that's even with paying clients, people who will ask. So I do barter with people for birth services -- I've done that before. The last client that I had, she's a hairstylist so we bartered a few hair salon visits for my doula services.

**esther gallagher:** [00:45:37] Hey! Getting your hair done, it's not cheap!

**Monique Diane:** [00:45:39] No it is not, Esther! You know and it helped me in my business as well-- you have to look the part if you want to go before people, you have to look a certain way. But yes, I do have to go to clients and let them know that. I don't actually say to clients I would do this for you for free, only because I believe in allowing people their dignity. And that energy has to be exchanged. And so it doesn't always have to be monetary.

So if I tell someone this is what I do, and they want my services and they're excited about my services, usually they'll say, "how much?", and then they'll say, "Well...." and I'll say, "But I can work with you." We can work together, you know. Don't walk away because you feel like you can't pay. Because it's very important that you know everyone needs the support. And so I mean, I do not turn people down simply because they can't pay. That's what I do, that's how I serve. I am learning a lot more now and adding more herbal services to my skillset.

The community needs people who can hear them. Women and babies are dying because there are people who are refusing to listen and refusing to hear the pain that people are in and refusing to ask, believing whatever it is they believe, I don't even know. There has to be people that the people in the community can come to. And people who can advocate for them. Come on. There has to be someone who can say, "She says her stomach's hurting and this is not normal for after birth. Now take a look at what's going on." Sometimes that's all people need is just somebody to just have their back.

**esther gallagher:** [00:48:31] Yes, I think so! So I mean it's been my experience with postpartum women you know as as you know and as we talk about on this show, you know women are discharged from the hospital at whatever point they're discharged, usually within three days and they're not seen again for six weeks that they're expected to get in and out of cars, taking babies to pediatrician appointments, are expected to do their own self care. They're expected to do you know do any number of things.

Now of course they're given a sheet of paper that says if you have any of these problems come back and see us. But it has been my experience in the past that when

my clients have gone back to teaching hospitals, for example, the people who are seeing them don't actually understand their complaints.

You know there are legitimate complaints, and they kind of give them a shrug and send them back home. I've had to actually you know much like a birth doula, accompany clients back to their care providers and say, "This client needs to be seen. There is this issue. It's my theory that this is what's going on." You know I actually show up for them and speak on their behalf and insist that they be seen to appropriately and not just shrug it off.

And so you know that's a rare thing, in the case of most my clients, but when it's happening you know clients need someone who actually has a clue. And it's extremely rare that if they have a partner in the first place that partner has any idea of what to do. Not only that, that person is usually going to be caring for the newborn while mom's being seen to. So mom still needs an advocate. And hopefully one that has an idea of what's going on.

**Monique Diane:** [00:50:58] And that's the thing that people have to understand is going on. One of the things I've started to do is training the family.

**esther gallagher:** [00:51:11] Well, I was curious about that. You know I'm always happy to talk to friends and family members who've offered to be of service because I feel like gosh, now I can teach them a few things and they'll be so much more powerful. So tell me about that, Monique. Tell me about how you work with friends or family.

**Monique Diane:** [00:51:42] I have classes called Village Prep.

**esther gallagher:** [00:51:46] I love this! I love it. I love the title you chose!

**Monique Diane:** [00:51:50] Because it takes a village and the village starts before that baby is even here. We have to make sure that Mom and Partner, if there is a partner, are squared away in being able to care for that baby. So what I do is, if there's family that is going to be around, one, because I never want to be the usurper. You know, especially in certain cultures, you know in black families, definitely, you know I'm a stranger. Mom might trust me, but you know grandma don't know me! You don't know. So I'm a stranger doing things that you know granny thinks she should be doing.

**esther gallagher:** [00:53:02] And might love to do.

**Monique Diane:** [00:53:06] Right. And so as we are taught that we will do all what we can to bring the family in and help them delegate things to the family and so what I want

and what I know, "Because when I'm not here, you're here." It's great, the money that I make, but also it's my goal is to leave Mom and Dad equipped and prepared. You know, and that's that.

So if you're able to do it and the thing is, the more that I talk to families and tell families "This is what you can do.", the more the families rely on me. They call me and they tell me what's going on. I think she's got this happening, what do you think? Can you come over? That happens and so it creates a village and I'm part of the village for however long I'm part of the village. And it usually ends up being forever. You're working with clients and seeing them give birth and helping them with their newborns so you're becoming part of the family. I ask the parents what their parenting plans, are if they plan to breastfeed, if they're planning to vaccinate, are they having a home birth or a hospital birth.

And so sometimes these are hotbed issues for families. So what I come in and do is I teach families, is I know that everybody does not agree. But one thing is, their parenting decisions are not personal affronts to you. Or to what you learned as a mother and father to them. It's their choice and these are the ways you can better support them. You know, we talk about Breastfeeding, you know black people have a very loooong history in this country with slavery, Jim Crow, things like that.

So you know you have a mother and grandmother and great grandmother who will say things like, "Don't spoil the baby" and that basically, "You don't have to pick that baby up every time they cry." Well, these things come from slavery and Jim Crow where you have mothers whose baby might actually be sold out from under them after they have them.

**esther gallagher:** [00:56:07] Yeah. Or, if they're "lucky" enough to keep their babies they don't get to necessarily mother them. They might have to be in the big house breastfeeding somebody else's kid. Yeah exactly. Which is just.....

**Monique Diane:** [00:56:24] Having a howling baby could mean death for you or the baby. Yeah. So you want the baby to be "good". Right. They need to be able to sleep through the night without you. You want the baby to be quiet as long with they possibly can. So these are things that are deeply ingrained in our culture that you have to untie and learn and clear out. You know so sometimes you have to sometimes, I have to go in and actually meet families. Ok here are the specifics: These are the studies that show why it's important for mothers to hold the baby when they call. This is why it's important for Mom to breastfeed every time for the mom who wants to breastfeed, instead of putting the baby on a schedule. This is why. And I give them tools; "These are things

you can say to voice your concern, instead of , "When you gonna get that baby off the breast?".

**esther gallagher:** [00:57:38] Which my dad said to me.

**Monique Diane:** [00:57:40] Believe me. I breastfed my child 'til she was three. I've heard it all.

**esther gallagher:** [00:57:46] You gave yourself plenty of opportunity to hear it all.

**Monique Diane:** [00:57:52] Yeah. So maybe you can ask in a certain way. And this is why: this is really the world wide average for breastfeeding now, and actually it's good nutrition for their toddlers. Breastfeeding is not just comfort. It is comfort. Children need to be comforted and that's not a bad thing.

So you know, I go in and I teach them and I tell them some things to look for as far as postpartum mood disorders, like something, "No it's not normal for mom to just not be getting sleep. It's not normal for her to be paranoid. Like we mothers worry, but there's a difference between regular mother worry and anxiety. There is a difference in things though is that.

We don't diagnose, but these are the things you look for so that, you know, maybe she needs some extra help. Maybe she needs to contact a professional; and even dad. Because dads suffer from postpartum mood disorder pretty much on par with moms. And so it looks totally different. You know they suffer too. And so they need support as well. So making sure the family are making dad feel valuable and not just like an extra dude in the world. That's the way a lot of dads feel sometimes. And so sometimes they can tend to assert themselves in less than optimal ways because they feel like someone else is trying to say that they're not valuable. And you know even in these situations, where you see single mother, the dad's around but they're not together. So these are some real precarious situations and their family is very important, unless there are abusive things going on there. But you know for the most part people get together and they break up. This is what it is. So that we don't create any huge rifts, you know things that are not necessary, this is the way that we can support him and support him being around and taking care of his child and the mother's child, without having to add an extra ridiculousness to the situation.

**esther gallagher:** [01:00:39] Right. It's not a time to resolve all your issues with your daughter's partner..



**Monique Diane:** [01:00:51] There's just really something about Childbirth that just brings all the drama. It is excellent for doing that. Well you know and he will like. Yeah, but we can chill for six week! You don't have to have any super-deep conversations. We don't have to make any huge life-changing decisions, we've already made the biggest life-changing decision there is to make: the baby's here! These are the sort of things that I go through with some of my clients and their families. I'm just trying to give them tools. And you know I mean hey, I've gone through it, I'm an unmarried mamma. I've had some crazy issues with my child's father and some Postpartum depression because of that.

**esther gallagher:** [01:01:59] I'm right there with you, twice!

**Monique Diane:** [01:02:04] And you know it got really crazy when she was older. It was crazy then like after she was born. So. You know I understand, there's no shame or blame to anyone that I see in hindsight: how my family could have handled things a lot better, how I could have handled things a lot better, if there were someone there trying to help us all navigate.

**esther gallagher:** [01:02:32] Yeah, I mean sometimes just just an objective caring support person who can say, "what if we set aside this issue for the next few weeks while we attend to these issues over here that are present and pressing.

**Monique Diane:** [01:02:57] People will find that some of those things really aren't important..

**esther gallagher:** [01:03:02] Right, given enough time they just dissipate.

**Monique Diane:** [01:03:08] Yeah, it really didn't matter that this happened or that happened. My doula told me this and I did some research on this and it helped me a lot: I know with families, especially with families of a single mothers and she broke up with the dad now a while ago, usually once she has the baby you'll see her want to be back with him, it's a biological response. It has nothing to do with she wants to be with him, it has nothing to do with that. It has everything to do with a biological, evolutionary response for her to keep her family together. And so that will happen, that she will vacillate between I love him, I hate him, I want him, I don't want him, for at least two years after she has that baby.

**esther gallagher:** [01:04:06] Well you know you think about it like you know for two to three years after giving birth, the child itself is so biologically dependent upon the mother's body to provide it with immunity and nourishment and protection. You know

when a mother has to be subsumed under all that she kind of needs an umbrella over herself. And so naturally, you know I think we...

**Monique Diane:** [01:04:43] Look for the person who gave her that baby.

**esther gallagher:** [01:04:46] Yeah you know, I think the assumptions beneath that are perfectly valid. I know you're going to want your kid to survive. So you're going to want me to survive. And so maybe you're willing to do the things that it takes to have that happen. You know, even though in our culture it's very confusing and confused. It does make perfect sense.

**Monique Diane:** [01:05:16] People need to understand that the supporting family, then put more stress and more strain on her saying, "You don't need him, you know, why you want to..." All that stuff has to be by the wayside. It means that having that understanding and support, because there's the reason why a lot of women like after you know, you believe oh, the baby's going to change him. But that's a biological response. Because, one, the DNA of the person who made the baby with you is still inside you, so you are connected to that person by your child. So, biologically, the evolution of human beings has made it so that you wish to be close to that person. And not being close to that person, it needs and deserves to have someone hold space. When that person is not there, we need to understand that that woman needs even more support. Because there's literally a tearing away of a part of her that's happening. And so there is no person, hear me folks, who can do this thing alone. It doesn't mean you have to be married, coupled, any of that, but you definitely need support. I'd like to tell my families, be a shoulder not a boulder. We don't need to crush anyone. You don't have to go there with the I told you so. You don't have to give a lecture on why he's not great and why you're better off without them and all that stuff. She knows these things already. She need a shoulder for being able to cry and scream and mourn. She needs that allowing. And be there. Because that is ultimately what is best for that child.

**esther gallagher:** [01:08:09] And be there authentically. I mean I think it goes a long way, if you can say to your daughter who's bringing forth her daughter or son, "You know here's what I am available for for you. You know I want to offer the reassurance that I love you. I Love your baby and that you know I can bring you a pot of stew once a week and I can come for a visit for x amount of minutes or hours, this time each week and I'm committed to doing that for you. Now that's a real practical reassurance. You know that's like OK if I have to make it to Monday through Thursday I know somebody is here on Friday. Or if I'm not going to be able to get to the market at least right now I've got three days worth of food in the fridge. You know whatever it is, that kind of actual practical and authentic like don't say what you're not going to do. Don't say you're going

to do something that you can't do. That's not going to be helpful. And it's going to be triple not helpful for a new mom.

**Monique Diane:** [01:09:29] You don't have to do everything. I would urge parents-to-be to really sit down and know Who is part of your village; everyone is not going to be part of your village. Who are those people you know that you can express your needs to and if they are able they will help and they will support. And let them know. People can't read your mind. If you don't ask, people think you've got it. Do not put on a brave face for those who are coming to visit your baby. They'll look at your baby, tickle your baby and then leave you with an overstimulated baby. And you'll be dealing with that baby for the rest of the night!

**esther gallagher:** [01:10:32] Dammit!! Dammit!!

**Monique Diane:** [01:10:32] And it's the worst thing at midnight when you have not slept since midnight the night before. My advice to all of you: The only people who should be around are those people who are helping, period. At least for the first month. Six weeks is ideal. But at least for the first month the people who should be around are people who are actually supporting: people who are doing some laundry, who are watching your other children. You know those people. Not people who are just coming to hang and watch Real Housewives or...

**esther gallagher:** [01:11:20] And not notice that you could be sleeping when your baby's actually asleep instead of gabbing about what they did at work today.

**Monique Diane:** [01:11:30] Exactly. And people who might only be able to come over and hold the baby so you can shower and take a nap.

**esther gallagher:** [01:11:38] Right. Yeah. An hour, an hour and a half, you could really benefit from that. I think that's often what people who would like to help don't understand, is that the short visits are often the really actually efficacious. Not the three hours, let's sit and talk about your birth. You know it might be traumatic and triggering for moms to talk about their birth and they should be allowed to feel a sense of privacy around that. But you know they don't owe it to you to tell you their story. So Monique, I hate to say this. We've been talking for an hour and a quarter and I can talk for three more. I can tell. I could just listen to you for hours. But we do have to wrap it up today but perhaps we'll have you on another occasion. I feel like this is just great stuff for listeners who have the benefit of hearing Monique talk today, I also just want to remind you that if you're not lucky enough to live in the L.A. area where you can have access to Monique and her special services, one of the things that she pointed to in both in terms

of supporting new mothers but in particular this health crisis we have in America for for black mothers. If you get a chance get the book *The Big let down* by Kimberly Seals and read it, whatever community you're in, because it's all about breastfeeding and how it's been undermined in our country and some really great things to talk about in terms of what to do next. And like Monique, Kimberly is somebody who's actually done local interventions in inner cities to help change the culture of family and neighborhood culture around supporting new mothers so we can all learn more about that, right?

**Monique Diane:** [01:14:05] Yes. Kimberly is awesome. Get her book.

**esther gallagher:** [01:14:10] Yeah. So Monique I am just thrilled that we finally got you on the program and that I got to interview you. I'm sorry Sarah isn't here she's lovely and I hope we can do it again.

**Monique Diane:** [01:14:29] Yeah I had such a good time talking with you, Esther. Thank you for having me on.

**esther gallagher:** [01:14:34] Oh you're so welcome. And why don't you tell our listeners how to contact you or just you know follow you if they're ways social media et cetera that you'd like your audience to know about.

[01:14:53] Well you can always go to my website at [moniquethedoula.wordpress.com](http://moniquethedoula.wordpress.com) . I'm also on FB Motheringmamas. and instagram and youtube @Moniquethedoula. And I try to respond within a few hours depending on if my phone is dead or not.

**esther gallagher:** [01:14:59] Don't do this in the middle of the night! She needs her sleep! She's a doula. We're talking about pacific time people!

**Monique Diane:** [01:15:53] Yes, Pacific time in the daytime, thank you!

**esther gallagher:** [01:15:54] Yeah. This is wonderful and we will put links on our page for Monique as well. And we look forward to having you listen to her show and future shows and don't be shy about going back into our archives to listen to past episodes and we hope you have a great fourth trimester one way or the other. Thanks again Monique.

**Sarah Trott:** You can find out more about Esther Gallagher on <http://www.esthergallagher.com/>. You can also subscribe to this podcast in order to hear more from us. [Click here for iTunes](#) and [click here for Google Podcasts](#). Thank you for listening everyone and I hope you'll join us next time on the Fourth Trimester. The

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