

# Fourth Trimester Podcast

## Episode 86: Why Postpartum Midwifery is Vital to Healing With Serena Saeed-Winn

**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>

**Sarah Trott:** [00:00:01] Hi, I'm Sarah Trott and welcome back to the Fourth Trimester Podcast. I'm joined today by Serena Saeed-Winn, and she is a second time guest on our show. I'm thrilled to welcome her back and I'm going to give an introduction to her in a moment. Before I do, I'd like to remind everyone that we have a website for our show, which is [fourthtrimesterpodcast.com](http://fourthtrimesterpodcast.com). You can also find us on social media such as Instagram, Twitter, Facebook. So please feel free to join and connect with us there as well. You can subscribe to the podcast, so please go onto iTunes and hit subscribe. So Serena, welcome back to the show.

**Serena Saeed-Winn:** [00:00:43] Thank you. I'm so excited to be here.

**Sarah Trott:** [00:00:45] Yes, I'm going to share a little bit about Serena. She is a mother, a certified nurse midwife, a women's health nurse practitioner, an international board certified lactation consultant. Since becoming a midwife she has worked at Sage Femme Birth Center, St. Luke's Hospital (now CPMC Mission Bernal), The Homeless Prenatal Program and The San Francisco Birth Center.

**Sarah Trott:** [00:00:45] She is the founder and primary midwife of The KAZ Project, a Midwifery Corporation. Through the KAZ Project she offers in-home postpartum, lactation and well-person midwifery care.

**Sarah Trott:** [00:00:45] The KAZ Project also offers workshops and classes for new and expectant families to help reduce the isolation and singular focus that comes from being a parent. As a midwife and mother of three she understands the postpartum from the perspective of a provider and a parent. She created the KAZ Project as a way to empower parents to find their own path while being uplifted by a supportive and unique community.

[00:01:44] And when Serena is not working, she is enjoying her time with her family, doing arts and crafts with her daughters, sewing, hiking, sailing on the bay with her husband.

[00:02:09] Welcome again, Serena. So glad to have you back on the show.

**Serena Saeed-Winn:** [00:02:13] Oh, I'm so happy to be here. I love hearing an introduction to myself. I'm like, wow, I've done a few things in my life. It's so funny to hear someone introduce you. Right. It's just such a cool thing. Thank you for that lovely introduction.

**Sarah Trott:** [00:02:25] Now, you've done a lot. You have a lot of letters after your name. And they mean different things and you're so experienced and we're so honored to have you and your experience here on the show.

[00:02:39] We are going to talk about a really cool topic, which is 'Why postpartum midwifery is vital to healing'. Not a nice to have, but vital. And I'm really excited to dive into that topic.

[00:02:55] Serena, I love to ask all of our guests about their own Fourth Trimester experience. Would you be willing to share yours?

**Serena Saeed-Winn:** [00:03:03] Totally. I would love to and I know that I talked about it last time when we were on the podcast. It would be so fascinating to hear what I said then, which was like four years ago. And you know, as time goes on, your perspectives shift and things, different parts get colored in different ways. So I'm interested to see what I say now versus what I said then.

[00:03:22] But my postpartum experience. So I have a 12 year old and I also have twins and they were really different postpartum experiences with my first, you know, I had already been a midwife when I delivered, so I was like, Oh my God, this is going to be so easy. I already know everything. This is going to be awesome. I wasn't even really worried about the birth. I had a beautiful home birth. It was lovely. I gave birth and immediately it was amazing. Like superwoman. This is incredible, right?

[00:03:48] And then the postpartum hit me and I was like, Oh, my God. I feel a little crazy. And also so alone, I really thought with nursing, because I'm a midwife and I help other people nurse, I'll just bring my baby to my chest and it'll just happen. And it did

not happen like that. It took a lot of learning to learn to learn. It's a learned thing to do, both from the baby and from you. So, you know, nursing was like a little bit of a thing with my first. And then also just once my mom left, I was like, Oh, no.

**Serena Saeed-Winn:** [00:04:21] I'm all alone with this baby. This is really lonely. And none of my friends had kids. I was the first one in my friend group. My two best friends still don't have kids like by choice. So it was really a very lonely, isolating. I felt there was like crazy moments in it. I remember being like, If she doesn't wear a hat, like her soul is going to get sucked out or something. Like just crazy thoughts happening.

[00:04:44] And as a midwife now and after, I just recently took the postpartum support international training on perinatal mood disorders and reflecting on it, I'm like, God, I think I maybe had a mood disorder for like a year and just didn't even realize it. Just thought this is just how people feel, right? And I didn't really talk to anyone about it, even though I was a midwife and I had tons of people I go to talk to, but I didn't.

[00:05:09] So that was how my first was. With the twins, I was like, Ah, I'm going to need a lot of help. My cousins were a little bit older, which was amazing. So they could come after school as like high schoolers and like help me hold the babies and help just like be another body in the room, which was incredible. And I also like let a lot of things go in my second postpartum time in the sense of I don't have to control things if the diaper goes on backwards, like it doesn't matter. Like I just I had to let so much stuff go because I had two babies plus a toddler.

**Serena Saeed-Winn:** [00:05:40] Um, and so for me, or I guess she was like preschool age, she was almost five when they were born. And so for me, it was you know, that being able to let so much go actually made my postpartum experience so much better with the twins. Not to say that it wasn't like rough for me, the hardest part with the twins was like going back. I went back at six months. I got mastitis twice. That part was really hard. Going back to work, working as like a full time midwife at a hospital, like a pretty busy hospital.

[00:06:07] So those are kind of my postpartum experiences. Um. Yeah. I don't know. I wonder what I said last time. It's probably like it was whatever, but that's reflecting on it now, especially after, going and doing such a deep dive that I have to start the KAZ Project in the postpartum. I reflect on my postpartum, I think, differently than I have throughout a lot of time.

[00:06:32] I also did some really interesting work which we can talk about later. But birth story medicine, which is incredible, kind of talking about what my what my birth was like and that's also colored how I see the whole postpartum period because I was so caught up in what the birth was for my twins that I couldn't even move past it to think about what that postpartum was like. So it's actually it's interesting as you grow and learn more things and do more work on yourself, how your perspective changes. That was my postpartum time.

**Sarah Trott:** [00:07:02] Yeah. Thank you so much for sharing. And for sure. So it's so different between children. Oh, yeah, same mom. I had very different experiences as well. First and second, baby. And then so different between women as well. Oh, yeah. And you as a professional, even having helped many, many other women and other families, you know, it's not easy for anyone. It's there's no home run or guarantee in any of this.

[00:07:26] And so it's refreshing to hear that. You know, the the hindsight is always 20-20. Right? We know this. And so we can look back and recognize things. I certainly do the same for myself. And recognizing that there's no failure in any of this, I really want listeners to hear that there's no failure for anyone. Those are stepping stones to success. This is how we learn and this is how we improve.

[00:07:51] And I'd really love to hear more about how the work that you're doing now has been influenced by some of your experiences as well. So I really appreciate the topic: 'Why Postpartum Midwifery is Vital'. And I want you to maybe give that a bit of an introduction.

**Serena Saeed-Winn:** [00:08:23] I love it. That sounds great. Um, well, first I have to say that postpartum midwifery care is not like a new concept, right? This is something that homebirth midwives still do now and have been for thousands and thousands of years. And, you know, in the early 1800s, like the postpartum time was the time when actually people got care, right?

[00:08:44] Pregnancy just happened before we knew really anything about prenatal care. Pregnancy just happened. You were pregnant, then you had your baby and then you had your baby and everyone rushed in to be like, okay, this person needs food, this person needs support. This person needs help with healing. This person needs these special herbs and these special warming things. And they need, you know, help with nursing. And everyone would rush in in the postpartum time. And pregnancy was just kind of a thing that we're like, okay, let's just see how this all plays out and then we'll all catch you in the postpartum time, which actually is a really lovely way to do that journey, right?

[00:09:21] You know, you need some support in pregnancy, but when you if you talk to any parent, they'll be Oh, actually the time I needed help was in the postpartum, like pregnancy just like went along. But the time I really needed it was in that time when I had like this newborn baby.

**Serena Saeed-Winn:** [00:09:35] I heard this woman describe it just recently on some other podcast (I'll try to remember so I'm not like stealing her ideas) as having knee surgery and taking a newborn puppy home, like having a newborn puppy and knee surgery at the same time. Like that's like a way that, like the general population can kind of conceptualize what is that postpartum period? Like you're healing. And you also now are responsible for another human being that like, can't do anything.

[00:10:02] So anyways, I think there's been, you know, when people are Oh, I'm so excited about what you're doing, this is like such a new concept. It's No, this is not a new concept at all. This is actually a really old concept and something that has been lost and we actually need to start highlighting the importance of giving that kind of support in a time that it's needed as opposed to this kind of like dip in on prenatal

appointments where Oh, okay, good, everyone's alive. Great. And that's all I've done for you, right? So that's just I don't mean to be on my soapbox, but that's actually the first thing.

**Serena Saeed-Winn:** [00:10:35] The second thing is what is postpartum midwifery care? So when I think about what really good care looks like in the postpartum, it's all about regular touch-ins. So nobody is going home and being Oh my gosh. I'm I've been totally opened in like every way that I can think about physically, emotionally, spiritually.

**Serena Saeed-Winn:** [00:10:56] My like entire frame of reference and the way I look at life has been blown apart. And I've been handed a newborn and now I'm alone. After 48 hours, I've been sent home with maybe just a partner who also is Oh my gosh, my whole world just got blown up.

[00:11:10] So regular check ins is the the key part of postpartum midwifery. And because it's midwifery care, which means it's actually like I'm looking at your bottom, I'm looking at your body and how it's healing. I'm looking at the baby. This isn't just like an emotional attachment. It's actually like physically, how are you healing, right?

[00:11:28] So the way I kind of like to schedule it is I do. Definitely within the first week I'll see people either once or twice within that first week and then again at two weeks, at four weeks, at six weeks. And then I have very, very regular touch ins by phone, by text. People call me all the time because sometimes in the middle of night you're like, oh, like this thing is keeping me awake. I just want someone to say like, it's okay, right? Even just really basic things such as My baby's crying. Is this my fault? And it's like a lot of times it's not. A lot of times they're just just like adults. Sometimes we got bad nights, you know, it happens.

**Serena Saeed-Winn:** [00:12:10] So I think that the frequency is the most important piece of it is that there's just regular touch ins throughout that whole postpartum period.

**Serena Saeed-Winn:** [00:12:19] And then what does it actually look like? So what happens during a visit? When I visit people, I always visit people in their homes. I think that it's totally insane that we're asking people to leave their homes in, you know, within the first couple of weeks after giving birth. It's so damaging to your tissues to be moving around and getting in and out of cars and having to stand up for a long time. Not to mention just emotionally draining, right? For going in for like a baby's weight check. So silly. So I really try to do whatever I can to make sure that people are able to stay home.

[00:12:56] So I first will do a full newborn exam. As midwives, we're able to care for newborns up to 28 days of life for all normal conditions. So all wellness checks like a well-baby check, we can do that within our license. And so I'll go in, listen to the baby's heart, listen to their breathing, check their umbilical cord, make sure that's healing well. Look for kind of any rashes, check their head, like how how are those bones coming back together? And then take a look at their weight, which is going to give me a really great indication of how's feeding going? Right? Then I'll observe a nursing session if they're choosing to nurse or if they're choosing not to nurse.

**Serena Saeed-Winn:** [00:13:32] I'll observe a feeding session just to see how are things going. Is there anything that I can do? are there tips that I can give to make this flow a little bit easier? Right.

[00:13:41] And I always, always, always just like stand back for a second if there's any like midwives, students listening. I tell all my students always stop for a second, step back, watch what people are doing first before you like jump in with all of your ideas. As midwives our entire goal is to support people where they're at and what they want to do, as opposed to like having our own thing. So I always pause. I watch what everybody's doing first and I'm Oh, that's interesting. What if we used our left hand, you know, watch a nursing session or a feeding session, however it is? And then once I'm okay, great, baby looks great. Um, nursing feeding is going. Nursing or bottle feeding is going fine.

[00:14:23] Then I check out the birthing parent and I really do like a head to toe, right? So emotionally, how are we doing? Right. What? What's happening in in the head? What's going on there? I'll do the vitals. So, blood pressure and heart rate and



breathing, all of that just to make sure, like a lot of people don't know that you can get pre-eclampsia up to two weeks postpartum.

**Serena Saeed-Winn:** [00:14:44] So the blood pressure check is actually a pretty important piece of of this check in. And then I'll do you know, I'll check like breast and chest, make sure that there's no nipple damage, go down, make sure the uterus is nice and tight and healing well and clamping down the way that it should be. I check on bleeding, and then if you've got stitches, I'll check stitches. If you've had a C-section, I look at the incision, make sure there's no signs of infection. Make sure that incision hasn't opened in any way. And then I'll also check stitches. If you've had some vulvar or perineal tears, I'll look at that.

[00:15:19] And I think that actually is one of the pieces that's really missing from our postpartum care is that people just get sent home. And then sometimes there's like really simple and basic things that you can do to make that healing so much better. Like if you've got labial lacerations, which your labia is the lips that kind of go around your vulva kind of on the outside of that kind of surround your vagina. If you've got tears on those labia and they're like across the street from each other, those tissues could stick together. So something really simple like, Hey, get a little Vaseline or coconut oil or some kind of lubricant and just run it through there.

**Serena Saeed-Winn:** [00:15:53] I can't tell you how many people don't know what their lacerations, where they are or what they look like. And so just having someone come in and be like, this is what your laceration looked like, draw a picture for everybody. And I also have a mirror if some people don't want to look, some people do. Um, so that you know what's happened to your body because sometimes just the confusion and like you're like, I have no idea. Like it got all blown out and then like someone put a stitch in it.

[00:16:19] So just even knowing where things are stitched and what part needs to heal, like, hey, you know what? I noticed that your laceration is pretty low. Maybe it's not going to feel great for you to be sitting on it or your laceration is really high and is going to really sting when it goes past that lac. Let's make sure we're using the Perry bottle

every single time you pee to reduce that stinging, even just that knowledge of how things like where things are and how that's going to affect your comfort level is huge for people. So hopefully I answered, Oh, and then I checked their legs to look for swelling and stuff like that. We do a full head to toe. And I do that at every visit. At every single visit.

**Sarah Trott:** [00:16:57] What stands out to me is the comprehensive aspect of what you just described. Because it's baby, it's mom, it's physical, it's mental, it's social and assurance. It's so many different aspects. And also that it's in home. Yes, in the house, Totally. So can you contrast that with what a non midwifery experience might be, particularly during the first six weeks?

**Serena Saeed-Winn:** [00:17:23] I mean, unfortunately and I think the pandemic had some to do with this, it was already trending in this direction. But the pandemic really put a nail in this. People are just sent home at 48 hours and they're not seen. I mean, that's just what's happening, right? People like I can't tell you how many people I've talked to that have given birth and they're nobody called me to set up a six week visit.

[00:17:45] And it's you don't even have the headspace to set it up. And now with hospitals being so overrun, especially some of the big ones in San Francisco right now, it's unbelievably hard to get appointments. You might not get seen for like ten weeks postpartum or maybe never postpartum, right. Or if you go into your six week visit, first of all, you're already six weeks out. You've like lived this terrible time with these stitches that, maybe could have something could have been done about them. You know, I worked at a different location where I would see people not my own practice. People would come in, you know, like two weeks, four weeks postpartum, be like, I don't know, something's going on.

**Serena Saeed-Winn:** [00:18:23] It's like, oh, man, your stitches have opened. I wish someone had seen this, you know, at week one that could have actually gotten resealed or something could have been done about that. Right. Or people that like I remember this one woman I saw who like her, she opened up. She's my vulva just feels terrible. She was like three weeks postpartum. I'm she opened it and I was What is happening

to her? But I just couldn't. It was so tight, so tense. And then she she told me she'd been using ice packs 24 seven for three weeks. I was Well, that explains it. She went home. I was Sit in the hottest water you can. She did it for four days. And I was Let me see you, because I was a little worried, what's going on with this vulva? do I need to do something about this? is there a stitch that needs to get cut? And it was like night and day.

[00:19:08] So it's like even just like really basic information. Someone could have seen her a week in and been okay, even a couple days in like the ice, you probably don't need it anymore, right? We've you know, Anyway, so if someone had told her that she could have saved herself like weeks of of discomfort and worry and all of these things just by like a very simple, very, very simple check.

**Serena Saeed-Winn:** [00:19:31] Anyways, the contrast would be midwifery care is comprehensive. It takes care of the entire family. Whereas traditional I wouldn't even say traditional care. I would say like hospital care. Unfortunately, right now, just based on the numbers of people that they have, it's just not existent. I don't see people getting postpartum care.

[00:19:49] You know, I've even seen like they can't even go back to labor and delivery. Oftentimes they have to go to an emergency room if something's happening. And can you imagine bringing a newborn to an emergency room like. I mean, I just had that happen to me the other day, so I was like, You need to go back to triage. And they sent her to the emergency room and I was like, Oh my God, this is so not okay for new parents. So anyways, that's, that's my like my take on what's kind of happening right now. And fortunately, at least in the Bay Area, that's what's happening is people just aren't getting any care.

**Sarah Trott:** [00:20:24] I mean, it's such a contrast, such a contrast. Can people have a hospital birth and postpartum midwifery care?

**Serena Saeed-Winn:** [00:20:30] Yes, 100%. I've had a couple people that have, you know, had delivered somewhere else, but are all hospital people because home birth

midwives do this care. I mean, when I delivered at home, my midwife came every I was Oh, of course, this is how postpartum goes.

[00:20:49] When I went home with the twins, the hospital I delivered at never called me. And I had I had severe preeclampsia and they just never called me again. And I never went in because I was so traumatized by my birth. So this is like my own lived experience that the hospital just did not care that they sent a woman home with twins that had HELLP (Hemolysis, Elevated Liver enzymes and Low Platelets) syndrome and severe preeclampsia. It was like really bad. And they just that was fine for them. They're I hope you live. I hope you, like are still alive. Come back to us if you're not living or something. I don't know.

[00:21:25] Anyways, that's the point - it's that home birth midwives are doing this care amazingly so. All of my clients are deliver in the hospital because that's where the lapse of care is happening in the postpartum is people that deliver in the hospital. In my experience.

**Sarah Trott:** [00:21:40] And then when you are working postpartum, one of the things that I'm curious to know about is how you work with postpartum doulas. And I have to preface this by saying I had a lovely conversation with my co-host, Esther Gallagher earlier today, and we were talking about you and your wonderful work, and she said something along the lines of, 'The combination of postpartum midwifery and postpartum doula work is the gold standard'. Yeah, she said, because the two are highly complementary. So I'd love to hear your take on that one.

**Serena Saeed-Winn:** [00:22:18] Yeah, I 100% agree with that. I couldn't agree more with that. I mean, I was just talking to someone the other day because they were asking me, they're like, Oh, I'm going to hire you as my midwife. do I also need a doula? And I was like 100% yes.

[00:22:32] And I don't want to be controversial in this podcast at all. But I do think that if you're going to get a doula like they should do things for you. Like that's the whole point of getting a postpartum doula is like they come and they cook meals for you and they

help you, you know, hold the baby and give you confidence and they empower you and they clean your house a little bit. And they do things that like in the past, like all of our aunts would come in and be like, okay, let me just get all this stuff done.

[00:23:00] And that's what a postpartum doula is, right? Like they are the people that come in and rush in when aunts aren't available, you know? And I just think it's like one of the most vital, vital pieces of the whole postpartum, like she said, gold standard. I love that. But it's also shouldn't be like the goal. It should be just like the standard. Why do we expect new parents to go home and have to just figure it out? It's like, no, you just gave birth.

**Serena Saeed-Winn:** [00:23:27] Like if you had had some kind of major surgery, your surgeon would come and check you or you would come in and they'd check on how things are healing. But you give birth and your whole body's been gone through this insane change. And they're like, Work it out. So you need to be getting people to look at you from like a medical perspective. You also need people to support you with the practical life things.

[00:23:50] And that's what doulas are unbelievably amazing at, right? I am going to hug you while you cry. I'm going to fill up your tissue box. I'm going to fix you food that's nourishing for you so that you can actually sit and heal and don't have to take out the trash or clean whatever it is. Right. I think I honestly think that doulas are really essential.

[00:24:13] But yeah, I mean, it should be the standard, right? I mean, everyone should just go home and be okay, like you're getting discharged. Here's the people that are going to see you to check your healing and here's the person that's going to come and support you in the postpartum time. And just sit with you.

**Serena Saeed-Winn:** [00:24:30] I talked to a client the other day and I was telling her. I was like, What would you think? Because it was her second baby and she got a postpartum doula for her second baby. And I was What did you think second time around? Like, you didn't have as many questions, whatever, whatever. And her second

time was just like so much easier than her first time. Her first time she'd had a diastasis of her symphysis pubis, which is like the bone in your hip. So her hips had kind of separated.

[00:24:56] So her first time was really rough and her second time was pretty easy. So I was like, Did you feel like you needed that doula? She's like, I cannot tell you how much I needed it just to fight the feeling of isolation. I was Oh, yeah. She just sat next to me. And that's like everything. That's all that I needed in that moment is to feel like there's another woman sitting next to me, rubbing my back, being like, Yeah, I'm here. Don't worry. Like you're not by yourself in this. And that was what she needed in that moment. And you can't you cannot downplay that. You can't you can't say that's nothing because it is. It's something you know.

**Sarah Trott:** [00:25:35] And there's potentially a gray area between postpartum midwifery and postpartum doula support where there might be some overlap depending on who you have. I mean, you have the credentials for lactation consulting. That might be something a postpartum doula could also have, right? That just really depends on the individuals providing the care. But is it safe to say the two are not interchangeable?

**Serena Saeed-Winn:** [00:25:58] No, not interchangeable. I mean, a doula and midwife are not interchangeable, Right? They're two completely different professions. We work in the same space. Right. But the training is completely different and the tasks are completely different. Complementary, I would say complementary 100%. And I think that both doulas and midwives would agree that the partnership is incredible and neither one can do their job well without the other.

[00:26:28] I love when people have doulas, even when I used to deliver babies, I'd be like, Yes, she's got a doula. It's going to be a good night. Like this is going to be great. Um, so yeah, but they're not interchangeable.

[00:26:41] People ask all the time the difference between a midwife and a doula and a midwife are. Midwives are trained medical professionals who work under their own license and are trained in that way. And doulas are also professionals, but they're not

medically trained. Right? So their training is completely different for midwives and doulas. I mean, I went to a lot of school to become a midwife and many midwives do and a lot of time, right? So like professional midwives, for example, do a ton of hands on time before they're able to kind of go on on their own as a midwife.

**Sarah Trott:** [00:27:24] That's an important point for anyone listening who is trying to decide what they want their postpartum to look like. And on this show, we try to provide women with a framework and families with a framework for how they want to be deliberate in their choices with what they want that experience to be so they can curate an experience rather than let the system or let the experience just happen.

[00:27:47] And that story you told about a woman who just needed the pat on the back and the person next to them and the isolation point, it's really important because someone could easily have gone through their experience without that. They could have easily gone through their experience without the sitz bath being prepared and the home cooked meal being prepared for the family and some light house cleaning or whatever it is, holding the baby while Mom takes a shower she really needs, whatever that looks like. And so they can go through that.

[00:28:20] But knowing the alternative is probably all of the difference is the first step, just being aware that there are alternatives to struggling or defaulting to not having that care. And what a beautiful difference that people might not appreciate or even understand is going to be needed because it feels very different in the moment postpartum than it does when you're pregnant. Hormonally, I felt so different. So, so different. Yeah.

**Serena Saeed-Winn:** [00:28:46] Well, you are different. I mean, it is different. You know, I was just talking to someone the other day and she's like, But when will it go back to the way I felt before? And I was Never. I'm so sorry. I wish I could be Oh, don't worry. And like a year, it's going to be it's going to be fine. No, I mean, would I love to go back to my 21 year old like self? Maybe not 21. I don't know. But you know what I'm saying?.

[00:29:12] Yeah, you can't go backwards. That's not a thing. But it's like forward growth and maybe you, you're like an even better person than you were before. That's incredible. But there's just this idea that our society has of Oh, we bounce back and you've got to go back to what it was. It's so silly. It's just doesn't make any sense.

[00:29:30] It also like really takes away the immense power that families have when they grow into becoming a family, right? Like when a woman or a person gives birth and they become like a mother or a father or a parent and they're okay, I've made this transition. I've stepped into this role, this idea that society is now you got to bounce back. It's like, Why would I ever want to go back? I'm this incredibly new person.

**Serena Saeed-Winn:** [00:30:03] And as a society, we should uplift that. Like, dang, move forward, growth forward, as opposed to this idea of when can I get back to blah, blah, blah blah, blah. It's like, no, when can I grow towards I want to I want to feel strong, not I want to fit into the jeans I did before. Those types that even just those like very slight changes. I think it like demeans what an incredible thing it is to become a parent and what that postpartum time is really about.

[00:30:30] It's really about growing into an entirely new person, which is why it's so unbelievably vital to have like people around you that are like, let me lift you up, let me hold you up and push you up so that you walk into this space is like, Oh yeah, I feel like really strong and empowered in this now. Like I have to give up my power to anybody that's going to tell me what to do. I've created this beautiful postpartum bubble for myself with my midwife and my doula and my partner or my friends, whoever it was. And this is the village that's now going to walk forward with me. And I haven't included people in my in my postpartum bubble that aren't part of my village that's going to walk forward with me.

**Serena Saeed-Winn:** [00:31:13] Right? So I think that's also like a really important piece, like you were saying, of like creating what you want your postpartum to be is this is the first time maybe for some people that they're Wow, I get to actually choose how this kid grows up. Like I get to choose how my what my family's going to look like, what my life is going to look like. These are like choices I get to make. Do I want to serve



cake or broccoli? I don't know. I get to choose that. This is exciting, right? And it might be the very first time that you've had that type of intense control over your life, even though sometimes it feels very out of control. Right?

[00:31:50] So I think it's an exciting time. People are always saying, oh, the postpartum. And it is hard. It is challenging, but like so is life, right? And you just get through it. But finding the right people to support you, I think is very important piece and also having that perspective that no one's trying to take your power from you. You can do this and you will do it. You are doing it.

**Serena Saeed-Winn:** [00:32:14] So yeah, I got on a tangent about something, but I obviously feel really strong about empowering people in the postpartum. I think it's just so important. I think just because I see so many people that are disempowered with this, like, you know, there's so much information out there, there's so many things people want to sell you. Like you can't be a parent without whatever this specialized thing, you know?

[00:32:38] So I just want parents to know, if anyone hears anything from this podcast, just trust your gut. You're the person, you're the person that's driving this train. Nobody else can come in and tell you anything about how you're doing things or why you're doing things or anything, and no one can do it better than you. Your doula might pick up the baby and they're quiet and then you're like, Oh my God, the baby must hate me.

[00:33:01] But no, like just you can do this. You can do it. You know, stay in that place of strength because that carries on. Like you were saying, yeah, Would they get through the postpartum? Absolutely. Do people get through with zero support? Absolutely they do. But then, how does that play out for the rest of their parenting journey? Right. Like it's an interesting thing to reflect on.

**Sarah Trott:** [00:33:26] Yeah, sure is. Like you were giving an example of something that could have been treated. I mean, that's a pretty common pitfall, something that could have been touched on and fixed earlier or addressed earlier, and someone wouldn't have to suffer quite as much or quite as long or, you know, worst case

scenarios, maybe suffering with injuries that last years, lifetimes. Oh, yeah. Addressed later in life. I've had plenty of conversations with women who said, Yeah, I finally, finally decided it's time to take care of myself. Yeah. Decades later.

**Serena Saeed-Winn:** [00:33:55] And oh, no, absolutely.

**Sarah Trott:** [00:33:57] I'd love to hear if there's a pitfall or two that you think, you know, can be addressed or avoided with different kinds of care, especially in those first six weeks. Like you're saying that these vital touch points.

**Serena Saeed-Winn:** [00:34:09] It's a good question. So I would say the one thing I see, if you've had a vaginal birth and you've had a laceration, scar tissue can build up. And it's so unfortunate that like the the academic community hasn't done amazing studies on this, but they have done studies on tissue mobilization after surgeries. And so some of that can be extrapolated into perineal kind of tissue healing.

[00:34:35] So when you've had a laceration, I've had people come to me like even nine months postpartum and they're like, I can't put anything inside of my vagina. My vulva feels so tight, it feels so hard. And then you feel it and you're like, Well, you've got tons of adhesions and scar tissue all around the entrance of your vagina or on the sides of your vulva. And every time you move it, that's those adhesions, those pieces of your tissue that are sticking together are pulling in a way that's not pliable and soft and mushy. So, of course, this is painful for you, right?

[00:35:06] Simple massage of those tissues and teaching people. I do like a vulva tour for everybody at their at the end of their care to be this is what your vulva looks like now. It's going to look really different. If you've had a vaginal birth, your hymen goes from being like a nice smooth circle to like a very bumpy, rocky space. And that's normal. But give everyone a little tour and I have them feel, Hey, feel right here. Do you feel how this part doesn't stretch? It kind of doesn't give that's adhesion. You need to massage that out until it's soft and pliable and you need to go step by step through your vulva, through your perineum, into your vagina.

**Serena Saeed-Winn:** [00:35:49] Wherever there's adhesions, you need to massage those out. And if they're deep or you feel like you can't get them, get a pelvic floor therapist on board to help you out with it. I just saw somebody that was nine months after a third degree tear and she was like, I had a question about, you know, whatever. I can't put anything in my vagina. I'm like, Well, you never massaged any of this scar tissue that's sitting here. No wonder you can't. That makes a lot of sense, you know, not to mention all the emotions we hold in our pelvic floor.

[00:36:18] So having somebody, you know, in those first six weeks to be like, Hey, this is exactly where your where your laceration is. It's right here. It's at like 5:00. This is where it is. When you get to that six week point, you can actually be I remember that it was at 5:00. I'm going to start there. Oh, yeah. Now I feel where it is, right? That I think if I could tell anybody something they could do is like massage your scars, You guys massage them.

[00:36:45] If you've got a C-section, have your midwife or your doctor walk you through the entire incision and say, Yep, that's an adhesion right there. That's where you need to massage. Learn how to feel it yourself so that you can yourself start to massage it. I've seen unbelievably amazing results. Start with people doing massage and stretching out and massaging their tissues.

**Sarah Trott:** [00:37:08] So that would be one. And what does it feel like?

**Serena Saeed-Winn:** [00:37:11] Oh yeah, good question. So I kind of like to say like when you're thinking about kind of the entrance of your vagina perineum, that area, adhesion is basically tissue. So muscle, when you look at it before it's ever been torn, it looks like beautiful straight lines of cells, right? So lots of like lovely straight lines. That's kind of what a muscle looks like when it's been torn. It comes back together.

[00:37:33] But instead of coming back together in these, beautiful straight lines, the tissue comes back together like a little crooked and maybe, the part that used to be along this line is now kind of off to the left of that line. And there's a bunch of extra scar

tissue in between holding it together. So instead of that muscle being able to stretch nicely along the planes that it used to, now when you stretch it, it's like just kidding.

[00:37:58] These two lines that used to move very easily back and forth across each other now don't because they're stuck together by this scar tissue. There's some beautiful artwork. I'll see if I can send it to you. I'll look for it of what scar tissue looks like and what adhesions look like in muscle. It's pretty fascinating the difference from like this beautiful smooth lines of muscle to this, like very crooked, kind of pieced together piece of muscle that's not flexible and not pliable. Does that make sense?

**Sarah Trott:** [00:38:31] Yes. Thank you. Yeah, that's really helpful. I think anyone who's listening could probably understand that a lot better and see if there's something that they need to address and reach out. What should someone do if they want some care and it's nine months later, can they reach out to you? Is it too late?

**Serena Saeed-Winn:** [00:38:47] No, it's never too late. It's never too late. I mean, it's amazing if you can get it before the scar tissue is like set in stone. Right. Which is why the early postpartum care so essential. But no, it's never too late.

[00:39:02] And pelvic floor therapy, people can do it. They're like, my kid is ten, but I haven't had a moment to come up for air. And now I'm going to go and do it. Amazing. I'm so happy that you have the mental space to do that now because you have to be mentally ready. Right. I mean, if you're not mentally in a good head space and you're Oh, now I want to go and do whatever type of therapy, if you're not there mentally, it's just it's just not going to work as well.

[00:39:26] Our bodies are not just like just your vulva, just your arm, just your nose or whatever, Right? It all works together. If your emotions and your brains are very highly connected to our pelvic floor. So you have to also be ready for it. And if you're not ready for it, that's fine. Wait till you're ready for it and then go, you know, so it's never too late, ever, ever, ever. But it is kind of awesome if you can do it early. It is a little better. It is a little better the earlier you do it also, just why should you suffer for like months and months and months? Like why, you don't need to do that.

**Serena Saeed-Winn:** [00:39:58] There's no reason. I mean, my friend was she called me. She's a she does like child care and stuff. She's like, You'll never believe what I just saw. I just went to some trampoline spot and saw this box of pads. And it said, "for the mamas", ha ha ha. And I'm like, That is the worst sign I've ever heard of. And why don't they have a pelvic floor therapy business card right next to that to be "Are you peeing? That's not normal."

[00:40:30] It's not funny that you have a baby and now you just have to pee on yourself for the rest of your life. That's great. No, no, it does not have to be that way. And it's really just about educating people. Like it does not have to be this way. Get help. They should. I should go there and be like, Here's my card and here's the card of a good pelvic floor therapist. Go there. If you're taking one of these, also take one of these anyways. But yeah, that's one thing I see a lot is like people, the adhesions are a big one because it just causes so many problems down the line when muscles are not flowing and easily nice and pliable and soft, you know?

**Sarah Trott:** [00:41:08] So the dream outcome would be that any woman who has these adhesions can get the care early, recognize it early, not wallow in either a lack of knowledge or a lack of care. But to address these things so that they she can get off to the right foot with her self care and her whole routine. Totally.

[00:41:29] I want to talk a little bit about Project KAZ and your work there. And I have to mention something that you've very generously offered, which is a special discount for your classes that you offer and your workshops and also your lactation consulting. So anyone who's listening and you want to work with Serena in her practice, please go check this out. This is such an awesome offer. So you'll get 10% off of all workshops and lactation consultations and \$100 off of the postpartum package. So there's a code to use, which is 4TRI (the number four, and then tri all together). We'll put this on the website, [fourthtrimesterpodcast.com](http://fourthtrimesterpodcast.com) so you can find it. The classes that I want to highlight are preparing for the postpartum period and infant CPR and care amazing classes.

**Serena Saeed-Winn:** [00:42:23] I keep the classes pretty small because I think it's really important for people to meet and be able to ask questions. And the workshop is a one day workshop, so it's just like a one day and you get, you know, postpartum prep, infant care and infant CPR. I think it's an amazing class. I mean, I teach it, so obviously I think it's amazing, but I really designed it.

[00:42:47] Everyone who teaches is also a parent, so they've all kind of like walked through the fire as well. But it's it's so crazy how many people just come for the infant CPR and then they're like, that's all I need to learn. But I guess I'll just stay for this other stuff too. And then they leave being like, I had no idea there were so many things that could help me in the postpartum period. I feel so grateful for this. We do relationships. We talk about your body healing, things that can be really helpful and really simple things that you can do to optimize healing in that time.

**Sarah Trott:** [00:43:26] And then on your website, you do have online recommendations, tip sheets, all that good stuff. It's <https://www.thekazproject.com/>. We'll also post that on our website so you can easily find it and link to it just directly off the article for this episode. And then last but not least, if someone wants to hear more about the KAZ Project, do you want to give a little bit of an overview of the KAZ Project?

**Serena Saeed-Winn:** [00:43:49] Yeah, totally. So the KAZ Project really was designed to support families during that postpartum period by providing actual care. So midwifery care, which I outlined I think pretty clearly before lactation consulting and these workshops, we also have new parents groups that will start back up again in the fall, which is a really lovely place to connect. And really the idea is to create a community, but also to provide actual care for people and fill in a gap that is existing right now in this space.

**Sarah Trott:** [00:44:25] Amazing. Serena, thank you so much for being back on our program.

**Serena Saeed-Winn:** [00:44:28] Yeah, thanks for having me. Really appreciate it.

**Sarah Trott:** [00:44:31] Yeah, I love the work that you're doing. I'm so excited about your program and your workshops and the support that you're giving to new families. And my wish would be that everyone could get care from you or that level of care, as we said. Wouldn't it be lovely if that was just the standard?

**Serena Saeed-Winn:** [00:44:48] I mean, that's the dream, right? you know, as much prenatal care as you get, you should have that much postpartum care. That's the dream. That's the goal. We're moving towards it at some point.

**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 theme music on this podcast was created by Sean Trott. Hear more at <https://soundcloud.com/seantrott>. Special thanks to my true loves: my husband Ben, daughter Penelope, and baby girl Evelyn. Don't forget to share the Fourth Trimester Podcast with any new and expecting parents. I'm Sarah Trott. Goodbye for now.