

Fourth Trimester Podcast

Episode 100: Knowledge is Power: Safer Childbirth Advice from Birth Trauma Attorney Gina Mundy

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: [00:00:00] Hi, this is Sarah Trott and welcome back to the Fourth Trimester Podcast. We are here with a special guest today. Her name is Gina Mundy and I will introduce her in a moment. And before I do, I'd like to remind all of our listeners that you can go to our website, which is fourthtrimesterpodcast.com. Sign up for our newsletter. You can also follow us on Instagram and Facebook, and you can go to Apple iTunes or Spotify. And wherever you listen to your podcasts and hit follow and subscribe so that you can be alerted every time we release a new episode.

Sarah Trott: [00:00:30] This podcast is all about knowledge. Knowledge is power, and one of the things that come up often is anxiety about birth, anxiety about the delivery. And that can come from a lack of information, a lack of knowledge. And truly, by knowing some of the specific techniques for having a safer childbirth, that anxiety or some of it at least, can be relieved.

Sarah Trott: [00:00:52] So that's what we're here to talk about today. We want to relieve that anxiety. We want to share some important knowledge, some specific techniques. And what's unique is that this is all coming from the perspective of an attorney, an experienced attorney who has 20+ years experience, she specializes in childbirth cases. And she has scrutinized cases and all of the details around it to understand things that could have gone better. And she took all that information and put it together to create some real change. And that's what's so inspiring. And that's what caught my attention about you, Gina.

Sarah Trott: [00:01:25] It's really interesting to me that you've taken all of this valuable information and translated it into a force for change, for good, to help other parents because you're a parent, too, to help other parents learn and benefit from all of this valuable information. And you've written a book about this. It's called "A Parent's Guide to a Safer Childbirth: Expecting the Best using the power of knowledge to help you deliver a healthy baby". And I love that so much. So I'm going to pause here. Welcome, Gina. Welcome to the program.

Gina Mundy: [00:01:57] Ah, thank you for having me, Sarah. I'm very excited for today's conversation.

Sarah Trott: [00:02:01] Yes, Gina, you're a mother yourself. I'm wondering if this inspires you personally in any way, in the work that you do and in your desire to help translate your expertise and the information you've learned to help other parents.

Gina Mundy: [00:02:14] Oh great question. It absolutely did. Basically 20 years as a childbirth attorney, I was in the grind. And then we had this near family tragic event where my niece, who was giving birth to the first baby of the next generation, had a really scary childbirth. And it hit me that I may not be around for the birth of my grandkids, because when I was - let me backup a little bit.

[00:02:42] When my niece gave birth, I was 1,100 miles away from her that day. So I was very accessible on the phone and whatnot and pictures and videos and everything else we did and talked about. But I was far, and I can tell you how I would prepare my kids for childbirth is very, very different from how a family would traditionally prepare. So I started to think, wait a minute, what if I'm not around for the birth of my grandkids? I'm like, I got to write some of this stuff down that I've learned. And I'll tell you when I transitioned from attorney to basically author, the information coming out of my head, I'm like, oh my goodness.

Gina Mundy: [00:03:23] And it went from, wait a minute, it's not only my kids, it's other families. I'll tell you, the hardest part of my job by far is the day that I have to sit down with the families and talk about the day their baby was born, the day they lost their mom or their wife. And so I started just writing. And the first few months was very difficult because I had obviously emotional, you don't know this, but I had emotionally really suppressed everything from what I've seen over these years in these cases.

Gina Mundy: [00:04:02] And all of a sudden there was just this clarity after three months of being very upset that I do know stuff that could help these families and it could spare other families from what I've seen. So, yeah, absolutely. My kids were a

huge part. They were kind of how it started. But then once the writing really got going. I'm like, wait a minute, this is information that needs to get out there.

Sarah Trott: [00:04:29] And this information that you've collected after analyzing all of these cases relates to the kind of cases you work you do - which is what exactly? What are childbirth cases?

Gina Mundy: [00:04:38] I'm glad you asked that because people are like, what is a childbirth attorney? I have had that question for over 21 years - February 2003 I got my first case, so I'm on 21 years - and to this day people are like, what's a childbirth case? And basically a childbirth case involves the birth of a baby when something goes wrong, a complication, a mistake. And when Baby is not born healthy, I come in as the attorney to find out what happened, what went wrong. But probably more importantly, what should have been done so baby would have been born healthy or baby alive, or mom around to raise her baby. So those questions, they've taken me out across the United States multiple times meeting with doctors in almost every state and almost every health care system, not only doctors delivery teams just hashing out every aspect of labor and delivery to find out, find out what happened.

Sarah Trott: [00:05:40] So, so tragic. I can only imagine. You've spent many, many hours thinking about how you can translate that information into real recommendations and specific techniques that parents can apply for planning, learning, and ultimately having a safer birth and better outcomes for their own families.

Gina Mundy: [00:06:01] Oh, absolutely. And I love that you have your techniques and all that stuff because my book's not about what can go wrong. It's how to make sure it goes right. And so those techniques and there's pro tips throughout my book.

Gina Mundy: [00:06:16] But anyway, I'll start with how the book is structured just to give your audience an idea. Chapter one of my book, those are the lessons from the baby cases. So these are the things that you know as a lesson you can learn from the cases in order to help prevent something like that happening to you. And the lessons are from the families, the doctors, the delivery teams, the medical experts.

Gina Mundy: [00:06:44] And so each lesson then in chapter one is then a subsequent chapter. So here's your lesson. Then your subsequent chapters are kind of all of your tips. This is what you need to do. This is what I know. So this is what you need to know and whatnot.

Gina Mundy: [00:07:02] So let's let's take chapter 11. So the lesson is that in childbirth cases there are recurring mistakes and there are recurring complications, meaning they tend to be in a lot of my cases. So I go through the top ten. And by doing that I'm trying to give parents, okay, this heightened sense of awareness, like, okay, this can go hand in hand with mistakes, but this is what I need to know to make sure it doesn't happen during the birth of my baby.

Gina Mundy: [00:07:33] So in chapter one, I go over, for instance, the most common fact or issue in a legal baby case, and that is Pitocin. Pitocin is a drug that will induce moms labor. It will basically jumpstart labor by having the uterus contract. And I can tell you when I get a case in, I'm telling you, one of the first words I read, mom is being induced with Pitocin. As a baby lawyer I'm not a fan of Pitocin. But listen, sometimes the alternative is just a C-section. So that's a really hard option too.

Gina Mundy: [00:08:13] So basically what I did then as another lesson, just, hey, Pitocin is in almost all childbirth cases, I wrote chapter 14. Chapter 14 is how to have a safe Pitocin induction. So I've seen the Pitocin inductions gone wrong since February 2003, when I got my first case. I've researched this drug extensively. I've read thousands and thousands of pages of medical records on Pitocin, discussions with doctors and delivery teams on this drug. So basically whether it's hospital protocols we learn about. So Pitocin has been a big part of these cases.

Gina Mundy: [00:08:56] So I wrote the chapter on how to have a safe Pitocin induction. Now a lot of people are like, oh, I'm not going to have Pitocin. That's not one of my choices. Well, listen, I can tell you, if you roll up to the hospital and maybe you're not in labor quite yet, but there might be some concerns about baby. You may be given that option because they may be like, it's time to deliver baby, but your body's not really

ready. So you're going to get two options. You're going to get the C-section option or you're going to get Pitocin induction. So it's really important that even if you're not planning on it, you do go through that chapter if you're expecting a baby and understand and learn about Pitocin. So that's an overall.

Gina Mundy: [00:09:37] And then with the subtitle that you were talking about 'knowledge is power'. Getting ready and preparing for childbirth is so important because I can tell you this, in these childbirth cases, these families are one decision or minute from a healthy baby. So the importance of good decision making. During childbirth with your delivery team. I cannot emphasize enough, and the only way you're going to make good decisions is if you get ready for childbirth, right?

Sarah Trott: [00:10:08] Knowing the terms to use, understanding the questions that might come up, understanding the different outcomes. One of the things we've talked about on this program is the concept of a birth plan, and preparing for birth through education while you're pregnant. One of the best recommendations we have for you, and we actually refer to birth plans as birth intentions, because you might have everything planned out exactly the way you think you might want it to go, but having the expectation that it may not go exactly as planned is really important for preparing mentally for something that may go a little bit differently.

And so understanding what some of those things might be and then having sort of plan A, plan B, plan C. Or my intention is this, but if it ends up going in a different direction, these are some things that I would prefer can go a really long way. And it really speaks to, again, coming back to knowledge as power, coming back to understanding and preparing, taking the birth classes, listening to podcasts like ours, reading books like yours, talking to other parents I think is really helpful too. But I really appreciate that you're touching again on that preparation point.

Gina Mundy: [00:11:20] Oh, I like birth intentions. That is so spot on, because one of the hardest things to plan is how your childbirth or labor and delivery is going to go. So yeah, actually that's one of the lessons in Chapter 1 is to have, now I call them a LAD

plan labor and delivery. But I take a different spin on it because getting a labor and delivery plan ready, the act of doing that prepares you for childbirth.

Gina Mundy: [00:11:48] So it kind of just keeps stemming back to get ready, prepare. And if you have a plan and you're preparing a plan, you're going to think you're going to marinate in different decisions that you have to make now, because once you hit labor, you are in a different state of mind. So if you prepare the plan in the comfort of your own home, you can call people, you can Google. Like you said, you can listen to this podcast. And it's just it's just going to help you so much in the long run. I can't emphasize that enough.

Gina Mundy: [00:12:19] I've given my book to some labor and delivery nurses and they love it. They're like, if only every mom knew this when they came in. My job would be so much easier because they would have streamlined communication. They could move faster if decisions have to be made. Remember again, streamline communication. Make decisions quickly together that are good decisions. You can't do that without preparing.

Sarah Trott: [00:12:45] Are there any common denominators that you have picked up on from all of your cases? I think you mentioned Pitocin being something that you typically see.

Gina Mundy: [00:12:55] Oh, absolutely. So Pitocin number one. Another one is a busy labor and delivery unit. Remember babies want to come when babies want to come. This is not a section of the hospital where you have scheduled surgeries. And they can staff accordingly. Hospital labor and delivery units can become very overwhelmed very quickly, which means you have a delivery team who's responsible for bringing your baby safely into this world that is running hard and they're running thin. So that's where kind of working with your delivery team again and being able to have that knowledge base to do so will really will really help.

Gina Mundy: [00:13:39] And then another big one that I don't think people realize is that most complications, mistakes occur after the patient's water breaks. So if a doctor asks you or recommends, hey, I would like to break your bag of water, you need to ask

your doctor, is there a medical reason for this recommendation? Or do you want to be home for dinner? Because baby, during labor you know you can be in labor and have your water intact.

Gina Mundy: [00:14:11] And if that's the case, your baby's environment is very much still intact from how it was during the pregnancy. But in the uterus you have baby, you have the umbilical cord, which is the baby's lifeline and then you have the placenta and that's your nutrients and feeding the baby and, and giving the baby life. So and then it's all surrounded by that fluid. So if they rupture your bag of water and that fluid drains out, the baby's environment changes.

Gina Mundy: [00:14:44] However, keep in mind the baby's inside you. So evaluating the baby's environment, it's hard to do so in labor. Doctor has two patients. Mom, baby, mom is super easy. Mom. If you look, doctor can look at mom and be like, hey, you don't look good. What's up? Mom communicates. They figure it out. They make a plan, baby. Much, much different. So changing that environment changes things inside. And sometimes, unfortunately, it makes the baby more vulnerable to something happening. So that is actually a really big decision that I don't think people really understand.

Sarah Trott: [00:15:23] Yeah, I love that point of asking if it's medically necessary. And that might be a question that applies to other decisions in the moment as well, could be applicable to the Pitocin question as well. Are you just trying to hurry things along?

Gina Mundy: [00:15:36] In these cases? Listen, I sometimes I don't think OBGYNs think their profession through, okay? It's a really hard profession. Very rewarding. You're bringing life, helping bring life into the world. And it's such a such a powerful moment that you get to be part of, as part of the doctor or the delivery team. However this is not a 9 to 5 Monday through Friday job.

Gina Mundy: [00:16:01] So I've been in cases where a doctor comes in basically at seven. So he'll have the way he runs his Pitocin inductions. It's very standard. It's not individualized. He comes in at 7 a.m. before he hits the office. Why? To break

everybody's water so he can be home for dinner. Listen, this is real stuff, so it's important to say something and ask.

Gina Mundy: [00:16:22] And don't be afraid to offend your doctor because, listen, if you have a good doctor, which hopefully the nine months prior you were able to scope out and figure out if you have a good doctor, they're not going to do that. So yeah. So just don't be afraid. This is your baby. You're trying to get to that powerful moment. You hold them for the first time and everything's great, and you get to take them home to the nursery and all that stuff. So don't ever be timid about asking your doctor something. Maybe be a little more fluffier than somebody like me would be. But that's about it.

Sarah Trott: [00:17:00] Right. And so advocating for yourself is a really big topic. And we're a fan of having supporters present. So that could be a partner, a doula, a grandmother, another friend, a dear friend who we recommend also do the same preparation and get the knowledge beforehand and understand your preferences.

Sarah Trott: [00:17:22] Because sometimes in the moment of labor, it's not exactly comfortable to defend yourself or advocate for yourself. If a big surge is coming, it might take all of your mental and physical energy just to get through that. And it's hard to kind of know everything that's going around you in the moment sometimes. So having another person present to help ask those questions, the question that Gina just asked is that medically necessary can be really, really beneficial.

Gina Mundy: [00:17:50] Absolutely. And we are so on the same page. So one of the lessons from the baby cases is having I call them a baby advocate. It's exactly what you just said. And listen, they're going to be there anyway. So just give them a job there. They're just as excited as you grandmas. Grandmas make the best advocates because obviously they've they've been through it and whatnot. And they're more humble and a little older like me.

Gina Mundy: [00:18:21] So chapter seven of my book is having that person there and giving them a job. I call them the baby advocate. And just like you're saying I'm like, okay, this is what your baby advocate needs to know. So yes, they will take over. They

will help you so you, as mom can relax mentally, physically to deliver the baby when you need to. So yeah, no, give them a job. Like in any job you need some training. So they should be going through the same training. But no, at the end of that chapter, I think I narrowed it down to five different things every baby advocate or every support person should do before childbirth.

Gina Mundy: [00:19:05] And I do like doulas. I will say this about doulas. I like doulas because they do speak the language of the delivery team. So they do understand a lot. And I will say this, I wish I would have really understood this before I got my book out, but I, I definitely advocate for doulas now that I'm I've published the book. But doulas are not in childbirth cases, so they were not included in my book because I didn't know that much about them. So considering what I do, if I don't know that much about doulas, that means doulas are helping parents bring babies safely into this world.

Sarah Trott: [00:19:46] Yeah, that's actually a very good thing. And that's lovely to hear and wonderful to hear. And we're strong advocates for doula care and having proper support. Not everyone can afford a doula. That's a reality too. So using your book as a guideline or other information from this podcast is a guideline for how supporters can help be present, help advocate for you in the moment, help educate themselves beforehand to be the best supporter for you in the moment as possible is really, really important.

Gina Mundy: [00:20:18] Absolutely. listen, I'll tell you if you go on my Amazon reviews, I'm over 300 and there are so many dads on there. I think I have more dads leaving reviews than moms. Like, they're just almost helping each other out there. And the dads are so grateful for my book because instinctually they want to protect their wife. They want to protect their baby. I just don't think they know they really sometimes get lost or what are they going to keep googling about how to protect my mom? How can I protect my wife and baby? No. My book lays it out for how a dad can come in and make sure he takes his wife and his baby home after childbirth.

Sarah Trott: [00:21:01] Yeah. One of the things that you had mentioned, one of the other topics you're very passionate about, is the right way to pick your doctor and hospital for a less stressful delivery. Would you mind touching on that for us?

Gina Mundy: [00:21:12] Oh, absolutely. So as part of my job for over 21 years, I have analyzed OBGYNs and I wrote a chapter on how to pick the good doctor. And it is one of the lessons that are from the childbirth cases. So I took all of my knowledge and analysis and everything that I have done over these years, and I put it into this chapter then to help parents, then figure out who's the good doctor, because, listen, these cases go to trial and listen, juries don't like bad doctors.

Gina Mundy: [00:21:49] So if you're sticking a doctor in front of a jury they better be a good doctor. So it's very important to ask them for instance, I list 20 questions that every patient should ask their doctor, literally. These are questions that come out in childbirth cases. These are questions even that I may use to discredit a doctor or make or bolster a doctor's credibility in front of a jury. But not only that. I mean, they're just really good questions that every patient would want to know. But maybe you don't think of it or whatnot.

Sarah Trott: [00:22:26] Is there one question that you would say is the most important or are they all important?

Gina Mundy: [00:22:31] Oh, they're all important. But I will say a big one that I don't think people ask or think to ask. So doctors who deliver babies are OBGYNs, obstetrics and gynecology. Obstetrics is your pregnancy. Gynecology? That's more of your 9 to 5 job. So you want to know, is my doctor in the trenches delivering babies all day, or are they more gynecology where they're more Monday to Friday 9 to 5. So you want to ask your doctor literally what percentage of your practice is obstetrics? What percentage of your practice is GYN.

Gina Mundy: [00:23:11] So I'll tell you, even a lot of the older doctors, they start getting tired. They like they're just trying to do some more GYN than OB. But you definitely want a doctor who's in the trenches delivering babies. You want a high percentage of

their practice to be obstetrics, because then remember, your doctor is likely not going to be at the hospital when you're in labor. They are called in to catch the baby typically unless the doctor is working a 12 hour shift, you are relying on your nurse, your resident, your midwife to communicate with your doctor and your delivery team because that's usually who it consists of.

Gina Mundy: [00:23:56] I mean, those three people are really most of the time who were scheduled to work that day. So it's important that if your doctor is delivering a lot of babies, they're going to be communicating with these potential different people on the delivery team more often. And you build a rapport. your doctor is going to know, do I trust that person on the delivery team? If they're delivering babies all the time, they're just going to have a better comfort with the delivery team.

Gina Mundy: [00:24:27] And again, the delivery team is responsible for bringing your baby safely into this world. Their care in my cases are analyzed more than any other aspect of the case. So it's really important that you do have a doctor who is in the trenches. So if I have a doctor giving opinions in a case about labor and delivery, but they mainly do gynecology and I'm trying to discredit the doctor. You bet. That's coming out in front of a jury. So it's stuff like that.

Sarah Trott: [00:25:01] Love that. Okay. So that's fantastic guidance. It sounds like for the OBGYN as well as pediatrician and potentially other doctors as well. So that's really good stuff.

Sarah Trott: [00:25:11] We're coming up on time. And one of the things we like to ask our guests on the podcast is a little bit about their own fourth trimester experience. So we're just curious if that's something you'd be comfortable sharing with us since you are a mom of three.

Gina Mundy: [00:25:27] Oh, absolutely. So basically my first baby, I had a C-section. So back in 2004 was my daughter and as a childbirth attorney it's really hard for us to relax because we can't unsee what we've seen. We can't unknow. We know. But I got home. And what I didn't realize about having a C-section is that recovery is very difficult.

But I had a great mother in law. I had a great mom and a husband who really, I mean, I was so pampered for the first month. I'm like, this is so easy, you know? And I didn't really realize how hard it was until they were gone. And then they slowly kind of handed the baby off to me. And then I'm like, okay, this is wow, we get up at all times of the night and fun stuff.

Gina Mundy: [00:26:21] But no, I'll tell you, and I don't know if it's because I've seen all the outcomes, but I really appreciated having a healthy baby. I think I think everybody does. But maybe because of professionally, what I see, I really appreciated having a healthy baby. So I just felt blessed every, every minute.

Sarah Trott: [00:26:42] Yeah. Thank you for sharing your experience. You touched on the importance of having a support structure around you, and that's important in any kind of delivery, but in particular when you've had what is the equivalent of major abdominal surgery with the C-section - I mean you can't really lift anything - that's really important.

Sarah Trott: [00:27:00] And so much focus sometimes can be on the pregnancy and the birth, but thinking through that immediate postpartum at the hospital and then your postpartum recovery at home for those first 30, 40 days is really important. And you might not have a partner, you might not have the mother in law or the mother that's nurturing in the way that you would want to have them there. But there are ways to find support through friends as well such as through a postpartum doula, we have a whole episode on what to expect from a postpartum doula giving you care in your own home. So there are other alternatives for making that work.

Sarah Trott: [00:27:34] And so just to do a little recap, what are some ways to have a safer childbirth? We touched on asking the question, is this medically necessary? Really important. We touched on being prepared with knowledge and thinking through what you want, what you intend to happen during your birth, taking your birth classes, finding the education that matters so that you're ready and prepared for the various scenarios.

Sarah Trott: [00:28:00] We also talked about the importance of knowing who your doctor is, sussing out their strengths and weaknesses, and making sure that's the right fit for you, given your intentions and what you want to have happen. We touched on a number of other things too.

Sarah Trott: [00:28:15] I really want to mention that if people are interested in creating their own birth intentions document, we do have a whole episode dedicated to that. It's number 13, so we even have a template where you can go and even download a free template for you to create with the aid of information from books and other sources as well, you can put together something that feels right for you.

Sarah Trott: [00:28:38] We also talked about different ways you can find a good doctor and hospital. We just had a great interview on episode 98 with Kimberly Seals Allers, who has an app called Irth, which is specifically made for Black and Brown women. It's taking a community-based approach to identifying the best hospitals and doctors. It's like Yelp for hospitals. So if that's applicable to you, go check that out. I highly recommend it.

Sarah Trott: [00:29:02] And really I just want to thank you. I want to take this moment, Gina, to thank you so much for being on our program today.

Gina Mundy: [00:29:09] Ah, thank you, Sarah, I really appreciate your kind words.

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 Spotify](#). 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.