

# Fourth Trimester Podcast

## Episode 131: How to Rewrite Your Birth Story and Find Joy After Trauma with Chanti Smith

**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, I'm Sarah Trott and welcome back to the Fourth trimester Podcast. I'm here with a special guest today who I will introduce in a moment. Before I do, I want to remind everyone that we have a website which is [fourthtrimesterpodcast.com](http://fourthtrimesterpodcast.com). Please go there and sign up for our newsletter so you can hear from us every time we release a new episode.

**Sarah Trott:** [00:00:17] Today's topic is how to rewrite your birth story and find joy after trauma. And I have a very special guest here with me today. She is a returning guest. She's been on the show before, but quite some time ago, so I'm really thrilled to invite her back on the program. Her name is Chanti Smith, and I'm just going to give you a little introduction on Chanti.

**Sarah Trott:** [00:00:41] Chanti is a somatic experiencing practitioner, home birth, midwife, prenatal birth and attachment therapy practitioner, and bodyworker specializing in craniosacral therapy and holistic pelvic care. She specializes in the field of perinatal psychology and is committed to supporting mothers or birthing parents and individuals in preconception through postpartum, in preventing healing and making sense of deeply impactful and traumatic experiences in the childbearing years.

Chanti is also passionate in supporting reproductive trauma healing, including pregnancy loss, abortion, fertility, and reproductive health. In the last few years, Chanti's work has naturally evolved into supporting parents in the early years of parenting, perhaps now that she is a mother. So Chanti is a solo mom by choice to a big spirited seven year old boy, and she has experienced firsthand the joys and challenges of parenting in today's world. Chanti sees clients for private sessions and also leads the online birth trauma healing groups in spring and fall. So welcome Chanti to the program.

**Chanti Smith:** [00:01:49] Thank you Sarah.

**Sarah Trott:** [00:01:51] Thank you. I would love for you to go ahead and describe yourself and introduce yourself in your own words.

**Chanti Smith:** [00:01:58] I've always been interested in healing work and called to this profession. My parents are therapists of many years, and so I was raised talking about feelings. And I started a peer counseling program in high school with their help. And so it's it's just in my blood to be of service. And when I was 19, I went to massage school, and then I became a yoga teacher, and I knew that I wanted to be a midwife. Like when I was 20, I knew I wanted to work in the realms of birth and to support women and women's health. I worked at Planned Parenthood in high school, and I wasn't quite ready to dive into birth work at 20. And so I kept going and studied all kinds of bodywork and craniosacral therapy and Chinese medicine and Mayan abdominal massage.

**Chanti Smith:** [00:02:52] And then I think I was 27, my sister called me on the phone and said, hey, I'm pregnant. It's time for you to learn all the things that you've been talking about. And so she actually signed me up for Elizabeth Davis's Heart and Hands Intensive. And I was so excited because it was my path. So I dove deep into midwifery. I began an apprenticeship right away. And while I was attending birth, I was learning about how babies were coming through. And I found myself really having a hard time tracking the baby's cardinal movements, how they spiral out of the womb. And I realized that there was something coming up around my own birthing experience about how I had been born.

**Chanti Smith:** [00:03:42] And I talked to a craniosacral birth worker colleague who said, oh, you need to do a birth repatterning womb surround process workshop. And I said, great, sign me up. And so I immediately went down and studied with Ray Castellino down in Santa Barbara and, and did this four day process where I got to review from a somatic way my own birth. And I really discovered in that process that my mom was going for a baby back in 1976, and that was so powerful. She did it. And they forced drugs and used forceps at the end. And, you know, she was trying to do the math. It was just so heartbreaking. And it was also heroic and a victory. So both happened.

**Chanti Smith:** [00:04:31] But the imprint from the forceps and the anesthesia and the drugs that they had given her really affected me. So that at the moment when my clients were giving birth, as I was apprenticing and watching these babies being born, I would completely space out. I wouldn't be able to track what was happening, and I had this

pattern where I would always get hurt at the end of things, I would. I would bump my head. Right. So the Forcep imprint and the drug imprint were actually in my body in a very real way. Right? 28 years later. And so I began doing my own birth work and healed a lot of that patterning and could track it.

**Chanti Smith:** [00:05:14] And then I was able to attend births and realize, oh, okay, that was then. This is now. Here I am, I'm completely present, watching my clients give birth, and I can track how the baby is spiraling out of the birth canal. So that was powerful. And so I wanted to learn this work. And so while I was training to be a midwife, I went deep into the world of pre and perinatal psychology and looking at how babies are conscious when they're being born, and how this huge transition of birth does impact not just the mother, but also the baby.

**Chanti Smith:** [00:05:45] And so from this work, I began working with families and working with my clients and helping them make sense of how they were born, but also how they wanted to birth their own babies in a way that was conscious and and then if trauma did come, then how we could work through it in a somatic way. So the birth psychology work is grounded that I trained in was grounded in somatic experiencing and craniosacral therapy. And that's what led me then to later train in the the somatic experiencing work, which is a body oriented awareness healing practice to um, help resolve trauma overall. And so I wanted to expand my understanding of trauma not just to birth, but for everyone. And so that's how I can work on all of these realms for. But my specialty is still working around birth and women through the childbearing years, and all birthing parents and all people with wombs.

**Sarah Trott:** [00:06:42] Thank you for sharing that. And it sounds like your experience now as a mom is also deeply and profoundly connected to your experience of your own birth and your chosen profession, and that there's something intergenerational happening in your story, and also for the work and for your clients, too. And so to that end, would you be open to sharing a little bit about your own fourth trimester experience?

**Chanti Smith:** [00:07:11] Yeah. Of course. Yeah. You know, it's interesting because it really blew me away because, you know, this was my expertise, right? To work with families and it still is. And yet it's very different now that I have done it myself. And and kind of been through the fire, one could say. My postpartum was powerful, especially choosing to do it on my own. I had a lot of support. and it was different than, you know, having consistent support daily from just one person. So that was an interesting slant to my own postpartum. I learned a lot because I had a beautiful home birth. I was really fortunate that, you know, doing all of my birth work and the stars were aligned and I had a great birthing team. I was able to, you know, push my son out at home.

**Chanti Smith:** [00:08:04] And yeah, there was a few moments postpartum that were really difficult. Immediate postpartum, I needed some help, actually, because I was losing blood and I needed some pitocin from the midwife. And that was great. And it was so important. And it was a hard moment. And so one of the key moments in my postpartum was actually reflecting on that moment. I would say that my postpartum actually just completed maybe when my son turned like five. So yes, we have the fourth trimester and it takes years really, to integrate a birthing experience. That took me a long time to really feel like I was fully out of the postpartum.

**Chanti Smith:** [00:08:53] There were key moments, right? There was the moment of the fourth trimester. You know, at 12 weeks. Okay. I made it through that. And then there was, you know, the three month, the six month mark, there was the year mark. And then around five I said, oh, okay, now I'm really out of the postpartum. So just to name that, there were a couple of key moments that I remember that were really healing for my postpartum because of what happened in my immediate postpartum. So the first key moment was there was a sticky part in my immediate postpartum.

**Chanti Smith:** [00:09:26] And I had a colleague, an SE (Somatic Experiencing), a somatic experiencing colleague, come over a few weeks after my son had been born and I was sitting in my bed and I was nursing, of course, and my friend was asking me about the birth story, and I started telling him about, you know, the heroic birthing moment and taking my son. And then I shared a part that happened that was pretty sticky for me that I hadn't quite felt completely resolved around. And my friend listened

to that. And then he gently guided me back to before the sticky place and reflected the immense joy that I had had right before that. And he really invited me in such a sweet way to just hang out in that joy and sit in the awe of that immense satisfaction of being with my son right as he came out of me.

**Chanti Smith:** [00:10:36] And I was holding him. And I realized as he was sitting there with me that he was doing SE that he was doing somatic experiencing. And I was so grateful because I really needed it. I was. You know, a new mom, tired and nursing. And my mind. Right. The mind wants to loop to trauma, wants to loop to the sticky places, to the places that didn't go in the way that we wanted them to. And instead, he reminded me to spend more time hanging out in the place that was so, the place that was so powerful and so then what was able to happen was that that sticky place got smaller and smaller and it was like, oh, right. That was actually just a moment. It didn't take over my whole birthing or my whole postpartum.

It was just a moment and oh, right. I got to hold my son in my arms and what a blessing that was. So that was one key moment in my postpartum that felt so important for me as a mother and also as a practitioner. Right. That's why I do. What I do is that I get to help people really remember the glimmers, we might say the joyful places. And also we don't ignore what the sticky places are, but we don't have to have them be looping in our minds over and over again in a traumatic way. Right?

**Sarah Trott:** [00:12:10] Yeah. You get to experience it's a choice what to experience. In other words.

**Chanti Smith:** [00:12:17] Yes. Especially with the right support. Right. So intellectually it isn't a choice, right. Because our brain is so powerful. But the somatic experiencing support the reflection of another. The embodiment allows for a choice.

**Sarah Trott:** [00:12:33] Yeah.

**Chanti Smith:** [00:12:34] Yeah. Another moment I remember, which is not so much about a trauma imprint, but more about the physiological needs of the postpartum, and

perhaps more so after a deeply impactful birth or deeply impactful is one way that I describe trauma, because it's not always trauma, but it does deeply impact us. So I had had a powerful, longish, very longish home birth, but I'd had to have a late postpartum transfer to the hospital about 14 hours postpartum because of a postpartum infection. My son Nakai had to go in as well because he had something called transient tachypnea of the newborn, which means his respirations were fast, and this usually resolves on its own. But if it's a latent infection, it needs to be treated and observation is needed.

So we both needed to go in. And of course this was disappointing. And there was a little shock in my system because that wasn't part of my plan. As you know, often that's how it goes with birth. But I knew that was what was needed. And we were seen and everything went well there. And when I returned home, I was more depleted than I wanted to be, and I was more depleted than I needed to be for producing milk. And so there I was, and I was pumping and I was, you know, doing all the things so that I could feed my little guy. And I felt like probably other moms can relate, like I was starving. I was just nursing him all the time. And, you know, because of my stay in the hospital and my depletion, I felt exhausted. And so I didn't have a lot of extra and I had lost some blood postpartum. So I was just, you know, I was hungry, I was ravenous, and, you know, my friends and family were taking care of me, and I had snacks by my bed.

**Chanti Smith:** [00:14:41] But I remember there was a really important moment where Esther Gallagher, who of course co-founded this show with you, came over to visit. And a dear, dear friend for so long, Esther showed up at my house and she said, you need five meals a day. You don't just need three, you need five. And she even drew, you know, I was I think I was sitting in the bath and someone was holding my baby and I was just I am tired. And she said, okay, I'm going to draw you a picture. And she drew like a map of all the different snacks that were possible. She said, okay, three meals and then two snacks. These are these like huge snacks. She said, I'm going to draw this for your, you know, postpartum team because you should not have to ask for food. They should be giving you this much food. You are feeding your baby. You need this. And I just felt so grateful.

**Chanti Smith:** [00:15:39] And of course I you know, I had done this with clients, and I knew how important this was, but I didn't know from the inside out how much a new mother actually does need and how how big it is to be nursing your baby around the clock and to have gone through a birth and you know, the different things that needed to happen for me to like many mothers. So this is a shout out for postpartum doulas and for Esther that even with a lot of support, I had a lot of support. I still needed that. I still needed to be reminded and my birth team to be reminded to feed me.

**Sarah Trott:** [00:16:24] Yeah, it's so much work, especially when you're breastfeeding too. It's a lot of calories being burned. It's surprising to be the person experiencing it because it seems like an endless pit of hunger.

**Chanti Smith:** [00:16:37] Exactly. Yeah.

**Sarah Trott:** [00:16:39] And the snacks are wonderful. yeah. Shout out to Esther also for her snack trays if she ever prepared you a snack tray. You know how glorious they are.

**Chanti Smith:** [00:16:47] She did. It was so satisfying. And I actually want to say one more thing about the reason why I shared about the snacks and being fed is because physiology is so related to our psychology. Right? And so if we aren't physiologically well, then we will possibly loop into the anxiety and the depression and the lethargy, the traumatic imprinting. Right. So that's why I shared that story.

**Sarah Trott:** [00:17:18] That's so interesting. Is that true for sleep as well? It's nutrition and sleep.

**Chanti Smith:** [00:17:22] Yes, that's very true for sleep. Oh yes. And we know that it can be challenging to get good sleep in that fourth trimester and beyond. Yeah yeah.

**Sarah Trott:** [00:17:34] Yeah. Thank you. I appreciate that point. Okay. So let's talk about the definition of somatic experiencing and how it can help families in that fourth trimester.



**Chanti Smith:** [00:17:46] Great. Yeah. So somatic experience is a psychobiological approach to resolving trauma, meaning it's body oriented and really understanding that the body and the mind are connected. And it's an approach to healing and resolving symptoms of trauma that may look like anxiety or depression or chronic stress and even physical pain. The reason why it's useful in the fourth trimester and beyond and before, is that that research actually shows us that 1 in 3 births are experienced as traumatic, which is so devastating but true that 1 in 5 experienced some form of mistreatment in pregnancy or childbirth. And this ratio is even higher with people of color. So there's definitely a disparity there as well.

**Chanti Smith:** [00:18:38] We also know that a leading cause of trauma or a leading contributing factor is the mother, the birthing person's perception or experience of poor interpersonal care and or communication. So this really does have to do with the provider and patient relationship. And we also know that it has to do with perception. Right. So that the same birth can be experienced very differently by the patient or mother and the partner and the witness, the provider, right, that everyone has their own experience of the birth. So we know that feeling safe and trusting providers are key factors for a woman giving birth.

**Chanti Smith:** [00:19:27] And we know that birth is a primal experience, right? If a deer is giving birth in the woods and a tiger walks by, the deer is going to freeze in her labor. She's going to shut down her labor until it's safe again to birth her baby. Right. When a tiger leaves, she realizes it's safe. She'll shake her body and she'll clear the fear and the stuckness, and then she'll get back to it. Right.

So a woman has the same experience in her labor, right? If she's in a, you know, in the modern medical birth culture, with doctors and nurses coming in and out of the room, long gaps where no one comes in at all, a woman might feel unsupported. Where there's exams done without permission. There's practitioners, providers who are dismissive of birth plans. There's regularly threats of women, you know, while they're in labor saying, well, if you don't do this, your baby could die. You know, like really scaring

women in labor, then it's not a very safe environment, right? Which is why we advocate for birthing parents to bring doulas to the hospital.

**Chanti Smith:** [00:20:41] Now, in the midwifery model of care, we trust birth and we focus on building trust and rapport and relationship. And we educate clients around using informed consent and informed decision making. It's a relationship, and we really believe and honor that. It's a woman's body and it's a woman's choice.

And even with home birth or midwifery led births, there can still be, although it's more subtle, there can be challenges of feeling safe and feeling that sense of trust as well. Now, if women have a history of sexual trauma or abuse, which sadly also occurs in 1 in 3 women, then women can feel that their doctor or their midwife perhaps isn't a safe person when they're doing the most primal act that, you know, they're naked and they're exposed and they might feel like their provider was watching them, or two hands on or two hands off, or didn't show up for them somehow.

**Chanti Smith:** [00:21:45] So those are other, more subtle ways that trauma can happen or that sense of mistreatment. And then birth trauma can lead to a variety of maternal, mental and physical health conditions, which we've mentioned, right? Anxiety and depression and PTSD, which can last long term. And then pelvic floor dysfunctions that a lot of people aren't talking about. And that's the physical pain that women carry after giving birth. So when I come up, there's a lot that can come up. Yes, birthing is no small thing. It's huge.

And to say things like, oh well, you have a healthy baby and you're healthy. So everything's fine. It is like brushing it under the carpet, right? This is such a big experience that a woman and a baby has gone, have gone through in a family. Partners can also feel traumatized by what they witnessed or by supporting their partner and feeling out of control. So this is something that does need to be attended to. And somatic experiencing and birth trauma healing work is a very clear and helpful, useful way to work with this.

**Sarah Trott:** [00:22:59] Yeah. Thank you for the examples. And just to bring it to life a little bit. The sessions for Somatic Experiencing can be virtual. They can be in person right? Yes. They don't have to be hands on to get a benefit for a session like this. And they last what, roughly an hour. What does that typically look like?

**Chanti Smith:** [00:23:21] Yeah great question. I think that's why I love the somatic experiencing model, is because I'm really helping my clients tap into their own somatic wisdom. And so I'm teaching them skills and techniques to ground, to center, to start to feel and connect with their bodies again. So I like to work with women, to support them, to reclaim their power in their wombs and in their wisdom of their own bodies when they feel disconnected from their bodies, if they have been objectified or abused or mistreated or shamed, then they won't feel the power of their own bodies. They will feel disconnected.

And so often we need to reclaim that power. I work with women in sessions, not just postpartum, but you know from that any time in their reproductive journey. And when I work with people with wombs, I'm helping to empower them, helping them to feel this sense of connection to the wisdom in their own bodies, because in our culture, we are so disconnected from that sense of embodiment and empowerment.

**Sarah Trott:** [00:24:41] And I think I remember talking about this with you perhaps in one of our previous conversations or during our prep, maybe even Chanti. But it can be really helpful for people if they're aware of having trauma in their history, to have a session or two to explore that, to explore ways to resolve. Or as we've said in the theme of this conversation, to rewrite some of that story for themselves ahead of pregnancy or childbirth as an experience.

**Chanti Smith:** [00:25:11] Exactly. And it's great when people do come to me when they're on their fertility journey or they're in their pregnancy, because then we can look and see, well, how was their menarche? How was their first time being in a relationship and being intimate? How has it been for them to be a woman? What how is their fertility journey? How is their conception? All of this impacts them and how did they feel in their

pregnancy? And then from there, we're caught up for when we need to then go, okay, how did the birth go? And let's unpack this.

**Sarah Trott:** [00:25:47] And I think you've mostly spoken to this, but if there's anything else that you want to talk about in relation to who you work with primarily and how you talk about your work.

**Chanti Smith:** [00:25:59] I mostly work with women people with wombs. So I also work with partners and I work with men. And my focus is really on supporting people through feeling empowered in their bodies and connected and the sessions. Well, we often start with some kind of a somatic guided practice where people can start to feel the resource of their body. And sometimes that feeling of a resource is hard to find if everything feels like it's in pain postpartum. They haven't let go of their baby in days and everything is sore and their back hurts and their pelvic bowl is still healing and so well, where does it feel good? Or maybe their heart feels really good, or maybe the tips of their toes feel really good. So we find the resource. We find what we call the glimmers, so that we can then have more capacity to access the harder places, right?

**Chanti Smith:** [00:27:13] So my work isn't about retraumatizing. We don't we don't do cathartic healing practices. It's very subtle and gentle and it's slow. So we know that that when we slow down, We have time to work with the places that maybe there wasn't space for the healing in the past. So especially in a birthing experience, if someone's healing through there, from there, if someone's healing from their birthing experience, there might have been moments in the birth where things started to speed up and they got stacked and it felt overwhelming. And we would call this compression right. And so it might feel overwhelming in their body. And then also everything that was happening and it didn't feel like there was time for a pause.

**Chanti Smith:** [00:28:02] And that's again why I recommend doulas so that the doula can help the clients advocate for. Is it okay if we take a moment and even with the doula, sometimes there isn't time for a pause. Sometimes there is an emergency cesarean that's needed or we don't know what might be happening. In these cases, there might not have been time to actually process the emotions that were happening,

and the body might have gotten into what we call a freeze place, or a fight place or a fleeing place. This is the autonomic nervous system's response to danger, to perceived or actual threat. And so when that happens, the body is holding and there's not this digest and rest sympathetic parasympathetic experience of it's safe. And this is what I'm feeling. And so when we're doing a healing process, we're going to slow it down so that we can actually take time to see how were you actually feeling what was happening in your body in these moments. Right.

**Chanti Smith:** [00:29:14] And it might take a while to really notice that. What are you feeling now as you start to talk about it? There might be tears that come like tears that there wasn't time and space for those tears before. So when we slow a story down, then we can allow for some of the holding in the body to release and ideally all of the holding in the body to release, so that there can be a feeling of completion and a sense of I don't have to keep telling this story in the same way because I've actually integrated it now. Does that make sense?

**Sarah Trott:** [00:29:54] It does. That's kind of what we're speaking to with rewriting it. It doesn't change the past or the facts, but it allows for the body to process what happened in conjunction with the mind. Right. It sounds part of what you're describing. Sounds like a misalignment or a disconnection between the mind and body that we're bringing back together.

**Chanti Smith:** [00:30:16] Yes, exactly. And there's a famous quote by Doctor Daniel Siegel, a neurobiologist where he says, it doesn't matter what happens to us, it's how we make sense of what happens. And on some level, this is true. The story actually isn't the number one thing that's important, because it really is about how our body is processing something more than what happened. And yet, I think, especially in birth, that that it does matter how our story is told and how we feel about our story.

**Chanti Smith:** [00:30:49] I work with a lot of clients who really just want to get to a place where they can tell their story without crying, or without freezing up, or without feeling flushed or without freezing in the middle. They want to be able to actually have a coherent, integrated story. And so that's what we work on, is actually moving through

those harder places. And sometimes, just like in my own experience, postpartum with my SC colleague. Right. It means that the harder places don't have to feel so big. They're still there, but they aren't taking up all the airtime.

**Sarah Trott:** [00:31:29] They don't have to re-create dysregulation.

**Chanti Smith:** [00:31:32] Exactly. They can. Right. And so I love that you brought up that word dysregulation. Because that's really what we're working for in somatic experiencing is helping the nervous system to be regulated. And looking at what kind of self-regulation supports do people need to find their way through their experience and then to be in whatever they're in now?

**Sarah Trott:** [00:31:57] Perfect. Yeah, that makes a lot of sense. And so as you work with women and families and partners, are there themes and issues that tend to come up relatively consistently?

**Chanti Smith:** [00:32:11] There are a lot of consistent themes that come up. One of them is being able to make sense of their birth story and Feeling for mothers. A lot of the emotions that get stacked on top of a challenging birth or a deeply impactful birth are emotions like shame and feeling hopeless, or feeling broken, or feeling anxious or overwhelmed. Sometimes we're working on helping to bond with the little one when it feels like whatever the mother is dealing with is so big, then it can really be difficult to feel connected to their little one, their newborn. Or if they were separated postpartum, then it can. It can take work to come back together, to reconnect and feel that glue of the bonding.

**Chanti Smith:** [00:33:06] And it can also be important to name the patterning of different emotions of like, okay, where did that anxious feeling come from? Or that feeling of being broken or hopeless? And this is where sometimes it's historical, right? Sometimes it's cultural and societal. And sometimes it's even ancestral. So, you know, that can sound a little out there, but sometimes it's like, well, what happened to your mother when she was being born and her mother when she was being born, right. How

many generations do we have to go back before a woman got to give birth in the way that she knew how to and her, and she was trusted, and she felt trust and safety?

**Sarah Trott:** [00:33:52] Yeah. I mean, it could be trauma that's passed down. That's what you're saying.

**Chanti Smith:** [00:33:56] Exactly. Right. We understand with epigenetics that trauma can be passed down. And so it can be helpful for women to not feel like it's all their fault. I think that is a very common misconception that it's I did this it's my fault that my baby came out this way, or that I had this kind of a birth. And so I help women unpack that. And it's like, well, there might be some ancestral pieces, there might be some historical pieces, and then there might be some cultural pieces, too.

**Chanti Smith:** [00:34:29] As a midwife, I have the capacity to really help them debrief the birth step by step and help them make sense of what might have happened and why it might have happened. And if I, from my clinician perspective, agreed with that or not, but also can be helpful to explain why that you know what the provider's thinking might have been behind some of the choices that possibly were made during their birth.

**Sarah Trott:** [00:34:58] Yeah for sure. And I think I also recall chatting with you once before about one of the themes specific to how you help women who've had cesareans. So if a woman has had a C-section, it has come up before that it's helpful to process that experience, in part because some women have a sense that something isn't complete, that their body, in a funny sort of way, is still waiting to give birth. Can you talk about that?

**Chanti Smith:** [00:35:30] Yes, exactly. And it's not just for caesareans. Sometimes it's with other interventions as well, but with a caesarean. it can be. It can be confusing for a mother. Like there's a couple of imprints. One is. Did I even make it? Did I survive this? And that can be for any birth. But that's something that with the trauma patterning, we cannot realize that we've completed something because we're stuck in that survival response of it's not safe. There's a traumatic energy in the body.

And so I help people complete that and realize that they actually did survive whatever interventions they had to go through, or even a natural birth. They survived that natural birth, whatever the story is, that they completed it and they made it through, and their babies made it through, too. And some really beautiful ways that I can work with cesarean imprinting is through repatterning.

**Chanti Smith:** [00:36:29] And again, we can't change what happened, but we can renegotiate what happened so that our nervous system has a different experience, a different felt sense. And so some examples are: I worked with a client many years ago who had had a cesarean, but before she had to have the cesarean, she was in the shower and she was feeling so powerful and so strong as she was laboring. And you know, something happened where she had to be rushed in for an emergency cesarean.

**Chanti Smith:** [00:37:04] And so what we did in that session was I actually led her back in her mind's eye. I think she even stood up in the session and imagined she was in the shower, and she was just feeling it pouring down the water, and she was feeling so powerful. And, you know, she had her birthing team there and, and or maybe she was just alone. I don't quite remember, but she felt like she was in her power and she knew what to do.

And from that place, I encouraged her to keep going and to imagine that she was actually going to give birth through her. So she was going to birth her baby right there in the shower. And that her team was there to catch the baby and she didn't have to do anything but stay in that place knowing that she knew what to do. And, you know, at some point, I asked her to imagine reaching up and taking her baby into her arms. And she did that, and she just the tears just flooded down because that's what she needed. And even though she didn't get that, that's the healing that she needed to then be able to feel complete around the birth and complete around the fact that she had had to have a cesarean.

**Chanti Smith:** [00:38:18] She knew that's what it had to happen. And we call it in the holistic pelvic care work that I'm trained in. We call it completing the birth stream. It's like there's this stream that wants to come through the the pelvic bowl, and if it doesn't come



through, it's kind of stuck, right? It's that stuck traumatic energy. And so if I can help women actually feel like they can complete that, then then there's a the stress cycle is completed, right? They don't have to stay in that fight, flight or freeze place.

**Chanti Smith:** [00:38:52] Another way I might work with Caesareans is with women who have had Caesareans is to actually have them with their baby, or they can imagine their baby, but they might be lying down on their bed and comfortable, and maybe their partner is there and maybe it's in person, or maybe it's on zoom. It doesn't actually matter. And they might actually have their baby crawl down as if their baby was coming head down through the birth canal, and their baby comes down through their legs. And then they pick up their baby and they put their babies on their chest. Oh my goodness. This is so powerful for mothers to do.

**Sarah Trott:** [00:39:35] Yeah, and what a great experience to actually go through that with your real baby.

**Chanti Smith:** [00:39:40] Yes, it's really sweet. And the babies actually benefit from that too, because as I mentioned in the beginning, babies are conscious from the very beginning and they have, you know, patterns in their body. They remember their birth on a somatic level. And so when they can crawl through again and find their way to their mother's chest, they get that re imprinting they get a new felt sense, they get to renegotiate their past, too. Often nursing goes a lot easier too after that.

**Sarah Trott:** [00:40:12] Oh, nice. What a cool benefit. thank you for sharing those stories. that's really neat to hear. And so what are some of the practical recommendations that you have for things new or expecting parents can do to make for a very peaceful and joyful postpartum?

**Chanti Smith:** [00:40:32] There's so many ways that people can prepare for a joyful and peaceful postpartum. the first one is having a postpartum doula set up, and actually the first one before that is having a doula, a birthing doula, because if they can set themselves up for a supported birth, then that will just come right into a supported postpartum. but more support, more support, more support.

We like to say in the pre and perinatal psychology world, we say two layers of support for every mother and every baby. So a little one, when they're growing in the womb, they have two layers of the amnion and the chorion around them. Right when they're in the, the, the amniotic sac, there's the amniotic core. And that's two layers. And so they're getting a lot of support. And so what if everyone what if the mother and the baby have that? What if even the partner has that?

**Chanti Smith:** [00:41:35] I like to set people up by working with them in pregnancy, by practicing prenatal bonding and connecting with their growing little ones. So the more that an expectant parent is connected to their growing baby, then the more that in labor and birth, they'll already have that bond, and they'll already feel and understand that there's a reason why they're going through the challenging times. If they are challenging. And again, they'll stay connected no matter what happens, no matter what their birth or their postpartum feels like. I also recommend that they attend to their fears and their past traumas, with support from a somatic experiencing practitioner or someone skilled in somatic therapy.

**Chanti Smith:** [00:42:23] And then for new parents, I recommend that they know some soothing techniques, some self regulating techniques that they can practice on themselves so that in those moments that are challenging and those moments, you know, in the birthing time too, but in those moments where it doesn't feel like there's a lot of time to take a pause, right, to slow things down, that they can still do something for themselves, to bring a sense of containment, a sense of safety, a sense of connection to themselves.

**Sarah Trott:** [00:42:56] I love those suggestions. Thank you.

**Chanti Smith:** [00:42:58] Well, I would love to share a couple of the techniques so that parents today who are listening and anyone who might be listening can actually just practice some of these techniques if we have a few moments.

**Sarah Trott:** [00:43:11] Yeah, I would love that.

**Chanti Smith:** [00:43:12] Okay, so some simple self regulating self-soothing techniques to bring in a sense of safety and containment are actually if you have your hands free, if you're not holding your baby, if your baby is asleep on your chest and you have your hands free giving yourself a hug. It seems so simple, but resting your hands on your opposite and resting your hands on your opposite arms and squeezing them, or tapping them, or just holding them with caring touch can create a physical container in your body so that if you're dealing with any overwhelm, it doesn't feel so big.

**Chanti Smith:** [00:43:51] It can be contained into your body. Does that make sense? So everyone now can just actually take their hands on their arms if they're not driving while they're listening to this and just feel that sense of huh? And then you can squeeze if that feels good. And then you can do opposite tapping. And that's called bilateral tapping. And it's a nice technique or like butterfly hands and you're just soothing yourself. Another really easy and simple technique, especially if you don't have your hands available, is to make what we call the Voo sound. And this is directly from somatic experience. And the Voo sound actually helps to relax the digestive organs, which if we're caught in a state of sympathetic flight, fight freeze, then our digestive organs aren't in a place of rest and digest.

**Chanti Smith:** [00:44:50] And so sounding out the Voo will help them soften and relax. And it will also help stimulate the vagus nerve, which goes from our cranial nerves in our head, all the way down through our trachea and our throat and our heart and our digestive organs, and helps us to feel a sense of safety and connection. And so when we stimulate the vagus nerve, we're letting our body know that it's safe. And so I'll just do this three times and you can do it along with me. It's low. You drop the voice down low and deep. Voo. Voo. Voo.

**Chanti Smith:** [00:46:00] Now this takes only a minute. Notice how you feel. Often little ones love this too. And so it can be calming for the whole family. It's very healing. Yeah.

**Sarah Trott:** [00:46:15] I mean, it's relaxing just to hear it.

**Chanti Smith:** [00:46:17] Yes, exactly. And then one last thing that I recommend is a grounding practice. And I have a free grounding meditation that folks can download on my website and they can listen to it. You know, they can put their earbuds in and you can listen to it before bed and any time. And then you can also just start to incorporate it into your own life, just grounding like a tree and feeling your own center and placing a hand on your heart and hand on your belly or hand on your forehead. Just remembering that you have a body and that your body is safe.

**Sarah Trott:** [00:46:52] Yeah. Beautiful. We'll make sure we have a link to that in our show notes.

**Chanti Smith:** [00:46:56] My final words to share with listeners is that healing and integration of our births and postpartum time can take time. Be gentle with yourself. Reach out for support when you are up for it. Sometimes I hear from mothers in the first week. Sometimes I hear from mothers 12 weeks out. Sometimes I hear from parents six months or even three years or five years later. So remember that healing is always possible and that it's transformative. It can be hard to go to the places where we felt scared, but when we do, with the right support, we can become more integrated and more powerful than ever before.

**Sarah Trott:** [00:47:38] Please remind us where we can find you and connect with you.

**Chanti Smith:** [00:47:42] You can find me at embodiedbeginnings.com. That's my website. And you can email me at Chanti@EmbodiedBeginnings.Com I'm happy to consult with anyone and I'd love to hear feedback and to be connected.

**Sarah Trott:** [00:47:56] Great. Thank you for being on the show. Thanks again, Chanti.

**Chanti Smith:** [00:47:59] Thank you Sarah.

**Sarah Trott:** You can 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.