Fourth Trimester Podcast

Episode 141: How to Prepare for Hospital Birth and Avoid Unnecessary Interventions with HeHe Stewart

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: [00:00:42] Hi, this is Sarah Trott. Welcome back to the Fourth Trimester Podcast. Today we are talking all about how to prepare for hospital birth and avoid unnecessary interventions. I have a wonderful guest with me today. Her name is HeHe Stewart. She's a birth doula and founder of the Birth Lounge, which is a non-judgmental, evidence based childbirth education platform and is known for helping parents navigate birth and empowerment with ease. That's a lot of what we're going to be talking about today is you go into your hospital birth specifically feeling more confident, more informed, more in control. Just some context here.

Sarah Trott: [00:01:17] Most births here in the US are hospital births. It's something like 98.5% of the total. So the vast, vast, vast majority. And if you're wondering about the other 1.5%, 1% are at home and another half a percent are at birth centers. And so, you know, still, even though there's the hospital, birth is the prevalent choice here. Hospital births can still be unpredictable. Lots of parents walk in without realizing that they have options and rights. So it's more than what? Just like the template that you get from the hospital gives you, there's a lot more to talk about and to consider. So we'll be tackling some of those issues. Some of the big ones like unnecessary C-sections, birth trauma, avoiding feeling unheard or pressured into interventions, and we'll really just want to dive in and cover the steps you need to prepare for the birth experience that you want and what to do if things don't go as expected, which does happen. And so if you are planning a hospital birth, this is the episode for you. Welcome. HeHe thanks for joining us today.

HeHe Stewart: [00:02:14] Thanks for having me. I'm super stoked for this conversation.

Sarah Trott: [00:02:17] Yes. Thank you. tell me more about you and your background.

HeHe Stewart: [00:02:21] Yeah. So I'm a doula. I have a master's degree in human development and family studies, and my career started in early childhood education. And as I began to help parents welcome their children into the early childhood education sector, I found that because I was working in the infant classroom, I found that when parents brought their children to, you know, quote unquote, school for the first time, they were filled with a lot of emotion. There was angst, there was some

apprehension because they were dropping their baby off with a seemingly stranger, although they knew they were qualified. You work at a school, you're Certified. There was a little bit of gratefulness to like, Thank God I'm getting back to normal life. I'm getting my routine back. There was sadness. I'm not really ready to drop my baby off. There was some fear like, can I handle this? Are they going to treat my baby well? And so I started to look into how can I make this experience easier for parents, primarily emotionally. And then as I did that, I just realized at that point, you're so far upstream that we've actually got to go back down the river much, much further because it actually starts prenatally. and so that's what I did. I left the classroom less than two years after that. And, um, after finding out that I was a doula. So I was in the classroom for six years. but after finding out about a doula, I left the classroom less than two years later, and the rest is history. I've been helping people plan for non-traumatic births and being really informed and confident about their decisions. Not to say that trauma doesn't still happen, but the trauma that is avoidable my folks are able to avoid, which is really awesome.

Sarah Trott: [00:04:02] Yeah, that is really awesome. I've spoken with lawyers who specialize in birth cases as well, and they've said I've never had a birth case where a doula was present. Yeah.

HeHe Stewart: [00:04:10] That's so telling.

Sarah Trott: [00:04:12] Yeah. It's interesting, interesting data. Okay, so let's talk about hospital births. Like, why do people choose hospital? It seems like it's just the default.

HeHe Stewart: [00:04:19] That is right. I mean, you know that it's the default. I think that there are many reasons. Number one, insurances don't cover out of hospital births. For the most part, if you are lucky enough to live in an area where you have a birth center that is available, which you mentioned that it's a half a percent. And part of that, a large part of that is actually access. There are very few birth centers around our country. And then if that birth center is available to you, it's kind of hit or miss whether insurance will cover the care there. It's almost Is guaranteed that home birth will not be covered under insurance. And so that leaves that family having to pay out of pocket where most of us

are paying astronomical premiums each month anyway for insurance. And so it feels like a financially smart decision to cash in on that insurance in birth, where our insurance coverage covers. Also, I think that we've been conditioned to think that the hospital is safest, but when we actually break down birth trauma, we see that iatrogenic birth trauma is one of the most causes of prevalent causes of birth trauma. Iatrogenic means that something is done to you to cause trauma. So, for example, the trauma may come from an unnecessary induction.

HeHe Stewart: [00:05:35] So an induction that is done to you against your will. Now you did agree to it because you said, okay, I will be induced even if you didn't want it. That will be considered iatrogenic trauma. And so one of the things that I think really primes us to think that the hospital is the only place to have a baby. Is our social media and movies. They only really depict births happening in hospitals, and you really have to kind of divest from the system. You have to seek out home birth. You have to seek out people who are teaching a quote unquote, more grungy lifestyle to see what home birth is really like. Whereas if we looked at other countries who have really awesome maternal and infant stats Sweden, the Netherlands, they all do home births primarily also with midwifery care, even in the hospital setting, and you only are assigned an ob gyn if you need it. So if you're high risk or if you have a medical condition that requires obstetrical skill. But the most, you know, most people in those countries are actually being seen by a midwife. And then even further, most of them are done at home.

Sarah Trott: [00:06:44] Yeah. And you kind of honed in on like sort of the nuance between, yes, you might the word yes might come out of your mouth. Okay. Yes, I agree to be induced, but it's not really what your heart wants. And that that internal conflict is part of what is creating the trauma. And why do people say yes? They feel they say yes because they feel like it's what's best for the baby.

HeHe Stewart: [00:07:02] Yeah. I mean, I think that's part of it. I think a lot of times the hospital system will present things as not an option. Right. And I also think that people are fearful and the hospital system knows that and the hospital system will actually take advantage of that. So we hear a lot of fear based language if you just listen carefully. But part of the thing is you have to be able to recognize it. So it may feel good to you to

hear a provider say, well, I just don't want your baby to die. That feels like, okay, great. This doctor has my best interest at heart. That's actually a really coercive, fear based tactic. Right. And so if your provider was truly concerned about your baby, the way that they might present it in a really a trauma informed way would be something to say. Like, Sarah, I really understand your hesitation with induction. I want to let you know that I respect that. And I'm I'm not trying to tell you that you absolutely have to have an induction. However, there are some concerning things that started a few weeks ago. I brought those up to you. They have continued. And so now I'm starting to get a little concern about your baby's well-being. Could we have a discussion? Are you open to me sharing why? I think an induction might be better for you right now, rather than waiting for spontaneous labor.

HeHe Stewart: [00:08:21] And that gives that mom, that birthing person the option to say, yeah, I'd like to hear your, your your opinion. I'd like to hear your clinical recommendation, your suggestion. But that that's important, right? It's just their recommendation. It's a suggestion. It's not the law. It doesn't mean you have to do it. or that mom could say no thanks. I feel super secure in my Decision to wait for spontaneous labor. I hear your concern. I really appreciate you bringing it to me. I do think it's valid, but right now I feel confident in declining and induction. That happens a lot in the situation of a big baby. A doctor may say something like, well, we should induce so that we can avoid or we can avoid shoulder dystocia. But when we look at the data, even Acog says inducing does not reduce the risk or prevent shoulder dystocia. But when we look at the data behind pitocin, we know that it actually does increase the risk of shoulder dystocia. So there's an argument there that does induction actually increase the risk of shoulder dystocia? Well, if pitocin is involved in your induction possibly. Yeah.

Sarah Trott: [00:09:33] An induction just for anyone who's listening who isn't clear on this. This is something that's a medical procedure that is meant to kick start labor. Mhm.

HeHe Stewart: [00:09:42] Yeah. You're given Medications. Not always. It's not always medication. So there are what we call mechanical ways to dilate your cervix. That would be something like a cooked balloon or a Foley catheter. And it's it's placed inside of your

cervix. And there's two different ones. So the coax balloon has two balloons that we inflate with saline. One is above your cervix, one is below your cervix. And they pull on your cervix to create this mechanical eye artificial dilation. And then we have pharmacological medications that can be given site attack miso serve a suicide attack. And miso are the same thing. Serve a dill. Those are prostaglandins. They are meant to ripen your cervix which is effacement. It actually makes your cervix thin and squishy. And we have to have effacement in order for your cervix to actually dilate, which is the opening. Right. And so effacement is off of a percentage. You are 10% of faced all the way up to 100% of face dilation is based on centimeters. So you are zero centimeters all the way up to ten centimeters. And we can't really have dilation. So the centimeters without the effacement which is the percentage. And so if you're going in for an induction and your cervix is not a certain percentage of effaced or squishy and thin, then you may be offered either the balloon option, that mechanical option or the pharmacological option. Now beyond that then we have some other options. A non-pharmacological option would be amniotic, where they actually rupture your membrane so they break your waters artificially. The doctor will do it rather than waiting for that spontaneous rupture or pitocin, which is similar to endogenous oxytocin, but not the same thing because it's lab made. And so they are very similar, but your brain is going to metabolize it and use it, utilize it a little bit differently, because as close as we can make them, they never will be actually the same.

Sarah Trott: [00:11:40] Yeah. It's good to understand what that actually is and what it means, because I think you just say, you know, as a new parent, especially giving birth for the first time, it's unclear what this even is and what it means and what it's going to feel like and what the risks are. I mean, it's really valuable, um, in the pre-birth preparation process, right? To sort of get to familiarize yourself with some of these concepts and know, like, well, what is this? If I am faced with this question, how would I want to answer? Because in the heat of the moment, all the emotions take over. Maybe you're, you know, you're sort of more susceptible. Or if you don't know, like you can be making decisions from a place of fear rather than education. So I really appreciate that.

HeHe Stewart: [00:12:22] That's it. And, you know, you hit on like do, do people, you know, make these decisions because they believe it's best for their baby? I do think

always yes, parents are always trying to do what's best for their baby, but more so decisions that are made in labor are almost always made out of fear. And we can really combat that fear with just education. So the more that you're aware of your options, of your rights, of the different alternatives that you have, of the questions that are going to be asked of you, of the procedures and the medications that are going to be offered to you, that will help keep you in control. That fear comes up when you are offered something and you're like, I didn't ever think about this. I didn't know it was an option. I didn't know I was going to have to make this decision. So I guess I'm just going to shoot from the hip here and make this decision. Whereas if you're like, oh yeah, I learned about this. I feel comfortable in accepting or delaying or declining and I know the alternatives. Then you're making a decision out of confidence and security in yourself rather than fear of like, oh, I don't really know the right answer here, but I'm just going to choose this option.

Sarah Trott: [00:13:28] And then the other thing would be having someone like yourself, like a doula, someone who's experienced and trained present who can advocate for you, and if not someone who's a hired professional, maybe a friend or family member who you've empowered with your choices and the right education so they can also speak for you. Because in the throes of labor, sometimes it's really impossible to even talk.

HeHe Stewart: [00:13:46] Yeah, thank you for that. I mean, I'm a little biased, so I think everyone should have a doula. But yeah, you know, doulas do help improve birth outcomes a ton. We see a reduced rate of C-sections and inductions and interventions. We see higher satisfaction. We see higher rates of breastfeeding. We see less use of pain medication when it wasn't your choice. So that doesn't mean that a doula is going to convince you to not use pain relief if you want it, but if you don't want it, then you're more likely to achieve that. There are so many benefits. I mean, less rates of birth trauma, less rates of obstetrical abuse and coercion because your doula right there, they are there to be a cheerleader. They are there to make sure that the room is being paused and your voice is actually being elevated, and that all of the decisions that are being made are not only being left up to you, but that they're evidence based as well.

Sarah Trott: [00:14:39] So they're an advocate for you, for what you want. They're not there to judge you.

HeHe Stewart: [00:14:42] Exactly, exactly. And it's important to know that each doula kind of operates differently. So there is no standard of care for doulas, which is one of the downsides. But in my, you know, in my brain, I actually view that as a positive because there's no standard of care. Doulas come in all shapes and sizes and flavors, and so you can find one that fits for you. Whereas, you know, I like to compare it to hospital based providers. Yes, they come in all different shapes and sizes, but at the end of the day, there is a line in the sand of what they can and can't do because they work within a system that is preset. Pre-made, predetermined doulas don't work like that, and so you can find a doula that will just show up to your birth. Or on the other end of the spectrum, my company offers ten prenatal. So you see our doula team almost as much as you see Your ob gyn or your midwife that doesn't float some people's vote because they're like, whoa, that feels like too much. And then for some people they're like, yes, I want that much hands on support. And so you've got doulas out there that will give you one prenatal three five. Some people do postpartum care as well. Then you have doulas that just do postpartum care, just do a birth. So it really is so great that you can find a doula for whatever you want, whatever your goals are. And I personally love that.

Sarah Trott: [00:16:03] Yeah. And I'll say I'm like a little bit biased as well. Right? I started the show with my postpartum doula. I was so inspired by how much she helped me and how little I knew as a new parent that I was like, we have to talk about this stuff. So I'm just going to put a little star in everyone's minds. Imagine a gold star next to postpartum doula. If you're thinking about it, look into it. They will cook for you. They will clean your bathroom. They will help you in so many ways that you didn't even know. Those are just practical things.

HeHe Stewart: [00:16:27] Hugs.

Sarah Trott: [00:16:28] Yes, yes. Emotional and social support. Yeah, all the things and give you lots of great references. Okay, let's move on. So okay. So then, you know. So

the I want to go back to like the birth planning process and the template because I touched on that. We have a birth plan template but we call it birth intentions because of the unexpected aspect. And so let's talk about the mentality of being aware of things not necessarily going as planned. And also what are the considerations in the planning process. You know.

HeHe Stewart: [00:16:56] Yeah. So I'll start there and then I'll circle back to the birth plan flexibility. So I think it's really important to know what your options are. And I think it's really important to know what your preferences are. You know to know where you stand on things. The place where I see most people go wrong is that they are not prepared to actually advocate for those things. So, you know, you want unmedicated birth, but you've never given it any thought. If you're partnered with a nurse who A is not comfortable with unmedicated birth, and B will not stop asking you if you're ready for the epidural, what are you going to do in that situation? And this is where we don't want to get in labor and not have thought about it before. You want to know a I can have a very direct conversation. Nurse Sarah, I have really, really committed plans to being unmedicated. I would prefer if we didn't bring it up anymore and if I decide I want it, I'll come to you. You can fire that nurse. Nurse. Sarah, it's been lovely having you. I'm not sure that we're actually aligned. Could I speak to the charge nurse? If you don't want to do that directly with your nurse, you could just simply send your partner or doula out to the nurses station and say, hey, could we have the charge nurse visit room 13, please? And when the charge nurse comes in, you just say nurse Sarah's awesome. She really has been great. I'm not sure she's, like, really aligned with my birth plan.

HeHe Stewart: [00:18:16] Could I have a nurse that is comfortable with unmedicated birth and has some experience in supporting people without an epidural? You're allowed to ask for a new nurse that is more aligned with you. You know, same thing with induction. People often know well, I don't. I don't want to be induced. And then they go to their 39 week appointment and they just the hospital just lays it on thick. Why you need an induction and you've never thought about, well, what are the evidence based reasons for an induction. What are the non evidence based reasons for an induction. What are my options. Just because they're saying you need to be induced right. Then you still have options. Do you take a 30 minute walk out to your car or around the

grounds. Or go grab lunch to kind of ground yourself and think about this decision? Do you go home for the night, sleep on the decision, and then come back the next day? Or maybe you just call and say, you know what, I've decided I'm not comfortable with an induction. I'm going to wait for spontaneous labor, or you go back the next day and you say, okay, I thought about it and I feel really confident in this decision and I am going to agree to an induction. People often think, well, I'm here and they're saying I need it, so I really can't leave. And the truth is you absolutely can. So I think it's really important to understand your options and your preferences, but more so you must know what to do with those.

HeHe Stewart: [00:19:30] You have to know how to actually achieve that. And I personally think this is what we do differently in the birth lounge. This is not your average childbirth education because we are teaching your options and helping you understand your preferences. But I'm also stepping you through how do you actually achieve those? Okay. And now for the flexibility part. People often think, well, I've planned out my birth. So those are the decisions I've made. And the truth is, the choice of what happens in your birth is not actually the choice that you have. The choice that you have is how do you respond and proceed so the choice is not yours. On whether you develop preeclampsia or not, it is what will you do with that information and how will you respond? The choice of having a big baby is not yours. It's what will you do with that information and how will you respond? Are you still comfortable waiting for spontaneous labor? Maybe this changes your idea from having an epidural. To wanting to be mobile. So you actually start to plan for unmedicated birth. You know, there are choices in labor and there are there are choices in labor. Some of them are yours to make, some of them are not yours to make. And I think that's a really important distinction and it will help you stay flexible. I also teach an, A, B, and C, so have your A. That's your number one preferences. I really want this. I'm really committed to this. But if I'm not able to have that what's my plan B and then your plan C I teach it as a C-section plan because so many people just don't want a c section and so they don't think about it.

HeHe Stewart: [00:21:06] But the unfortunate thing is we can have the greatest intentions. We could be really committed to vaginal birth and we still need a c section. One of the examples I give all the time is had a second time mom. She's actually a

really good friend of mine and her first birth vaginal birth. We had a great delivery. We go to have the second baby and everything's going well until we get to pushing and we cannot figure out what is going on. I mean, second, babies should just kind of slip out. What's going on with this pushing? Why can't we get this baby to come out and we go up in there and that baby is face presentation. So for anyone listening, your baby typically comes out with the crown of their head. It's like kind of like almost the back of their head presenting first, this baby's nose and eyes and ears were presenting first. So if you're watching, they looked like this. That baby wasn't able to come out. And so this mom had done everything quote unquote right. She was having her second baby. So her body already proved to us that she could do it. This baby had other plans. And so thank goodness we had a C-section plan. She was able to have all the things in a C-section that she wanted. And so some choices that you have there. Are your arms restrained or are they not? Do you want to have a blue drape where you can't really see.

HeHe Stewart: [00:22:24] Or do you have a preference for a clear drape? Now, the clear drape will not be up the entire time. They will drop a blue drape where you can see through just when your baby emerges. Do you want to have music play in in the Or do you have essential oils that you would like to be held by your face so that you don't have to smell so much of the sterile environment? Do you have a preference on the communication? Would it make you feel better to have your doctor say, okay, Sarah, I'm going to make your first incision. Okay, Sarah, I'm going to be tugging a little bit. You might feel some pressure. All right. Sarah, your baby is coming out. I'm about to drop the. If that gives you anxiety, then maybe communicating. You know what? I don't want to really know step by step. I would like for you to just get my baby out. And then as soon as you're going to drop the drape, you just say, like, all right, Sarah, are you ready to meet your baby? People have different preferences. I tend to want to be really involved in the process, so it would help me personally to hear every single step. I've been with so many clients who that actually gives them more anxiety than not. And so just knowing yourself and what your preferences are, even in a c section, even especially if it's not your plan, I think is just super, super crucial.

Sarah Trott: [00:23:42] Yeah, I really appreciate you bringing up c section and those examples. You're like, well, you know, you've got your your A choice your B choice. And then yeah, if you are going to have a C section let's talk about it. What you would want. Yeah. Because people don't realize they have those choices. And the and in the birth planning process I've seen I know in the hospital birth I experienced, I was given a like two pager to just kind of fill out. None of none of that document included anything you just said, right. It didn't talk about those nuanced things. So I think doing the extra research or talking to some experienced people who can make you aware of, like some of the smaller things that are going to make your experience still feel like your you're on because it can feel very out of control for things to go away. You didn't wasn't your first choice. Right. I could feel it. And that leads to feelings, right? You can have some feelings of oh, I failed or this is really disappointing. It's not what I wanted. Or like, there's all this emotion that kind of comes along with the expectations if they're not followed through the way, a certain way. And so that's where the flexibility comes in too. But I think just going through the process of planning can help you with that mindset. Right. You're like, oh, okay. I actually do feel empowered even if it's not choice A.

HeHe Stewart: [00:24:47] Yeah, absolutely. And, you know, those big feelings are normal and they're natural. And I think having grace with yourself is a really important thing, which as women, it's so hard to have grace with ourselves because society just makes us feel like we have to be so perfect all the time. But sometimes birth goes out of our control. And I think reminding yourself it didn't go the way I wanted and I didn't have any control over that is a really important thing, and it will help you hold space for yourself and those big feelings that come up. I also have huge proponent of mental health therapy. There are so many amazing therapists out there, and I really encourage people to navigate those emotions before you have your next baby if you're deciding to have more children, because whatever we don't process now will definitely come up in our next birth. So go ahead and clear it now so that when you're having your next baby, you're starting with a clean slate and you can be informed and be confident and make decisions out of that secure place in your heart and your mind.

Sarah Trott: [00:25:55] And even with first babies, go ahead and find a good therapist, right the same way that you mentioned. Like there's all kinds of doulas out there who

have different personalities and you want to find your fit. It's the same with your doctor who's going to deliver your baby. It's the same with like, a mental health provider, right? So find the person who's a good fit for you. Their calendar might be really, really booked. So if you find them early, put that appointment for a few weeks postpartum, which a few weeks after you give birth or wherever you think is going to be about a month out, just put in a little check in on the calendar so that you know you have the appointment there. And even if everything goes swimmingly, right, still go still have that conversation. Because frankly, the transition into parenthood is plenty to experience and to process. so, you know, trauma, trauma aside, there's a lot there. So then C-sections are an all time high. Is that right?

HeHe Stewart: [00:26:45] Yeah. They are. About every third person that walks into the hospital is going to have a C-section. And, you know, I think so many people don't realize how intense a C-section is. It is a major abdominal surgery. There are increased risks that come with it. You are actually having surgery on seven layers of your body. So not only do we have those increased risk, but you also have a much more intense healing process afterwards. So we're a vaginal delivery. People are typically up in mobile and feeling semi back to normal in 2 to 3 weeks. A C-section is truly going to take you 6 to 12 weeks to feel semi normal, and then that rehab can take up to 12 to 18 months depending on the C-section, depending on how it went, depending on if it was planned, unplanned but not emergent or emergency depending on how your incision site was closed. Depending on how your body healed, which a lot goes into that. Sometimes it's genetic, sometimes it's the clothing that you had. Sometimes it's your lifestyle. If you have four other children at home and your partner has to go back to work at one week postpartum, you're going to have a really tough time actually allowing your body to heal, because you just have a lifestyle that requires you to be up in mobile a little bit sooner than that is ideal.

HeHe Stewart: [00:28:05] Right? And so, yeah, a C-section is a major abdominal surgery. And so for most people, they really want to avoid that. But the hospital system unfortunately, you know, and it's a little taboo, but I'm not going to shy away from saying it. There are incentives for them to give you a C-section over encouraging a vaginal delivery. Now, this is not every hospital. Some hospitals don't have these incentives.

And we're starting to see, particularly in your state of California, some initiatives where they are really trying to decrease the C-section rate, and they're incentivizing vaginal births over C-sections. Unfortunately, these are just, you know, beta initiatives. And so we don't have a lot of hospitals that are doing them. But I'm super hopeful that that will be something that catches on and kind of makes its way across our nation. But yeah, C-section, you know, one out of every three moms are having a major abdominal surgery, and up to 80% of those are unwanted, unplanned. So it was not that person's preference or plan to have that.

Sarah Trott: [00:29:08] Yeah. And I was looking into this and I found the definition of something kind of new that I wanted to mention. It's like something called a low risk caesarean, so defined as when birth of the baby is a single infant is positioned head first, and the mother is full term, which is at least 37 weeks and has not given birth prior. So if that if that describes you and you're being presented with cesarean, that's that's going to raise a flag for you to start really digging in and saying like, what's the what's the evidence around why you're recommending this? Are you trying to get home for dinner?

HeHe Stewart: [00:29:40] Yeah, exactly.

Sarah Trott: [00:29:42] What's going on?

HeHe Stewart: [00:29:43] Yeah. Are you rushing my body is there you know, it's some other really great questions that you could ask. Is, is my baby okay? Are you concerned about my vitals or my well-being? What would happen if I chose to wait? I love that question on everything. An induction. What would happen if I chose to wait on amniotic? So again, them rupturing your membranes artificially. What would happen if I chose to wait on starting pitocin? What would happen if I chose to wait. And so this is also where you, knowing the alternatives and the the true evidence based answer is going to come in. Because as much as we love to think that our health care providers are always truthful with us, the honest truth is sometimes they are not. It is rare, but we we don't want to get into a catch 22 where we are being told only partial information and we don't know the full story. I mean, so, you know, there's this there's this quote out there and I

don't know who says it, but it says if you don't know any of your options, then you don't have any. And that's the truth. It is. It's really it's unfortunate that the onus is on us as patients, as clients, as consumers of health care. But if you have four options, you want to go in understanding A, B, C, and D because it is a possibility that your provider only offers you A and B, and then it would be your responsibility to say, well, what about C and D? Can we talk about those? Can I ask questions? Is that a safe alternative for me? And that kind of stinks. But it is just kind of what we have in the health care system that we currently have.

Sarah Trott: [00:31:13] Yes. Yeah. And the prenatal appointment is a great opportunity to start an open and respectful dialog with whoever it is that you're working with.

HeHe Stewart: [00:31:21] Yeah, I mean, everything I think your prenatal is such a good opportunity for you to decide if your provider is aligned with you or not, if you're leaving your prenatal feeling like I really feel dismissed or, gosh, I feel like they didn't really hear me, or I feel like they totally just shut me down. You should think very deeply about that, because if this is how they are responding to you and acting in a very casual pre scheduled prenatal, then how will they treat you when we're in a more intense situation like labor? Right. And so if your doctor is a real authoritative person, which is different than authoritarian, right, you want a warm person that is able to give you guidance but doesn't feel like they have the authority to kind of make decisions over you or for you. That's the type of provider that is safe to be at your birth. But if you're leaving feeling like, wow, I think that they think they're the boss of me, that's a provider who you may consider switching providers and just feel it in your body. Are you feeling icky in your gut? Are you feeling icky in your heart? Are they giving you more anxiety when you leave than when you came in with? These are all red flags of like, I don't know if I'm a good fit for this provider and that's what it is.

HeHe Stewart: [00:32:40] I don't want you to think that this provider is a bad human or a bad doctor. They probably just aren't a fit for you. And I've been doing this for ten years, so there are so many people who do like a provider who will just tell them what to do. If that's you, then that's a great fit for you. If you're more like me and you're like, I know what I want for myself, I'm just here for your professional opinion and I will

consider it, but it doesn't mean it's going to dictate what I do. Then you're probably a better fit for someone who has more of what I call a collaborative style. And so they actually view them in their patients as partners, rather than this totem pole where one person is on top of the other.

Sarah Trott: [00:33:18] And sometimes you can get reports or stats on the specific hospital and certainly on specific doctors to sometimes. So you can do your research on that. And maybe it's worth doing your research, like visit a birth center if there's one. If you live in an area that has one, go check it out, see what it's all about. Okay, so what final thoughts do you want to share with us? He-he.

HeHe Stewart: [00:33:36] Well, I just have one thing that dropped into my head. And I think this is a really awesome thing to ask when you're looking for a provider instead of asking your community. I'm thinking particularly on Facebook. Don't ask people who was your provider and did you like them, because that is opinion based. You instead want to ask who was your provider and how did your birth go. And then you can determine, did that person have an experience that I would like to have? Or did that person have an experience that I would like to avoid? And so I think it's really telling to kind of be very intentional in your question. Not did you like your experience because, Sarah, you and I could have two very different words. Well, the truth is we will have two very different births. You could be very happy with your experience. And if I had your experience, I could be very sad and disappointed with that and vice versa. And so it's really important to ask not did you like it, but how did it go? And then you get to evaluate is that a birth experience you would like to have for yourself? And so that's what I'll leave people with. The intentionality in which you plan for your birth is key.

Sarah Trott: [00:34:47] Thank you. That's beautiful. Where can people find more information about you?

HeHe Stewart: [00:34:50] Yeah. So my most active platform is Instagram. I'm just tranquility by HeHe. And then if you want that non-judgmental, evidence based childbirth education, go to the Birth Join and you'll find me there.

Sarah Trott: [00:35:03] And you also have a podcast by the same name, which I want to mention because we've had each other as guests now on each other's shows, which has been wonderful. So the Birth Lounge podcast, go and follow that as well. Thank you so much.

HeHe Stewart: [00:35:15] Thanks for having me.

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.