

Episode 3:

Welcome to Sessions With Symba, the podcast where I bring you conversations with previously pregnant and birthing people, along with birthworkers to share their stories and multi-faceted perspectives towards carrying and giving life to the babies that we love.

I am your host, Symba Luna, a Licensed Massage Therapist, Reiki Practitioner, Birth Doula, and Ordained Minister, holding a collective space of peace. In this space we honor all birth stories, all pregnancy experiences, all birthing people, and all family types.

In today's episode, I want to talk through some notes and thoughts that I have from the topics that were brought up from Angela's pregnancy experience and birth story.

I already took my deep breath. I've got the lavender, lemon, and peppermint essential oils in my diffuser. So let's, get, into, it. (*chuckles*)

Sooooooo? What did you all think of Angela's story? What did you all think of her having an emergency c-section? How, if anything, did that make you all feel? Did you have any thoughts? Did you have any ideas while listening? I would love to hear from you. So feel free to send us an email at journeyspa12@gmail.com.

When I first visited Angela and Saij after the birth, she had told me about the emergency c-section, but I'm grateful for this recording. I feel like I was able to take notes and learn about what was going on a little bit differently than when she was first telling me everything that happened.

For this podcast, I created a series of questions, which is how she was able to take us (um) from her pregnancy into the actual labor and delivery parts of her story. I also answered all of those questions in my very first episode for myself, and then being able to ask Angela those questions, I've also been able to tweak for future guests a little bit (um) some of the ways I will ask as well as the order I will probably ask the questions in.

Doing this podcast, and editing it on my own, in addition to adding the transcriptions, I used Angela's episode to really figure out how I wanted my audio to sound going forward as well as how best to record these conversations. Angela and I used a Zoom call to record, and we had a few technical difficulties that you'll probably hear about when you join the Patreon. However, the issues that we had- I also just realized I forgot how to use Zoom, like I could be (**chuckles**) muting myself while she's talking. And so that was pretty- kind of funny on my end as like a "Duh" moment, but it also just taught me a lot about how I technically want the audios to sound in the future, in addition to what I actually learned from our conversation towards my doula work. But overall, aside from technical difficulties, I thought that the topics we discussed, and the story that Angela shared was very important. And so I would just like to hear how you all feel about it.

So, first things first, that I wanted to address, although I do not identify as a woman, because I was socialized as a girl and as the eldest daughter, I can relate to some of the things that Angela talked about in terms of her father, because my father was also very present in my life and setting a standard that I now use for anyone that I date, whether that's man, woman, nonman, or nonwoman. I thought it was also really interesting that Angela and I have similar sibling experiences. That (um) her siblings Josh's and Brian are to her what my siblings Nikki and Aari are to me. Which, it's funny that we've known each other for so long, and I never made that connection, but it just reinforces how interconnected I have always felt within the people I care about and even our own family structures. So I really appreciated that.

(um) I don't particularly like to use the word "females". (*chuckle*) But I don't like to correct people while they talk because I don't necessarily think that's always my ministry. (um) I don't necessarily use the term, I think that patriarchy has more so ingrained it into most people to use, and so I'm more so am just speaking to my audience that has- is going to be following me along on my journey. (um) That's just not something I would say, but I don't feel like I have to be like- I think me and Ang-me and Angela can have that conversation about patriarchy outside of the podcast episode, and more so f- more so for sake of time because I already had to edit out so much of the conversation that I thought was pertaining to her birth. This isn't to say I don't fight the patriarchy, this is just to say that, fighting the patriarchy constantly is exhausting, exhausting. Especially when that's not what we came here for, and disman- but, BUT, but dismantling the patriarchy is also a part of having these conversations. So I just wanted to put it out there on where I stand with that term in conjunction with patriarchy. You won't hear me say it, and you may not hear me correct anyone, it just- I think will depend on the environment as well as the flow of the conversation. (*chuckle*)

The next thing I want to touch on was Angela's dream to experience childbirth in the comfort of her own home surrounded by the energy and comforting space. I hope you all got a chance to check out the Moonbeam video that I linked in the show notes of Episode 2. That was also the video that Angela referenced being what was inspiring her to make that choice initially. I truly enjoyed watching that video. I almost cried, had a little sniffle moment myself. As a new doula I wanted to share my stance and opinion on home birth. So I'm excited to help birthing people in all births, whether that's c-sections, epidurals, natural, at the hospital, or home birth, or birth center with no medications. What I hope for my practice, is to learn and eventually gain the knowledge to be able to assist in as many natural water and home births as possible. I want to be able to supply myself and my community with the education and knowledge that empowers

us to not need to go to the hospital for birth specifically. This is not because I don't support other kinds of births or don't believe that other kinds of births aren't valid. It has more to do with understanding that hospitals tend to view pregnancy as an illness, and in a hospital space, people who are giving birth are the only people in the hospital who are not sick. I believe there is a connection between the ways that hospitals treat pregnancy and labor and delivery as an illness to high cesarean rates and high Black infant and maternal mortality rates, whereas if we create empowering environments for birthing people where they are supported, where they have everything- all the tools that they need and are supported in decisions whether natural or medicated, I believe you would have- we would be to have a future where we get those numbers and those statistics (uh) further down because you're also letting the body be, and you're also letting pregnancy and labor and delivery do what it's designed to do. And just promoting simply doing that, I believe can take away- like constantly monitoring someone and constantly (um) having screens and IVs near people, I think creates distractions toward the actual result and desired outcome of birth. Where I feel that it's- we've- we've gotten away from allowing birthing people to instinctually give birth. We understand that the body is designed for birth, and so the body knows what to do. And yet s- there's a lot of times so many unnecessary interventions that end up complicating birth. And so I'm looking for how to prevent the preventable.

Now with that being said, I do honor the high risk exceptions to this understanding. When we're talking about natural birth, I do not believe that we're always talking about high risk pregnancies. And so depending on the medical things that are necessary for high risk pregnancies, I do support high risk pregnancies going into hospital spaces to give birth. But specifically for low risk pregnancies, for a body who has had a healthy pregnancy and h- and has had no complications up until labor and delivery, these are the births that I think should avoid hospitals or should avoid hospitals that promote unnecessary interventions.

So the next thing that Angela talked about I really enjoyed, I want you, wherever you are, if you're about to start your family, no matter what state that you're in, I would like to use the point from Angela's episode to encourage everyone to also look for OB GYNs at local clinics in your area, no matter what city you're in. I thought that was really important because I believe- you just never know, sometimes the bigger- you know it may not always be the best option to go to the big hospital, but you know if you are in a rural area, I understand that they may be a little different for you. So for those who have access to local clinics, I encourage you to utilize their databases, (um) just like also Angela mentioned, even in terms of utilizing- looking for a OB GYN who is of the same race you are or of the same gender, if that is important to you.

(uh) the next thing I really enjoyed, was (um) her speaking on the 81 milligram baby aspirin in order to prevent preeclampsia. And for those who don't know, preeclampsia is a disorder of pregnancy that is characterized by the onset of high blood pressure and a lot times it also (um) contributes to having high protein in your urine, and can cause swelling and so- So when we're speaking on the Black Infant and Maternal mortality rate and then specifically the Black Maternal mortality rate, a lot of times preeclampsia is what leads to some of the underlying causes that- where Black maternal and birthing people end up dying after childbirth. And so when we're talking about- so I do think it's great to talk about avoiding high blood pressure, avoiding edemas, and avoiding (um) protein- h- high levels of protein. And so if you're unable to take the 81 milligrams of baby aspirin or you may not- or even if you don't want to, I do think other ways to help with that would be (um) your nutrition, checking f- and making sure you're eating foods that will not contribute to high blood pressure, and eating foods that will actually help with your high blood pressure. In addition, I think (uh) I would also recommend (um) prenatal massages as a great way to help with swellings and promote best- better circulation. Promoting better circulation will help (um) reduce the amount of possible blood clots that can

form especially in the legs and the lower limbs. And so I would also recommend (um) salt baths as a way to draw out some of those toxins that cause swelling and cause edemas. And (um) so I believe it's great to just use some of these things- so using- either using the 81 milligram aspirin or use some of these tips in addition to prenatal massages, if necessary, we want to avoid preeclampsia and anything like it, ok?

The next thing that I found interesting and wanted to speak on was that, in Angela's case delivering in Illinois, specifically Chicago (um) where she's from, that there was only 2 birth centers in the entire state of Illinois. (um) It made me curious in terms of the- how many birth centers there are in other states as well. From my own search, I also only found 2 birth centers here in Georgia. My mentor is currently in New Jersey so I looked up how many birth centers were in New Jersey as well, and I was- I thought it was interesting especially with New Jersey being a smaller state than Illinois or Georgia, and I'm looking at possibly 3 to 4 birth centers even just in that small area. I then went ahead and wanted to look at bigger states, and I was surprisingly pleased to find that there are 62 licensed birth centers in Texas. Which I'm- was just well surprised for one, but also I guess surprised happily especially because they are so big, the state itself. I looked up California as well, and I had expected there to be (um) a good number, and I was able to scroll through at least- at least ten, and- but that wasn't surprising to me only because it was California. I'm also looking to move to South Carolina this year, and so I did a search in that area, and I found 5 in that state. I searched multiple states because I was curious at what the disparities and numbers might be state to state. So I also looked at how many birth centers there were in the United States, and I found that there are now more than 384 freestanding birth centers in the United States, in 37 states and D.C. And so 37 out of 50 states have birth centers, and I think that's an interesting thought in and of itself. Where I wonder, in the remaining 13 states that don't have birth centers, it makes me curious what their hospital environments may be like, what their cesarean rates may be like, and what they're Black Infant

and Maternal mortality rates might be like. (um) I wonder- I would also wonder if (um) these are now maybe states that would be in more rural areas. So I would wonder if rural areas are doing more home births (um) this would be- you know these are just questions off the top of my head. My biggest question, off the top of my head, would be that as more Black people are stepping into birth work, whether that's midwifery or being a doula, being a postpartum doula, or being nurses, and OB GYNs, I'm curious what it would look like for us to open our Black birthing centers. (um) if it hasn't even been- you know if it's not even being started already. That- that's where my mind went to when Angela talked about there only being 2. You know we- we're- we've been in this process for generations of creating our own, and if we're getting back into the older ways of birthing, and the older ways of uplifting birthing people, I could see some really amazing Black birth centers (um) hopefully get more traction cause I also wanna say that it doesn't- I don't think that just cause I don't know about them doesn't mean they're not there. Cause who knows? Especially in figuring out there are 62 in Texas, 384 in total, one of them is bound to be founded by a Black person for Black people. But I more say that as, in terms of then coming into a new industry and (um) now being a part and having a new career, as I move forward in my journey as a doula, that'll be something I'm definitely interested in, in looking into what that means. What does that mean to create a birth center? And what does that mean to run, operate, own, and facilitate healthy birth for Black people in Black spaces. So who knows? If an amazing Black person is already out there doing the work I just described, they'll probably be on this podcast very, very soon so I'm excited. **(chuckle)**

Alright so before we get into the actual hospital portions and conditions of Angela's story, I really wanted to talk about the fact that she gave birth right at the beginning of the U.S. understanding the Covid-19 pandemic. I think one of the- wh- and why I wanted to bring context to her story and why I would do this with- with everyone's story moving forward, is that we're all really processing like how swiftly so many things changed within a matter of weeks. From February,

March, April, you know? From- February 2020 in the U.S. looked so different than April 2020 in the U.S. (um) when the- when Saij was actually born. Those night and day differences also transferred over into hospital spaces. Giving birth pre-covid is a whole completely different thing than I believe it is now giving back birth while we are in the middle of the covid era. I believe that this context is important for all of the birthing people that listen to this podcast, in addition to all of the family and support systems that will be listening, to understand how swiftly things changed, and to understand how things were very different before, and they will every different going forward in every hospital space.

Like I said before, my goal is to eliminate even the need of hospitals in the future, at least for the birthing experience, but for those who feel safe giving birth in a hospital or want to give birth in a hospital, we also want to equip with all the information and education that you need to know what you're walking in to, and maybe be able to avoid some of the things that Angela went through in her experience.

In my conversation with Angela one of the things I felt was important to talk about was the kind of work that she was doing while she was pregnant and when she went into labor. The reason I did that was because I wanted to talk about 2 possible things, and we ended up kind of having a little bit of that the first conversation, which is 1, discrimination of birthing bodies in the workplace, and then the second thing I wanted to touch on is the birthing person as a whole entire person.

As we heard in Angela's story, she was not treated very well from her coworkers and management when she- when they found out that she was pregnant. And unfortunately, this is something that happens almost all too often, and from what I understand, in corporate America and even below, especially in (um) fast food service jobs, which I do have a guest for that one,

and I really wanted to- I felt like they- the two of those things tied very well into one another because it seemed like just as we talked about hospitals viewing pregnancy as an illness, I think businesses and corporations also view pregnancy and birthing people as ill, as sick, as handicapped. And that is also very dangerous because people who are differently abled are also discriminated {against} (**chuckle**) on a daily basis, and it's also dangerous because pregnancy is not an illness. And so to go and treat a pregnant person as ill, simply because of something that's happening- that has- that happened for all of us to even be here is quite absurd to me. And so I really want everyone who may be looking to start a family, you know, keep in mind that depending on what kind of work you do, depending on where you work, your job may not receive your pregnancy very well. (um) My hope is that you do not go through that experience, but we've seen it more often than we haven't. Especially when we also talked, Angela also brought up maternity leave, and in most places in the United States, maternity leave is only 6 or 8 weeks, and if I'm not mistaken, in retail spaces, it may actually be even less depending on where you are working. These are also very important things to think about for your postpartum care, for the support that you're gonna have (um) after your baby is here. Really thinking about if your workplace will or will not support you and what's gonna happen when you have to go back to work, or even how soon you might have to go back to work. These are things that I don't know if you've thought about now, but these are things that you may want to be thinking about if you have not already.

I also asked Angela that question in the spirit of, birthing people and pregnant people being whole people even outside of parenthood and motherhood. These are also regular humans who have regular desires in addition to desires to give birth in a healthy way. This is also great things for family and support systems to keep in mind. Pregnant people are not sick. Pregnant people are not ill. Giving birth is not an illness.

Another thing that I wanted to mention was that I am currently taking my mentor's Childbirth Education Class, and the reiteration of pregnancy not being an illness is something I got from Michelle Gabriel-Caldwell, and I just want to make sure I put that credit in there. **(chuckle)** I appreciate everyone bearing with me including Angela, because I realized listening back on the episode, I was so nervous in answering her question. And I feel like I do a lot of "ums" and rambling, and I'm excited for the day when I get passed some of that. **(chuckle)**

I wanted to reiterate my answer to her question because listening over, I was actually quantifying like "oh wow I have actually had my license for over 4 years now, which means I've got to be at least in my 7th year of learning and knowing massage therapy. And so part of my journey, I believe was in the beginning just getting my hands dirty, touching any and everybody that asked for a massage, but now in it's established of- this established business of Journey Spa, I've a business account, a website, things I didn't have before, **(chuckle)** and I'm able to also raise my prices due to my experience, even though that makes me nervous too it's like "wow this is- this is literally the dream actualized. The dream that I have had- that I had when I first sat down at the table at massage therapy school." And now I'm picking my career path, caring and serving the pregnant person, the birthing person, as a catalyst or portal to caring and serving the bodies of the entire family so that we can promote healthy bodies in our entire family, is what's very important to me, and I'm really grateful and excited because this is like "chugachugchuga, we moving on, the little engine that could, and we making our way up the hill." **(chuckles)**

BREAK

Accessibility Message

Thank you for being on this journey with us. In our effort to build community that is accessible, we pride ourselves on transcribing all of our conversations and captioning every video in order to be able to share what we learn with everyone. As we grow our network, we welcome and ask for feedback to best serve the uniqueness of the differently abled communities. We are also interested in connecting with Black and Indigenous individuals who provide ASL and Black ASL for future live events and productions. If you or anyone you know has any resources, we would love to be in community with you. Please reach out to us at journeyspa12@gmail.com, and we look forward to getting better every day.

Back to the Show

Alright so now that we're getting into the emergency c section content of Angela's story. What I was most concerned about in hearing Angela's story, was the inability for her doula to be in the operating room for the c section. I understand that that was probably mainly due to Covid-19 in the- because that was in the- that was during the time of the beginning stages of everything. But my heart just went out to Angela for that because I feel like that would have been really helpful in that time. (um) Or the doula's presence, I believe would've been helpful for the remainder of Angela's hospital stay. (um) I find it interesting that (um) you- I don't think ever knew that you needed to get a spinal tap for a c section so that was new information for me that I found even though she didn't have an epidural and then also didn't want an epidural because of how close it was to a spinal tap. Unfortunately, she still had to have a version of a spinal tap to get her c section and to get numbed in that area.

Going forward, I wonder that if- if they're going to allow some doulas to come into the space and then there has to be (uh) medical interventions like a c section, I just wonder why the doula

could not also be maybe at least in the room when Angela came back from the surgery. (um) I feel like she wasn't- I mean as much as she was able to advocate for Angela (um) during the process of labor and everything like that, she then misses- due to a- the operation portion of the birth, the doula and Angela miss their postpartum connection- their- their initial postpartum connection whereas (um) for someone who may be didn't have a c section, if- their doula's in the room when the baby comes out, and then is still in the room when you get handed the baby. And I just wonder how even the doula's presence would have helped with Angela going through experiencing gastritis after the surgery, and then what eventually even led to a kidney infection. Which I'm just so grateful, like by the Universe, by the Higher Power that my friend was ok because this to me is the type of red flags that came up- that come up even for like someone like Serena Williams (um) when her doctors didn't listen to her, and we understand and we already know that the Black Maternal mortality rate has so much to do with medical providers not listening to the birthing person, and I'm just- I just- it scares me a little bit to know that my friend could have died because her doctors and nurses weren't paying attention to her after she gave birth. And I know that you know the baby is important of course, monitoring the baby is important after they've given birth, but why isn't, just like Angela said, why isn't there attention on the mother after the fact? Especially when they may have gone through hours and hours of constant monitoring. Like she did this for almost two days, from Friday to Sunday, and like I said I do understand that maybe some of that too had a lot to do with covid-19 and all of this other stuff, but I definitely know that if her doula had been in the room after the c section, then maybe that could have been limited and maybe her kidney infection would've never happened, but we probably won't know unless we tune into the alternate dimension. (**chuckle**)

Oh yes before I continue, I wanted to touch on (um) Angela not wanting to have pitocin, and I found it really interesting that pitocin actually mimics the labor hormone oxytocin. So oxytocin is the natural labor hormone that is released from the posterior pituitary gland and this is what

pitocin is trying to act as, which is why pitocin mimics contractions quote unquote. Oxytocin stimulates uterine contraction and aids in the onset and stimulation of labor, in addition to also aiding in breast milk production. But I found it really interesting, I don't think I made the connection until the story and my notes from labor hormones in my childbirth education class as well as from when we talked about it in my doula training. And so I would say- I think my thought process then would switch to if pitocin is a drug that is trying to mimic a hormone, we want to then promote the natural creation of this hormone throughout your- throughout the pregnancy and for labor. And so what I'm going to be checking into is what kinds of foods help with promoting oxytocin naturally and then if that's- especially if that's something that can be solved with nutrition then maybe we can also help as family and support systems to decreasing the need for pitocin because the body has done well to produce to producing oxytocin.

So the next thing that I wanted to bring up in relation to Angela's story was the fact that we were together with her laboring for what- for Friday, Saturday, until Sunday morning, and in all that time Angela had a hard time getting any rest, the hospital food that was available to them was not to their liking, and probably not nutritious or satisfactory. (um) And I wonder, and I want to ask you all what do you all think- how do you all think that the birth would have favored differently if Angela had been able to eat while she was giving- labor or in labor sorry, (um) or even the comfort of her partner who is also another hand in her support. Her partner wasn't able to eat, and wasn't able to get any rest, and although we know that this is because of the onset of covid-19 in the very beginning stages, this resulted in dehydration and a lack sleep a lack of rest, and those things do not promote a healthy labor at all. As we could see, as we could see that eventually it led to these- all of these different medical interventions that eventually led for her to have an emergency c section. And so I guess that could be a rhetorical question, but I think it's more of a critical thinking question because we don't know what could happen at any given time, all the time. But with understanding that Angela had a low risk pregnancy and was

avoiding preeclampsia, but when she got into her labor and delivery was not properly fed or rested, it could- it makes sense that at some point she would be too tired, her body would be unable to progress labor any further. So my follow up question would be, what are hospitals doing now to- specifically maybe what is that hospital doing that Angela gave birth in, what is that hospital doing now to feed people better, if any? Would hospitals make changes like that, would they make changes to their food?

(um) I could also see- imagine that this goes right back into what we talked about, about pregnancy not being an illness. If hospital food is designed for sick people, hospital food would then not be good for pregnant people who need nutrition while they're in labor, or their partners who are also supporting them while they're in labor. Labor is like a marathon, and so you have to be physically equipped for the muscle exertion and all of the different stages and then placements of your body, and then in order to- if naturally, push this child out the vaginal canal. So then to not receive adequate nutrition, refreshment, how can you finish your marathon? So these are some of the risk and some of the things that I want to make sure birthing people and pregnant people and their families who support them are thinking about as they go into possibly having hospital births now post covid but hospital births in general. So you're not- you may not like the food, the food may not be good, but you may need to eat it anyway. These are things that you definitely want to keep in mind as you make your decisions about where to give birth. These might be good things to bring up in your questions if you have- if you're st- still having tours or having childbirth education classes at the hospital.

Because one of the things that I think is important to understand is due to Angela's emergency c section, the things that were in her birth plan about delayed cord clamping and delayed cord cutting and then preserving her placenta are no longer part of her birth experience because she had to sign these things over for whatever reasons they have you sign those papers on c

sections. And my guess though being help for the baby, (um) my guess would be in case there's anything nutrition wise that the baby needs, but (um) I'm not a medical expert so I don't- I don't even want to presume why they do those things. This is just more so underst- for context and understanding that if you also want something like a delay- delayed cord cutting, delayed cord clamping, both of those things, which you do want, yes. You would not be able to get those things if you have to have the medical interventions that lead you to have a emergency c section.

Ok, so the next thing that I wanted to bring up was that Angela had an emergency c section, which require her to stay in the hospital at least up to three days after the birth for monitoring. However, as she relayed the story to us, she was barely- it sounded like she was barely monitored at all or what was mostly being monitored was her m- hopefully her vitals, but if her IV was out of place, then her IV is probably not really getting those nutrients to her. I find it quite unfortunate that she spent all that time in the hospital for up to 3 days and then eventually weeks later had to go to the ER for a kidney infection. And I briefly touched on this a little bit earlier, but this is like what breaks my heart about what happens to the people that we love that sometimes go into these hospital spaces and are not being listened to, and I don't- especially when we've figured out and we learned that all of her providers, you know all of the checkups that she went to afterwards, she spoke up about what was going on, and those things were still not addressed. And so I really want to challenge all of us who are entering this birthworker industry, and even the veterans who have been doing these births for years and years and years, as we create these spaces for Black bodies to have healthier births, we need to do a better job than the standard that has already been set that does not listen to Black people in pain. And so, and I really want to emphasize that I mean we need to do what they're not doing in the spaces where people are dying in order to prevent more death.

I'm so grateful that Angela is still with us, but that could have been a really sad end of a story, and she- and so gratefully it didn't happen that way, but it has happened to many Black birthing bodies too often even in the last few years. And- and not just the last few years, and so the fact that that's even a thing that even I have thought about when I've- years ago when I was thinking about if I wanted children, one of the main reasons I would have said no, and absolutely my main concern was because of the Black maternal mortality rate. And when I had the thought of possibly going into a hospital and giving birth that was a very scary thought to me. And I had no concept of doula work or no concept of having- if I could or what I would need to, what kind of resources I would need to have to do anything alternative, to even consider an alternative. And this is exactly what this platform is for, so that we can educate one another and show each other what our actual options are, that there are alternatives, and that even if you want to stick to the traditional and go to a hospital, there are things you should know before you do that so that you understand what you're walking into and how they might treat you, and how you can advocate for yourself in case they do treat you as a birthing body, as a Black birthing body that does not feel pain.

And so one of the last questions that I asked Angela had to do with what she would have liked to know before going into all this, and I think her answer about the risks, especially even understanding, maybe going into it understanding what happens to have an emergency c section. So for everyone out there planning natural births and wanting natural with no medication and things like that, I think it's important for you to consider that a c section may be an option depending on the hospital that you go to. One thing my mentor put in my mind to- that one thing I will be looking at in different areas that I try to live in, are all of the hospitals have cesarean rates. And so I think it's important that if you do want to (um) give birth in a hospital, you can check those statistics before you even pick your hospital. You don't have to just pick the hospital that's closest to you. Double check to see what it's like- what they- how- what their

philosophies are on cesarean rates or cesarean births excuse me. But then if you want to be in a hospital, you can double check references, you can see where people gave birth and did feel comfortable. You can do phys- physician references as well for physicians who encourage natural births or maybe steer clear from emergency c sections. I want to be also clear that I understand that emerg- emergency c sections do have to happen in some cases, and I'm only against speaking about low risk pregnancies that had low risk- that have no (um) that had no foreseeable causes initially to have had that outcome.

One of the last things that Angela and I talked about was her advice to birthworkers like myself and birthworkers who are also veterans in this industry, based on her story, I asked her what she would- what advice she would give to us so that we can prevent something like this happening in the future. And we did already discuss a little bit about, how we talked about listening, and I think it was- it's important to emphasize that Angela was saying she could tell who on the medical teams were listening to her and who wasn't. And so I really want to emphasize that again, because birthing people are people who can tell how people treat them. And so, and this is also beyond wanting to avoid any specific outcome of birth, like emergency c sections are not below vaginal births at all. It has more so to do with the person and the personability that- like yes you have a job to do, but also there is a person who is going through something in front of you, and I think that- I understand that sometimes capitalism can blur the lines of caring for people when you have a job to do. And so as we talk about (um) creating these Black birthing spaces that are healthy for Black people to give birth in, this is just again something I wanna just continue to emphasize. Active listening is the best way to keep clients if you want to see it as a business model, but active listening is also the best way to connect with your clients on a deeper level than just the fact that they're here to pay you.

It's my opinion that it is- it is unfortunate that Angela had a kidney infection after having major surgery and being in the hospital for several days supposedly being monitored constantly, and so I want to- I think that we need to challenge ourselves so that when we are in spaces, assisting people in hospital spaces, that the postpartum effects- the postpartum time is also a very sp- precious and valuable time to be checking in with the birthing person about their health. (um) especially with c sections there's a lot of healing to at has to happen, and I mean you do have healing of course with vaginal births as well, but due to the major incision from the c section, there's a separate version of healing that has to happen, especially in terms of healing those organs and muscles that had to shift in order for the c section to occur. I think that we need to- I think it was unfortunate that Angela's doula was not there with her for the postpartum of the c section, for the- for the point after the c section, after the surgery where she got to connect with her baby (um). From what I've understood, from my training, that is a very golden hour, which it's great because Saij latched so perfectly like that's the point of calling it the golden hour, is- is trying to get the baby to latch. But I also think it's a very important time to monitor the health of the birthing person, in- in order to prevent things like infection. Because in some cases, especially when- where preeclampsia is present, those infections- you know if it was just a matter of time or a matter of someone missing one check, and Angela could've been gone from us because the infection may have killed her that fast.

(clears throat)

As a very (um)- it can be a very jarring subject, I would actually like to take a moment of silence for all of the Black birthing bodies that their infections or their- their well being after giving birth was not (um) listened to or their well being while labor was not listened to, and unfortunately they do not make it through labor and delivery, and then there many who did not make it through

after their labor and delivery. And I think it's important for us to honor them in this space especially as we tell this story.

(moment of silence)

Thank you for participating in that with me. Thank you for uplifting (um) the members of our family who have lost loved ones and who are grieving and who unfortunately may have to raise their children without their partner- without their birthing partner. We pray that the children of those people be blessed and have everything that they need to support them as they grow older, as they grow up, and as they remember the birthing person that brought them into this world.

The last thing that Angela and I talked about that I also think is really important to again emphasize is your postpartum support, your postpartum support team. If you are (um) thinking about planning a family, thinking about getting pregnant, and you want to have children, going forward it's also very important to think about what will happen and who will be able to help you once the baby is actually born. I believe that sometimes we miss the- the mark in understanding what postpartum support or how deeply postpartum support is actually needed, especially when it comes to sometimes like two parent households. Like "oh you know, they have their partner, everything should be fine." But especially in this post covid or in- amidst this covid era, we also have to understand that some people have to go back to work. (um) Even for an example in my family, my sister in law just recently gave birth a few months ago, and my brother had no maternity- no paternity leave at all and had to return to work, I believe he got maybe a few vacation days, but had to immediately return to work. And so I think it's also very- it's very important because we did talk about work before as well, that if you and your partner have to navigate returning to work within a week, within two weeks, within a few days, it's very important

for you to have people in place that you can call. If people cannot show up to help you and help as you- assist you while you take care of your newborn, you need to have people that you can at least call to make sure that you are connecting with people outside of your bubble. (um) When we've seen- unfortunately we've also seen- we have also unfortunately seen very sad stories happen when people do not have postpartum support and how overwhelming that can be for new parents to not have anyone to look in after them, give them a break, help them sleep, cook for them. And so as we are b- as we are understanding and (um) going into a lot of new foundations into changing how we interact with one another, and as we combat this Black In- Infant and Maternal mortality rate, we're talking about looking at birth differently. And so looking at how Black people birth differently also pertains post- postpartum support. A lot of times in our villages and communities I think we are- we are always very much taking care of one another, and so when someone gives birth in our community, we need- we as a community need to band together and do- and do a much more intentional job of making sure that that birthing person doesn't feel alone.

In the first episode in the show notes if you watched the postpartum video of how the community in Morocco treats their birthing person, you would see and you understand that there's a lot of healing that goes into the physical body after giving birth, and really, ideally of a Black- I would in my ideal wor- world a Black birthing person will have the freedom that the women in those videos in Morocco had because all you need to be concerned about is breastfeeding and bonding with your baby. But if you have to worry about cooking and cleaning for your family again on top of your healing, and then there are people want- unfortunately they get up too fast and then people have complications with bleeding because they're not sitting down enough. And they're not- they're not giving themselves enough time to rest after a very (um) tumultuous experience in your body, like the things that happen like we've talked about in pregnancy. The way that your body changes and then the way that your body has to change in order to give birth, and the muscles that are exerted through the hours and hours of labor sometimes. I think

people can underestimate what kind of toll that can take on the body, and how much healing you need in fact afterwards. And unfortunately we're not in Morocco so we- we don't- we may not have communities that are going to specifically do the things that the people in the video did, but I wanted to reference that video as an example of the kinds of things that you can do when you do give support to a person- a Black birthing person who needs help. And so if you have it in you to help them in those ways, those are alternatives to doing nothing at all, and sometimes it's not just about watching the baby you know, that could be a portion for sure, but there's also deeper things that have to happen in order for the birthing person to fully recover and be able to give their children everything that they need as well. This is also the stuff that I didn't learn in school. I don't think that they teach this when it comes to even understanding reproductive health. And so you know we're learning a lot of this now. I do wish sometimes I had maybe known some of these things before or years ago, (um) but now that I know them, now I know what I can do to help the birthing people in my life going forward. And so I hope that you all can do the same, and I hope that you all are able to take away some lessons from Angela's story as well as some understandings from Angela's story to help you in the future whether you want to start your family today, or whether you're starting your family in a few years. We're excited to be on the journey with you, and I hope that you've got everything that you needed from this episode. I want you to be safe, be out there taking care of course. Feel free to tag me and keep the conversation going with the hashtag #SessionsWithSymba #SWSPod and #PodIn.

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Outro

Well that's it for today. Feel free to send me an email at journeyspa12@gmail.com if you'd like to share how this episode affected you or what you learned while listening. Stay tuned for another episode!