

Build your Birth Experience with Midwife Rachelle Garcia Seliga – Insatiable Season 9, Episode 4

[INTRO]

[0:00:08.9] AS: When you're fed up with fighting food and your body, join us here. I'm Ali Shapiro, creator of the Truce with Food Program and your host for Insatiable; where we explore the hidden aspects of fighting our food, our weight and our bodies and dive deep into efficient science and true whole health.

Fair warning, this is not your parents' healthcare. This is a big rebel yell to those who crave meaning, hunger for truth and whose lust for life is truly insatiable. Believe me, freedom awaits.

[INTRODUCTION]

[00:00:47] AS: Welcome to season 9 of Insatiable. Our season theme is fertility. This topic often gets reduced to periods or pregnancy without regard to the physical, emotional and soul processes involved with our hormones, menstrual cycles, bodies and identities regardless if we choose to have children or not.

In this season, we take a holistic and integrated look at fertility to reveal you have more choices than most of us have been led to believe. Being in my 8-month of pregnancy at the time on this recording, I'm now surprised I thought western medicine would be authoritative on fertility, and is just as fraught with fear tactics, outdated science and siloed thinking as nutritious weight loss and wellness.



My hope is we fill in the gaps we might not know are missing. Have better questions to ask and are able to get the results you want on your terms for your hormonal health, conception, pregnancy, birth and the fourth trimester. This fertility theme is also the theme of our Insatiable membership community. We will spend fall, September, October, November, taking a deep dive into the physical, emotional and soul aspects of fertility and fertility cravings for your current life stage. Whether you're in the menstrual, perimenopause, menopause or postmenopausal phase, and how to sync our nutrition, lifestyle, including exercise and sleep and creativity to be in sync with our fertility to reduce and prevent cravings. More details on how to join at alishapiro.com/ic2019.

Today, we have such a special guest for season 9, episode 4. Rachelle Garcia Seliga. I hope I pronounced your last name right.

[00:02:27] RGS: Yeah, you totally pronounced it right.

[00:02:31] AS: Okay. Good. My husband's Portuguese, and I can't roll my R's at the end of his last name. So I'm always like so conscious about it. I'm just so excited to have Rachelle, because while we're talking about midwifery, she understands the physiology and also the metaphor and poetics in our physiology, so we're going to have a great conversation.

Rachelle is a certified professional midwife with 17 years of experience working within the realm of holistic women's health. She's the creator and director of Innate Postpartum Care Trainings. Training birth and healthcare professionals worldwide about the physiologic and psychologic requirements of postpartum wellness. All of Rachelle's work is dedicated to midwifing a cultural shift. Honoring personal authority, innate wisdom, and the sanctity of life.

Thank you so much for being here, Rachelle.

[00:03:22] RGS: Yeah, thank you for having me, Ali.



[00:03:24] **AS:** Yeah. So what's been interesting for me in terms of midwifery, and especially how you approach it from not just about pregnancy, right? There's post-pregnancy, there's this whole metaphor of midwifery. I would love if you can start with your story of getting into midwifery, specifically how you used to be a political activist and then realized you don't want to be fighting against something, and how midwifery to you is political, because we have definitely social justice people listening on the podcast.

[00:03:55] **RGS:** Totally. In my like late teens, really, in early 20s, I was in university and it was kind of the time when I woke up to reality as it is on earth and spent really most of my time in college facilitating teach-ins and organizing protests and I would be like the one on the microphone or the bullhorn in the middle of the street leading die-ins. I mean, this is what I did with my time. And I was about 22, I think, and – I don't know. Maybe when I was 21 to 22, I started to just track a lot of lack of integrity, really, in the political movements and the movements for social justice and the movements for environmental justice. And a lot of ill health, really, in people.

At this time, I was getting close to being done with being in university, and so then like my future was kind of horizon in front of me and I was just getting this clarity that I didn't want to spend my life fighting against things that I don't believe in because of this lack of integrity that I was seeing and feeling and because of the ill health, really, that I saw in people. People within these movements, they weren't healthy. And it's not a judgment. It was more of an observation, but like when I say healthy, I mean like in mind, body, spirit. There wasn't a thriving health in the people, in the communities.

[00:05:36] **AS:** Yeah. No. I'm agreeing. I think about a lot of my clients work in nonprofits, and they get burned out, or they're in a health field themselves as nurses, and they're such giving people and they're just getting burned out. I see how – I mean, I tend to be anti-corporate, and

yet I've also realized there's some inherent structural flaws in how we approach nonprofit and not supporting our caregivers, whatsoever.

[00:06:01] RGS: Yeah, exactly. So I started to just track all those things, and I just realized that I didn't want to spend my life fighting against things and that I wanted to spend my life creating what I did believe in. It was just this shift in understanding where it was like, "Okay. I have my life and I have this vital life energy and I can either use it to fight against what I don't believe in, or I can use it to create what I do believe in," and it was this choice point, and I choice to create what I do believe in.

It was like really after I had that understanding. It was like one after another, I met a friend and she was pregnant with her second child and we had only known each other for a very short time, but we really vibed with each other. And she said, "Oh! Will you come to my birth?" I mean, I hadn't even ever thought about birth or anything in that realm, really. And then at that time, really, there was a teacher at my university who was talking to me about in the 90s, they passed a law in the State of California. California is where I grew up and where I went to college, and they had passed a law that was denying healthcare to "illegal immigrants".

So what this Chicana studies professor was talking to me about was this movement that occurred of the re-teaching, re-learning, remembering of midwifery, like how to be at birth, because if "illegal immigrants" weren't going to have access to hospitals to birth their babies, well then people within the Chicana community, within the indigenous community of California, had to remember in order to be able to take care of these people being denied access to healthcare.

Anyways, when she was talking to me about all that, it just clicked for me and it was like that's what I'm supposed to do. I didn't even know what a midwife was, honestly, when she was talking to me all these, but there were some resonance that happened. At that same time, my



friend had asked me to come to her birth. So that happened, that happened. Then within that year I like sold my car and I moved to Mexico to start midwifery training.

[00:08:16] AS: I love that. One of my favorite quotes in grad school was by Buckminster Fuller that was basically like you don't change things by being against something. You basically have to create what you want and make the old thing obsolete. That like so dawned on me, because as someone who's just had to recover her health and all these kind of stuff is like, "Oh, I can't just be against diet and the medical system. I have to be for some things." It's a different orientation.

[00:08:45] RGS: And in a way I feel like it's easier to be against things, because I really feel like all of modern culture is oriented towards negativity and it's oriented – Well, I mean, I think it's oriented. It's like a death culture. It's not a life culture, and I'm not saying that we honor death, because, collectively, we don't honor death. But what I say when I say death culture, it's not aligned with life, okay? And not being aligned with life, it's oriented towards seeing everything through a fighting through a negative lens. So it's really having to kind of breakthrough certain programming, breakthrough certain layers of veils to be able to orient towards the creative process, which is our capacities as humankinds. We can create. We can absolutely destroy, and that what is going on in this planet at this time. But our potential is to create life.

So it's a different orientation, a different relationship to life when we start to think about what do we want to create and how are we going to create that and we start to put our energy behind what we're going to create. Then just thinking about what we don't like and what we don't want and what isn't working and like that.

[00:10:04] AS: I love that. I mean, my whole master's thesis was how we use these war metaphors around the body, and we think they're just words, but they orient us, like you say, and I love how you said we have to step out from this veil, basically, that we don't – And there are so many layers. I feel like I've come so far and yet I'm always finding under layers of – And



that's actually – I mean, I had always heart of midwifery, and then pregnant, I looked at the data and I knew that I wanted to work with midwives, because they have better outcomes for the kind of birth I'm hoping for.

So I was just shocked at how midwifery to me looks at birth at this natural powerful process and how the western medical system looks at birth from this litigious, "Oh my God! We have to mitigate risk." But not all midwives are the same. There're midwives in the hospital. I'm using a free-standing birth center here, hopefully. I mean, that's who at least is helping me with my care. And there're all different types of midwifery. So can you talk a little bit about the different types and where we're lacking even in –

[00:11:07] **RGS:** In midwifery here?

[00:11:08] **AS:** Yes, in midwifery.

[00:11:09] **RGS:** Totally. Yes, I can totally talk about that.

[00:11:11] **AS:** Like it's super meta.

[00:11:13] **RGS:** Yeah. I mean, I guess what I feel like is important for everyone who's listening to understand is this like one minute history I'll give on global midwifery, which is that midwives are the original healers, the original caretakers of people's health, and midwifery in its origins is caretaking of health from womb to tomb. So from the time that you're in your mother's womb to the time that you die, midwives have been those caretakers, and that's how it's been for everyone's lineages on this entire planet.

When the inquisitions were happening throughout indigenous Europe in the 1300s, in the 1200s, it's estimated that nine million women were killed during those inquisitions. So it was colonization, like what happened here when European people came to North, Central, South



American. Really, the whole world when we think about colonization. That's the colonization that has been happening to the past 500 years. But this that I'm talking about happened prior to that colonization. Those movements were really facilitated by the church, okay? By the state and by the rise of the medical establishment.

So medicine, the state, and the church worked together. I'm not saying those to make judgments against anyone's way of prayer or anyone's religion, but this is just the facts of what happened. These attacks were really facilitated against the midwife, against the healers, because midwives and healers, what we know how to is caretake life. And when the medical establishments begin to rise in Europe as an allopathic medicine, the medicine that we now use in hospitals and what's kind of the standard of care, only men had access to that study, because women weren't allowed to go to university. There was no baseline for these men to know anything about obstetrics and gynecology, because it's always been the dominion of the women and of the midwives.

So they had to find ways to manipulate the people, to manipulate reality as it was to be able to learn about obstetrics and gynecology. So there was an elimination process of the midwives. It's often called the witch hunts. But I like to like take that language out, because then people have some weird association with witch hunts. The witch hunts were the attacks on the midwives and the healers of indigenous Europe.

The elimination of the midwives is what facilitated the rise of obstetrics and gynecology in Europe. So that was dominated by men. Then with colonization in the Americas, that was brought here from the European schooling system, and then the same kind of thing was facilitated here. So in the United States, there's still a felony, I think in four states, for home birth to happen to be facilitated, to be supported by midwives. Even in states where it is legal, it is very much controlled by the state, by the government, by the medical establishment, and people have trusted over all of their trust and faith in the medical establishment. But then medical establishment has really sored roots. It's not just what happened in indigenous Europe,



but the way that so much of modern medicine came into being in the realm of women's health was through practicing surgeries and applications of things on African women who were enslaved.

So the things like the speculum, for example, and these things that are common tools in the world of obstetrics came into being through the extermination of midwives and through practicing medicine on enslaved Africans without pain medications, without respect and without consent for that matter.

So I think that's something that most people don't realize about allopathic medicine specific to women's health, and gynecology, and obstetrics. So midwifery, that is the root of midwifery as we know it at least within North America. There are a lot of different kinds of midwives. I mean, there're nurse midwives who have to go through tons of medical school. They have to become nurses and then they have to go through more medical training in order to be nurse midwives. Then there's homebirth midwives. And as a homebirth midwives, then you can decide are you licensed by the state? Is licensure mandatory? Is it not? The title that I carry is certified professional midwife. That is a national certificate. It doesn't hold any legal anything, but it's a certification recognized in the national level.

But I think what to me is foundational is that midwifery in its essence means with women. It does not mean that I have an agenda and you follow my agenda as the client, as the pregnant women. As long as you follow my agenda, we're good. No. It is supposed to be that the pregnant women and her family are centered in that care and the midwife is supposed to follow their agenda.

So midwifery, even still at this time is really not in a health well state of being. I mean, there is absolutely a resurgence of midwifery care, which is awesome. And midwifery care is coming more and more out into the collective awareness, and those things are all really good. But in order to be a midwife in the past, you had to be recognized in that way by your community. In



order to be recognized in that way by your community, you had to have a certain level of spiritual maturity is what I call it. At this point in time that we're living, we can do anything. We can become doctors, or nurses, or midwives, or whatever in the healthcare profession. As long as we can pay for it, then we can have a certificate that gives us that position. But it doesn't mean that we have the spiritual maturity to be in that position.

So midwifery even for homebirth midwives at this time, there is a rampant abuse of power that happened within the midwifery world. To me, the abuse that happened within allopathic medicines and the hospitals is obvious, right? There's obstetrical violence. There's absolutely not consent happening in hospitals. There're interventions in ways that people don't even talk about interventions at birth. But I'm not even talking about that kind of blatant obvious things even within the midwifery model of care for midwives who have received homebirth midwifery training.

The huge piece that is essential to my work, and like you mentioned, in my bio, is this return to our personal authority. Personal authority means so many things. There are so many implications of it that in birth and relative to midwifery care is that midwives should be skilled in the art of exalting a mother's, a father's personal authority. Not in further taking their personal authority and like that.

[00:18:47] AS: I love that. The adult development model that my Truce With Food model's based on is taking people from a socialized mind, where it's oriented towards kind of going with what I would call "normal" versus being self-authoring. It sounds easier said than done, but it requires to look at all these things that you've just mentioned. I mean, it's wild how even if we think we're working with something more natural, there's still layers within that – Or I wouldn't say more natural, but like more in synced with nature, right? That there are still layers even behind that.

I mean, I really recommend everyone follow you in Instagram. You had a post where you said our bodies has our souls. If we don't listen to our bodies, we don't know our bodies, and then we depend on the next turnout authority to tell us what to do with our bodies. This is how we are controlled. I was just like, "Yes, she gets it."

I think what's so interesting about what you described, especially when women want to decide not only who is my care provider and how do I want to give birth. What I love about you is you're like the important thing is the mother is an integrity in the process and is supported how she wants to be supported, right? However, what you're saying, and this is kind of my mission in life for people, is a lot of us don't know our choices. We think we want this or that, and what's been fascinating to me as someone who hopefully – I'm hoping for an un-medicated birth and I'm also planning if things don't go that way. But the more that I am in this world, the more I can't believe how many women choose to then work with a midwife or out of the hospital after having bad birth experiences.

I just want people, especially from this episode, to realize that they have other choices and to do their research. We know what the normal choices are. But the more that you kind of get behind this veil, I love that you say that, like poke the veil. The more you can kind of be an independent thinker. Not that people aren't independent thinkers, and I want to say it that way, but it's just about knowing the full range of your choices. I'll leave it at that.

[00:20:52] RGS: Yeah. I feel like that it can get confusing sometimes, right? Because it's like then we get into this like, "Well, we need to know all of our choices," and it becomes this really like neocortex rational brain, like I have to study and know all my choices. Then it's like as mothers, then it becomes that we have to somehow do a freaking medical degree, studying a program before we're going to give birth to understand all of our choices.

So I feel like it's a fine line. Clearly, we need to know our choices. But more importantly, maybe, I would say it's important to understand our physiology on a really basic level to understand



what is required in a birth for the safest passage possible for mother and baby. And what's required is the same thing that's required for all humans no matter where we are in the planet. And what's required is privacy. What's required is darkness. What's required is a felt sense of safety. So I'm not talking about your safe because you're hooked up to 50 monitors. I'm talking about that you feel safe.

So for someone, if they might feel safe is their partner is touching them the whole time, and that's a felt sense of safety. For someone else, it may be that they want their mom sitting in front of them all the time so that whenever they look up, they can make eye contact with their mom. And that's a felt sense of safety. There's not like – It can be a million different things. So a felt sense of safety, darkness, privacy, and people who are in your space to witness you in your power, but not there to observe you. Because those are the things that are required in order for our physiology to feel safe so that our body's energy can go into birthing our baby. So, the best way to think about it is like when you're making love.

So most people, when they're making love, they want privacy. They don't necessarily want like full-on bright lights, because the bright light stimulate the neocortex, the rational brain, which takes us out of our bodies, really. They want to feel safe. You can't really open yourself up sexually if you don't feel safe with the person that you're with. So you're not going to be able to be in a fully pleasurable experience if you don't feel safe. You want smell good things and see beautiful things. It's a sumptuous experience.

So I feel like most of us can get that. That's kind of baseline. Then if you imagine that you're in this really beautiful, safe, private experience, and private in the sense that you know that no one's going to barge in on you any second. Because if you know that someone's going to come in on you any second, you're going to be worried about are your body parts exposed? What if someone going to see? So we can wrap our minds around that.



So if we take that, because we can wrap our minds around that, and you imagine you're making love with your partner and someone comes into your private space, flips on the lights and says, "I just need to take your blood pressure really quick." They take your blood pressure. Okay, I'm gone. So then they go out of the room, they turn out the lights and they close the door and you're like, "Okay."

So then, okay, it's going to take you some more time to get back into your rhythm of things. Okay, so then you're back and you're connected again. Maybe it took you 20 minutes to get back into your flow, because that was kind of interruption. So then you're back in your flow with your partner, and then here comes someone in again and they put the lights on and they say, "Hold on. Excuse me. I need to measure your erection. This will just take a minute."

So then they're going to measure the erection of a penis. Okay. Okay. Okay. Great. You're looking at 9 centimeters. Perfect. Then they're going to go out and they're going to turn the lights back on. That's the same thing with birth. We need the same things to give birth that we do when we're making love. We need privacy. We need to feel good. We need to feel safe in order to open, because that's our physiologic design, because we want oxytocin to be flowing to our body.

When all those interruptions happen at birth, let me take your blood pressure, let me do this, let me do that. Oh, I have to turn the lights on for a second. Anything that activates the logical, rational brain at birth, anything that activates the neocortex cuts us off from our birthing hormones and is an intervention. People don't think about it like that.

To me, it's less about knowing all of our choices, because that's like freaking infinite. Then we have to study things that it's like why does the average person need to know about 18 million things? You don't. You shouldn't have to. What we need to know is that our physiologic design to give birth are those things. Because it's when the birth hormones can operate in our body in



their design, and anytime we're taking into our rational, logical brain, it cuts us off from our birthing hormones.

Someone said, "Oh, can you sign this paperwork in between a contraction?" or you're hooked up to a monitor, or you're forced to say in a certain position, or someone's talking to you really logical and rational. I mean, birth is not a logical, rational experience. It's a completely altered state and there's not respect for that in the modern world. For sure. Not in 99.99% of allopathic practitioners. Most midwives at least get that point, right? That birth is an altered state of reality. So I feel like that's the most important thing for people to understand about birth more than knowing their choices, is to understand that we have a physiologic design, and it's not about moral judgment. It's about our design and how we can respect the design.

[00:26:37] AS: Yeah. And I think what you've done though is laid out safety, privacy, basically you've laid out the metrics that we can then discern what is best for us. It eliminates all of those choices. I was thinking about your comment about a felt sense of safety. That is so important. As I'm reading, it's like everything's about the mother feeling safe.

Just given that I've had cancer and I have had a lot of experiences, like the hospital does not make me feel safe. Meanwhile, I have one friend who can't believe I'm working with a midwife and she's like, "I want to be at the hospital in case something goes wrong." She feels safe there. So those kind of like foundations though of if you know this is what your physiology is, what does that going to mean for you.

Yeah, I'm all about the physiology, because you can understand things. And it's interesting to me too how you described the example of people making love, because you said that this is also about creation and this metaphor of like creating life, right? Creativity. If we take the metaphor or sex, it's creativity, and that's an orientation towards life and what we need when we're birthing new ideas, new people, new transitions of ourselves. So I just love how those are kind of conditions for all of life to be born.



One of the things that I thought was really interesting, because when I work with people with food is a lot of times they're reenacting. My work is kind of like part of why we over eat and fall off track and all these things is because of past trauma, and we're kind of using these past protective responses to remain psychologically safe. That's kind of an easy way of saying it.

But what I wanted to talk to you about is you talk about us having a social nervous system, and it made me think why this threat of belonging, which in our culture, if your body doesn't look a certain way, there's such this threat of un-belonging. But I would love for you to talk a little bit about the social nervous system and why that is so important for us to understand not only with birth, but in the postpartum and from womb to tomb as you say.

[00:28:47] RGS: So the social nervous system, just so everyone knows. There're three parts to our autonomic nervous system. Most of the time people just think of the autonomic nervous system as the sympathetic response, which often just gets associated with fight or flight, and the parasympathetic, which is rest and digest. But parasympathetic and sympathetic have the stress response and then have the baseline response. So we could say like a healthy response and then the stress response.

The third part to this autonomic nervous system is the social nervous system. And the social nervous system is kind of our most evolved aspect of the autonomic nervous system. Meaning that it's the most recently developed in our evolutionary journey, and it's our first way of response and being in the world, and it's our first level of stress response in the world. I'm actually glad that you brought this up, because this gets into what we were just talking about too. But the social nervous system, the way that it works is it works through eye contact, okay? It works through loving touch. It works through porosity, which is the sound of our voice .The way that someone voice sounds to us. The way that we hear the voice. It's kind of like everything in our facial structure. So sight, and sound, and speech, and then loving touch. So



there's that sense. Then heart presence. So when you really feel like someone's offering heart presence to you.

So the social nervous system, and this is why it's important to understand our physiology. This is our part of our design. I'm not inventing this. This just is our design, is that when we hear someone's voice who sounds soothing to us, when we make eye contact with someone who we feel safe with, when we feel the loving presence of another one, we receiving loving touch, it helps our body to operate in its highest functioning capabilities, okay? Meaning that our body is not getting into a stress response. So all of our body's energy then is going to rejuvenation, repair, tending of the body, okay?

When if we are stressed out, the first line of defense we have is also through the social nervous system. So a stress response on the level of the social nervous system is also like eye contact. If you hear a loud noise and you're in a room with someone, you're going to look to the person next to you. It's like, "Did you hear that too?" You might grab on the person next to you. That is also a social nervous system response, but that's the stress response of the social nervous system.

So anytime we get into a stress response in the body, we are taking our body's energy away from homeostasis, from maintaining homeostasis. So from maintaining health and well-being, and our body's energy gets diverted to the stress response. So, when I'm talking about safety in a birth space, I'm not talking again about safety of machines and safety of what we think in our mind, the neocortex level. I'm talking about safety through our physiologic design. Through people making eye contact with you. Through people speaking kind with you. Through people touching you in a loving way and through heart presence. That's what I'm talking about is safety. And that is what care providers should be providing in all levels. I don't care if they're doctors or midwives. If doctors or midwives understand this part, they will understand that their job, the best way to keep someone's system in thriving mode instead of surviving mode is that they feel safe through these mechanisms.



As soon as someone gets thrust out of that, so someone speaks to you harshly when you're in labor, or you don't feel the loving presence of someone. Those stress responses – Those responses in labor and birth will make someone's blood pressure go up. It will make fetal heart tones descend. So these are not just etheric ideas. This felt sense of safety or this felt sense of stress have an impact on how our body is going to respond.

But what happens, because doctors and midwives and many healthcare providers don't understand this. Then they pathologize the mother, for example, in this case, "Oh! Her blood pressure is rising." "Oh! We have to take measure X, Y, Z, because her blood pressure is going up." "Oh! Fetal heart tones are descending. We might need to go in for an emergency C-section." But no one talks about, "Well, why the hell are fetal heart tones descending? Maybe they're descending because the doctor who came into the room was a really ass with the mom or real ass with the dad, or maybe someone came in and did a vaginal exam without asking first and they were harsh with their touch." This is our physiology responding, because all of our body's orientation wants to be safe. If we don't feel safe in our animal bodies at birth, not in our neocortex mind, but in our animal bodies at birth, our body is going to respond with stress, which shows up in all the test results, and then that's pathologized.

So the same thing happens in the postpartum time, and the way that I talk about this in regards to postpartum mothers. Postpartum mothers are not supposed to be left alone at all really for the six weeks of their baby's life. We are designed. We are tribal creatures. We are social creatures. Hence, the social nervous system. As adults, we co-regulate our baby's nervous system. As postpartum mothers and as humans in general, but I say postpartum mothers, because we are in a physiologic vulnerable time, because all of our systems put energy out to growing a human life, and then we birth a human life, and then we need to heal our body while we continue to grow a human life through nursing. So our physiology is in a vulnerable state.



We need co-regulation for our nervous system's health, and our nervous system health is foundational to all of our physiologic health. So a postpartum mother is not meant to be left alone. But what happens in the modern world? In the modern world, if someone has the fortune of staying home with their baby, because I know a lot of mothers like are in this thing that they have to go back to work and like that. Let's say a postpartum mother stays home alone with her baby. She's alone. The partner gets three days off of work, or maybe they get one week off of work.

So then you have this postpartum mother home alone. Who knows what she's eating? That becomes a whole other thing. Then she's anxious. She's super anxious and depressed. So then in the modern world, when someone feels like that, they're like, "Something's wrong with me." So then they go to the doctor and the doctor's like, "I think you're developing postpartum depression and anxiety. Why don't we give you these medications, because this will help you out in the short term and then you can come off them." This is common scenario. Again, there's no judgment in this. This is like what I know to be truth through my work and through talking to hundreds and thousands of women.

So what everybody needs to know is the baseline, being anxious and depressed if you're home alone with a newborn baby is a normal, healthy response. There is nothing pathological in that, because we are not meant to be home alone with a new born baby at all. We're meant to have people around us and we're meant to have people making us food. And we're meant to have people taking care of our home so that we can rest and be in bed with our newborn baby for the first six weeks after our baby is born.

So anxiety and depression in the face of the modern culture as it is is a normal, health response to something that's entirely dysfunctional. So the social nervous system bringing that back in the way that we are regulated in our nervous system in the postpartum time as a postpartum mom is through eye contact with people around us. Loving touch with people around us, heart-



felt presence with people around us, people speaking kindly to us, it's the porosity of voice. It's the way that we're hearing that.

And if we don't have any of that, because we have no humans around us, it is going to throw us into a stress response. That is our physiologic design, because that is not normal. It is not normal to be home alone as a postpartum mother. I know that it's common. But it's common, but not normal.

[00:37:59] AS: Yeah. No, I love that. You had a line, as I was researching, you said how community brings down our inflammation levels. I was like, "Wow! That's such an amazing way to put that," because when you think about – Again, if we go back to the physiology, anxiety is how depression often shows up in women. Depression, we know, is in part an inflammatory condition. It's not a serotonin deficiency. So it makes complete sense, right? To your point, this is like a healthy response. It's a symptom. Not a diagnosis.

I think that's what so challenging. You also had this really great post. If you don't mind, I'm going to quote you again, because I think about this metaphor of safety, because a lot of my work is around client's feeling psychologically safe and how we just don't. In America, we look at – Well, the United States of America I should say. We look at everything through such an individualistic lens.

So to your point, the first thing is to pathologize the women's body. Why is her blood pressure high, or why is she depressed? Rather than saying, "No. We've got a community issue here. We have a cultural chasm that needs shifted." Because in one of your post you said at birth – I found this fascinating. Baby's brain is only 25% of adult volume. By 3 years of age, a child's brain is 90% of adult volume. Babies are primed to grow their brain through their mother and primary caregivers. This is not about guilt or blame, but rather respecting maternal health more.



I feel like that's the big message that you're trying to midwife into. Cultural change is how important maternal health is, and yet it's like this bigger systemic issue. It can feel like we're powerless in a way, I guess. Do you have any tips on how to be part of a solution rather than just feel like, "Oh no!"

[00:39:47] RGS: Yeah. My tips are like everything that I do. I mean, that's why I do what I do. I mean, I feel like that the biggest piece in regards to all of our current situations, an especially for maternal health is the revitalization of community support. We cannot parent alone. It's like even if there's two parents, it's like it's the nuclear family set up doesn't work. It's a hoax, and everyone's like, "What's wrong with me? What's wrong with me that I can't do this?" Everyone internalizes it. We have some kind of decisions here. Something's wrong with us. But there's nothing wrong with us. We're not meant to be in nuclear bubbles and we're not designed to raise children on our own.

I mean, the physiologic needs of a newborn baby are 24 hours a day, 7 days a week. That is what their design is, and there's nothing wrong with their design. Parents can feel like there's something wrong with that design, because we're freaking exhausted. But there's supposed to be multiple adult surround to help with those 24 hours a day, 7 days a week needs of the newborn. It's more than one parent or two-parent can physically do.

So we need to focus on the recreation of our communities and whatever way that works for us. So for some people community is like they really vibe with their family. So it might be to move back in with your parents so that you have like normal health in the postpartum time. For some people it might be deciding to get into a cohousing situation. For some people it might be to really do postpartum planning during the pregnancy so that they know who's going to deliver meals and so that they're arranging who can come and be with them at different days of the week when their partner is not going to be able to be there. For some people it's going to look like paid supports. The point is that there is nothing more important for a mother's health than community support that she feels safe and that she feels seen and that she feels nourished.



So then there's nothing more important for the health of the baby. Babies don't need anything. They don't. You need to have some diapers and you can get some hand-me-down clothes, or you can buy second-hand clothes. I mean, you need a \$50 investment for a newborn baby, and all of those other resources that people want to pour at us when we're having a baby, it's like these toys and these diaper-changing tables, and this, and that. It's like that should all go the healthcare of the postpartum mother so that she gets massaged, so that she gets fed, so that she has people around her in that early postpartum time, because her health is what baby's health is based upon. That we can't talk about infant mental health or children's health or even adolescence health without talking about maternal health. So, community.

[00:42:42] AS: I love that, because I think people tend to think either or, right? It's either the mom or the baby's health. When it's like, "No. It's interconnected." It reminds me of one interview you brought up. I just thought this was poetic how the amnio – God! I'm having baby brain right now.

[00:42:56] RGS: The chorion and the amnion, and the amniotic sack, and [inaudible 00:42:59].

[00:43:00] AS: Yeah, it's double-layered you said, and you said that that was a metaphor for like our partners aren't enough. It's not because of them. It's because it's not by design. We need a backup support system, which is that community. I was just like, "Oh! She's so smart."

[00:43:18] RGS: Yeah. I mean, you're talking to people and you say, "What are you thinking about for the postpartum time? What's your postpartum plan?" They say, "Oh, my husband is going to have a week off from work." You're like, "Yeah. Your husband cannot be your postpartum plan."

[00:43:34] AS: Yeah. I know. My husband's going to – He's like putting together two weeks. I was like, "Okay. We needed a bigger plan than that."



[00:43:41] **RGS:** Totally.

[00:43:42] **AS:** Well, this has been so wonderful. So much to think about, and I so appreciate the historic lens of like kind of what our baseline is coming from and this sense of safety and just everything you shared. Where can people find more of you? Because we need more Rachelle.

[00:43:59] **RGS:** My website is innatetraditions.com. So I-N-N-A-T-E-T-R-A-D-I-T-I-O-N-S.com. Then on Instagram, it's @innatetraditions, and Facebook, the same, it's Innate Traditions with Rachelle Garcia Seliga.

[00:44:17] **AS:** Wonderful, and you also – Because we do have a lot of healthcare practitioners who listen. You have a midwifery certification training program as well, correct?

[00:44:26] **RGS:** Yeah. I mean, all of my work at this point in time goes to a training that I created. So it's called Innate Postpartum Care Certification Training, and it is a huge intensive training that I created for birth and healthcare professionals based upon what is required to create wellness in the postpartum time, both physiologically and psychologically. Because, really, most of what exists up this time in regards to the postpartum period is like postpartum depression screening, and postpartum depression awareness groups, and like that. And my focus is on, "Well. No. Let's talk about how we create wellness to begin with. And if someone is in this state, how can we say a weak and more vulnerable state and they are feeling depressed and anxious and like that. Well, what are the remedies looking at the physiology as the map to support that person to get back into wellness."

So I teach online, and the next round of the training is going to start in January of 2020, and it's a six-month training. So we'll go from January through June 2020. We met 2 to 4 Wednesdays a month, and class is about three hours at a time. Then I teach that same training in-person.



When I teach it in-person, it's like a super-intensive five-day training. So that actually – There's a training coming here at Taos, New Mexico starting next week. Then the next in-person training is going to be in December as well in Taos, New Mexico, and it's for birth and healthcare professionals. So the training is geared towards those who are already working with mothers and families in some capacity so that they can weave in everything that I teach into their current practice. I'm able to offer CEUs, continuing education units, for mental health professionals nationwide through NASW.

So those are the folks who I really love working with, the mental health therapists and family and marriage counselors and therapists and social workers. People who are often working with postpartum mothers and families, but haven't received an education about holistic physiology, or holistic approach to psychology so that it can be seen through a wellness lens instead of a pathological lens.

[00:46:52] AS: I love that, because a lot of listeners and a lot of my clients I feel like were people trying to work within the system and change it from the inside-out. So I've so appreciate that your training can help them shift. Because we need people in all spots, right?

[00:47:08] RGS: Totally. Yeah.

[00:47:10] AS: Yeah. Well, thank you so much. Again, everyone, we'll have links to all of Rachelle's website trainings on the show notes. Remember, there are always transcripts as well, but you can also just find her directly where she said as well.

Thank you so much for being here, Rachelle.

[00:47:24] RGS: Yeah. Thank you for having me again, Ali.

[00:47:26] AS: Yeah.



[END OF EPISODE]

[00:47:30] AS: Thank you, health rebels for tuning in today. Have a reaction, question, or want the transcript from today's episode? Find me at alishapiro.com. I'd love if you leave a review on Apple Podcast and tell your friends and family about Insatiable. It helps us grow our community and share a new way of approaching health and our bodies.

Thanks for engaging in a different conversation. Remember always, your body truths are unique, profound, real and liberating.

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