

The Fourth Trimester with Kimberly Johnson – Insatiable Season 9, Episode 6

[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]

[0:00:47.4] AS: Welcome everybody to Season 9 of Insatiable. This season, our theme is fertility. This topic often gets reduced to periods, or pregnancy without regard to the physical, emotional and soul process involved with our hormones, menstrual cycles, bodies and identities, regardless if we choose to have children or not.

In this season, we will 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 eighth month of pregnancy, I'm now surprised I thought that Western medicine would be authoritative on fertility. It is just as fraught with fear tactics, outdated science and siloed thinking as nutrition, weight loss and wellness.



My hope is we fill in the gaps you 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 and November taking a deep dive into the physical, emotional and soul aspects of fertility for your current life stage, whether you're trying for conception, perimenopause or post-menopause, and how to sync our nutrition, lifestyle, including exercise and work and creativity to be in sync with our fertility. More details on how to join at alishapiro.com\ic2019.

Today, we have an extra special guest for Episode 6 of Season 9. We are talking about the fourth trimester with Kimberly Johnson. Before we get to the interview, let me tell you a little bit about her. Kimberly Ann Jonson is a sexological bodyworker, somatic experiencing trauma resolution practitioner, birth doula and single mom. She specializes in helping women prepare for birth, recover from birth injuries and birth trauma and heal from sexual trauma.

She's the author of the best-selling book *The Fourth Trimester: A Postpartum Guide to Healing Your Body, Balancing Your Emotions, and Restoring Your Vitality*. Just such an integrated and holistic look. I just can't wait to dive in. She is the creator of *Activate Your Inner Jaguar*, an online course ushering women into their full voices and sexual expression. Thank you so much for being here today, Kimberly.

[0:03:08.8] KJ: Thanks for having me.

[0:03:11.7] AS: Yeah. Before we even get to what is The Fourth Trimester, because I think some people think there's three trimesters in pregnancy and then you're like – but you have a remarkable story of why you even wrote the book *The Fourth Trimester*. Let's start with your own story.



[0:03:27.7] KJ: I was like most women and I did a lot of preparation for the birth. I thought I was really prepared. I mean, I didn't read many books, because that's not really my style, but I was swimming in the ocean every day and I was spending some time with my midwives. I thought that I had everything really together with that. The birth went relatively well, but I hadn't planned for anything after I gave birth. I was living in Brazil, just recently married. Totally different culture; I'm American and I'm from San Diego.

Within a year, I had a different culture, a new relationship, a new baby and then I had an injury from childbirth. I was having all kinds of symptoms of basically pain and incontinence and just not really understanding what was going on, that snowballed like they often do, so then I was having a difficulty with my milk supply, because I was so stressed and I wasn't very mobile, so I couldn't make food for myself and I hadn't planned for the fact that I was living in a completely new place, where I didn't know people and didn't have a community network.

I had a home birth, which is what I always knew that I wanted. I'm not someone who seeks out help from Western medicine very often. I went to get a check-up to see what was going on and they said, "Yup, you need a full pelvic floor surgical reconstruction." They told me that without even looking at my pelvic floor. I just thought, "There's got to be a better way." I knew that what I was experiencing was not just personal. I knew it was archetypal in a way. I knew that when I do go search the only labels that were available was postpartum depression. I was feeling depressed, but I also was like, "Well, of course I'm depressed." I'm pooping in my pants. I can't make enough breast milk for my baby. I can't get enough food to eat. Everything's different.

I went on a long journey. My daughter's 12 now. It was about a six and a half year journey of learning about how different cultures deal with women when they've had babies and how we've lost a connection to what the real needs of a birthing person are after they give birth. Along the way, I did find a couple of great books. I found Aviva Romm's book, Natural Health



after Birth in a used bookstore in Thailand. That was the real safety life preserver that got thrown to me.

Then some time after that, I found a Robin Lim's book, After the Baby's Birth, which was out of print and I just thought, this is nuts. It's nuts that more people aren't talking about this. I was already a yoga teacher and I'm a Rolfer, which is a structural bodywork. People started telling me their stories, "My tailbone has been hurting ever since I had a baby three years ago, or I can't run anymore because I'm afraid I'm going to wet my pants." Then I would say, "Well, has anyone worked on you?" They'd say no.

I realized, wow, there's just this complete desert in women's healthcare that is postpartum care, because all you do is you have the baby. Then a majority of the care is just a six-week visit and what happens between the time that you gave birth in those six weeks is so incredibly important.

[0:06:42.6] AS: Yeah. As I'm having conversations with a lot of my friends who are just having babies, or had them in the past, they're like, "If I could change anything, it's that I spent so much time preparing for the birth and not enough for this transition once the baby is born." That's something that I've just heard universally. I think to your point of we don't talk about this fourth trimester, so you don't know what you don't know. Then you feel so lost and overwhelmed and think this is how it has to be in a way.

[0:07:12.3] KJ: Yeah. Or we have a term for it now. It's like, "Oh, well. I must have a mood disorder, or I must have postpartum anxiety," because so many women have started to speak out about their experiences and there's been huge, huge shifts in maternal healthcare and just awareness in the last 10 years since I even began this process. Unfortunately, it all gets categorized as mental health.



If you're alone with a baby all day long, of course, you're going to feel depressed. You're not supposed to just – everything that a new baby needs, a new mom needs. A new mom needs attuned care. A new mom needs a constant food supply. A new mom needs touch. We just think, "Oh, yeah. We'll just have the baby." Then sure, most people are like, "Yeah, well my husband's off work for seven to 12 days or something." It's just like, okay yeah. Then what? How are you going to get enough food? How are you going to go to the bathroom and take a shower? Who's going to take care of you?

We just completely lost that thread, because of feminism and because of the intersection between feminism and puritanical work ethics. We just think it's better to not need anything and it's better to take care of ourselves and everyone who hasn't done it yet. I would probably include you are going, "Yeah, okay, but I'm not like that." Yeah, okay it's hard for other people, but I'm tough. I've been through stuff.

It's just, we don't accept that this is one of the most crucial times in a woman who's having a child's life for her long-term health, for the health of the relationship. More people are concerned about the mother-baby bond and that is very important, but it's impossible if a woman is completely dysregulated, injured and doesn't have any of the support that she needs.

[0:09:08.4] AS: Yeah. I love in your book how you talk about in Ayurvedic and Chinese medicine, which are so much more holistic and integrative pieces that they view this as such a critical time to support a woman's long-term health. I think that's something that people don't think about, right? To your point, they're just like – I loved in your book also, how you talked about the next wave of feminism, you says includes embodiment and pleasure, right? I was like, "Ah." Can you talk a little bit about what you mean by that? Because I do think we have a pretty feminist crowd who listens to this.

Again, when I was reading your book and I was thinking, "Ah, I'll be able to get through it." Then you talked about willpower, self-sufficiency and resourcefulness is not enough. I was like, "Oh,

she knows what we're thinking." I think that's one of the things that I just took away from your book was we have to take this seriously. It's not just something to read and process and intellectualize. It's really something that we have to embody and make space for. Can you talk a little bit about that embodiment and pleasure and what needs to happen in the fourth trimester, so that this transition can be a healthy one for moms, babies and the way we understand the type of care that women need?

[0:10:26.5] KJ: Well, I'm glad that that's what you took away, because it's really true. It's not something that we can just think about. It's something that we experience and it is something we can practice. There are ways that we can come into the fourth trimester without being in shock. So many women, the overarching thing women say is, "Nobody told me about this. I had no idea."

There is a truth to that, because even if someone listens to this conversation, or reads the book, when you're going through it, it's just like you can't prepare someone 100% for childbirth, because there's mystery and there are – or prepare someone for the greatest orgasm of their life. You can do things that strengthen your capacity and they get you in touch with all of the ways that you experience yourself.

We can prepare. How do we prepare for that? We learn how to rest. Really rest. I spend a lot of time in Brazil and now and I live in the US. When I go to Brazil, it always cracks me up because it's like, wow, this is a whole other level of resting. I thought I knew how to rest. Then I go there and I'm like, "No, these people know how to rest."

We're just so attached to productivity and our value being related to productivity and our measures for what's productive, because being a new mom is an extremely productive thing. I mean, you're producing milk to feed your child for the most part, you're repairing all of these levels of deep connective tissue in fashion, you're literally rebuilding your body and your organ



system. It's extremely productive. It's just that we don't really count that, because we don't count the things you can't see. We count things you can see and quantify.

It's why women freak out so much about breast milk, because you don't know how much milk is coming out of your breast, right? Then you pump, but that's not an accurate measure, because a lot of things change when you pump. We have to start valuing ourselves and valuing beingness. Many women, you said there's a lot of feminist listeners. I'm a feminist 100%, I'm raising feminist. The earlier phases of feminism that made this phase possible where we've got to act like men, we've got to do what men can do and we've got to do it better. A lot of that meant acting like men.

Now we're in a place where we've seen okay, this is where the pill got us, right? We've got excess estrogen in our water supply now. We've got lots of women with fertility problems, because they were on the pill for so long. We have the pill being used to regulate all kinds of things that have nothing to do with your reproductive cycle. It's like, the cure-all for anything.

Now it's like, "Wait, hold on. Maybe there's another way." Maybe we can experience pleasure and experience connectedness and we don't have to forego that, so that we can accomplish or achieve something. The people who approach birth from that type A perspective, it's really hard, because I am a birth doula. I don't do many births at this point in my life, but I had a client once who brought me a three-ring binder to our meeting. It was a three-ring birth binder. I just was like, "Oh, God." I don't know if you've ever worked in production, but if you work in line production, it was basically a three-ring binder with all the XL's and stuff like that.

I've had clients say to me, "It's so weird. You can plan the day of your wedding. Why shouldn't you be able to plan the day of your birth?" We're just so out of touch with being out of control. If you live in Brazil, or you live in India, or you live in other places, you're used to dealing with things not working basically. You're used to dealing with shit just taking a really long time. You develop that sense of it's not all about me, it's not all about how I think it should go and what I



think is right and my morals and my ideology and my this. It's sometimes things are just happening.

[0:14:41.3] AS: We had Dr. Kelly Brogan, who I know you're friends with as well on episode one. She was talking about her two very different natural child births. The first one she was like, "I was in my masculine." I was like, "I'm going to do this. I have a plan." Almost approached it like a marathon. Second one was just surrendering over it, or whatever is going to happen. Being completely very feminine and just really, the contrasts and experiences that were different when you just surrender over to what's going to happen, right? We are definitely not skilled at that in America.

Again, the other reason I love your book and your work is you can go from this very granular in terms of what you need in the fourth trimester, but you can also look at the metaphor and understand that and talked about basically the fourth trimester and birth and motherhood challenges, these cultural tropes of individualism, sufficiency that we have to be superwoman, right? This period of fourth trimester really brings out the shadow of what we're talking about, in terms of productivity and bouncing back. I think you just described that so beautifully, of what we're really forced to confront at this time.

[0:15:50.4] KJ: It's actually genius, right? Because most women look at it as a punishment. The Chinese word for the fourth trimester, or actually the 40-day period, most cultures have a 40-day period, so is directly translated as confinement. If you talk about it, people are like, "Well, don't say that, because who wants to be confined, right?" That's everything we've been fighting against is get us out of that feeling of restriction and confinement to ultimate freedom.

That period of confinement, I don't actually mind the word, but I'm also not one to sugarcoat stuff. Because really, women to be confined. What women do and I'm not blaming anyone, because I understand why people are doing it, I just get really frustrated, because even women who have the information just don't think it applies to them. There are so many reasons for



that total confinement period. When I say total confinement, I really mean it. I mean, barely going out of your house. It includes all these things that we think we have to do, like doctor's appointments and all of the things that women line up as self-care.

It's like, no. If you're driving across Los Angeles for your acupuncture appointment at three weeks postpartum, no, stay in your house. Just stay in your house. Don't do it. I mean, there's so much to say. It's the Vata element that goes out of balance postpartum and Vata is the wind. It's the thing that makes you feel scattered, makes you feel separate from your center, makes your thoughts feel airy and makes you feel displaced. It also gives you a large sense of connection.

The thing is if you then go running around, you're just going to amp the Vata even more. If you don't believe in any of that stuff, listen to what women say after they have a baby. They say, "I feel scattered. I feel out of sorts. I feel like I'm falling apart. I feel my organs are going to drop out of me." Yes, because you're not supposed to be walking around really. Midwives say five days in the bed, five days on the bed, five days around the bed. That's 15 days in your bedroom.

Then really for the next period of time, it's minimizing movements, minimizing excess Vata, so that your body can use all that energy for repair. Then guess what? Of course, it's not 40 days and then there's a magic wand and there's fairy music that starts and then all of a sudden, you're just better. No, it's a transition. If you respect that and you actually really pull your energy in and you find a way to delight in that. You find a way that it's really delicious to be able to just be lazy and be with your baby and help you co-regulate each other and work through whatever happened at the birth, right? Because births has not been so easy for women these days either.

That you have time to process that stuff and you have people that are serving you, so that you can connect with your baby. This other part of postpartum care, it's driving me insane. Now, people know they want postpartum doulas, but they hire postpartum doulas to basically be



baby nurses. If you want a baby nurse, get a baby nurse. If you want a postpartum doula, that person takes care of you. That person gives you massages, sets vagina steams for you, makes you food, organizes your house if that's what makes you feel good, takes care of your other child. It's about you. It's not about hiring someone to figure out your baby sleep cycle for you, right?

If you have someone that's taking care of you, then you have resilience at night, right? This whole thing too about women are sleep-deprived when they babies. Yes. Who on earth ever had a baby and thought they were going to get normal sleep? I mean, it's part of becoming a parent. It's not a punishment. It's not the same as losing sleep because of insomnia, or because people tell me, "Well, I really need my sleep." Well yes, so do I. Who doesn't? Who's going to say, "I don't really need sleep." Everybody does.

There's liminal states. There's spaces in between when you're with a baby. You have access to other information, also something not highly valued. I want women to be able to redefine this. The other judgement people have is it's so princessy, or this is just so privileged. It's so privileged that you could have this. Well, maybe, but also look at people who are "poor," they live in multi-generational households a lot of the time, or they live in really close proximity with other poor people and there's people who aren't working. We need people who aren't working, because who else is going to be the ones to help out? Unless, everything's just going to become monetized.

We're in a cultural bottleneck. It's frustrating. People read my book and they get mad, because they're like, "Great. That's really great." It's like, "I have no idea how to do that." I get it, because I'm also in a cultural bottleneck as a single parent. Okay, so how do you do that? How do you maintain a social life, have a career and spend as much time with your kid as you want to when you're one person? This is where we're at and we can't wait. It's funny, because people are like, "Well, maternity leave and this and that." Yes, it sucks. Most of the people listening to your podcast, I would bet money on it that most of them have pretty decent leave and that a



lot of them are freelancers. They could actually set it up in a certain way. Even so, I work with so many women who had three to six months leave and even didn't take it.

[0:21:34.3] AS: Yeah. In your book, you say 25% of American women go back to work 10 days after giving birth. That was shocking to me.

[0:21:41.3] KJ: Yeah. It's horrible. I mean, it's horrible and it shows how as a culture, it's this gigantic blind spot. However, it is on the presidential docket. It was in the last election. It will be on this one. People are talking about it. People were never talking about this before. It was just what was happening. Women are starting to act different, because they're seeing each other break down. They're going, this is insane, and they're seeing what happens in Europe where people get six months, one year. In Sweden, each parent gets a year, so they could each have their child for two years with just one of the parents doing the caretaking and being paid for that.

[0:22:22.1] AS: Yeah. Well, I love your point about redefining this period on our own terms. One of the things that I – Again, I love that you said in your book was sex, birth and trauma are tangible entry points to reclaiming your individual wholeness and to reconnecting to healthy power. We talk a lot about trauma on this podcast, because my work of battling food, it all comes back to these trauma patterns that people are trying to reenact through dieting, etc.

What I love that you said is you said, trauma is simply part of being human. Fortunately, healing is also a hallmark of being human. I just love that, because people get scared of the word of trauma, right? I think it's irreparable damage. I think of the metaphor to your point, women are walking around saying, "I can't run without peeing anymore. Or I feel my organs and this is just normal, right?" We're in this period where we're unnormalizing that.



If we can look at that fourth trimester as a chance to face ourselves and these beliefs about to privilege to get help, or I don't have the time from work to take, we can really use this as a chance to get clear about what we really need. Is that not true, or –

[0:23:33.3] KJ: Yeah, we can use it as a chance to repair a whole lot of things. We can repair our relationship, our early attachment. Much of that attachment is exactly our ability to ask for help, or to believe that help is available if we need it, and believe that we don't have to do everything on our own. To centralize our experience. It's the time for women to centralize our own pleasure. Sex after birth needs to become non-penetration oriented for a while, which really makes female pleasures the center of it.

I don't think that's an accident. I think it's a huge opportunity for maturation. That's what we need as we become parents. It's hard, because we're losing ways that we used to do things. That seemed like they worked, or we liked them, or we didn't even really realize until they got shaken loose. If we can stay open and we can stay honest and transparent about what's happening as it's happening, we don't get stuck. I really believe that if women had what they needed postpartum, which in the book I talk about the five universal needs, which are rest foundationally and then mineral-rich, nutrient-dense food, loving touch, contact with wise women and nature, if women had those things, any birth could be processed.

No matter how “traumatic” a birth was, a woman after those 40 days of having those intensive needs met, would be on the other side of that. What we see is that the exact opposite, where women come out of it, sometimes even more traumatized, because not only has the birth trauma not gotten resolved, but on top of that now, there's other difficulties, because it's impossible for the body to repair if it's under chronic stress.

[0:25:38.0] AS: Yeah. A theme that I'm really hearing is when you have the foundations, right, you become more resilient. In that resilience is this capacity for healing, whether it's lack of sleep, yeah, and if you can have these other things, it makes it more manageable, right? You



could have a traumatic birth. If you can get the help you need, that helps to process it. It sounds by not taking the fourth trimester, we're really setting ourselves up long-term for this lack of resilience that we can access if we take the time for it, but then we start to think we have all these other problems when they're just symptoms of a depleted cup, if we're going to use a metaphor.

[0:26:16.9] KJ: Yeah. That at this specific window of time, it's a power-packed time, so it can work for you also. When you put the right ingredients into that time, in Ayurveda they say 42 days for 42 years. If you have what you need and your system becomes more robust, then you're rebuilding a more vital system. On the other hand if there's a lot of disease, then you're setting yourself up for more difficulty.

I should say that I agree 100% with what I wrote, which is good, because sometimes you look back on stuff and you're like, "Okay. Well, I agree that's good." There's going to be people listening to this that have already had a baby and they didn't listen and that are like, "Oh, well now what? Am I just screwed?" No, I didn't either. It's not that I didn't listen. I just had no idea.

A lot of people listening don't have any idea. We're in a place where we're really trying to repair this fabric, so there's always opportunities for repair. That's what my online courses are about. I love vaginal steaming for many reasons. I think that can serve as a repair. There's people who practice [inaudible 0:27:31.3] medicine. Every time you have a period, if you really rest, you can use those windows of time to do the same repair and restore. There's always opportunities, it's just that front-loaded if people are listening.

At some point, I need to have a call that's just for partners, because if partners really knew how important this was – because a lot of times, women are like, "Well, yeah. I want this, but my husband doesn't want to spend the money on that, or this or that." It's like, I know that intimacy is important for almost all partners and that's the elephant in the room that everyone's wondering about, are they ever going to have sex again? How is it going to be?



Especially if they had a long fertility journey and there was already a bunch of pressure put on sex.

If partners really understood how critical this time is and how they could have a partner that actually was more radiant, not the stereotype of course, it's messy and of course, there's lots of changes. You really just can't underestimate how important it is to covet that time. You can't get it back. That's the truth of it. You can't get any moments back, but that time specifically, it's just so important.

[0:28:48.6] AS: Yeah. Well, it makes me think of another archetype. I think it's starting to shift, especially if we get into this embodiment and pleasure. Women were recognized when they were a martyr, right? It was like, "Oh, I will sacrifice for you." It created this either/or. Either I get my needs met, or I'm not a martyr. Now, what I hear you saying is when a woman gets her needs met, everybody wins. It's not like they're taking away from people, or they can't. Still, everyone wins in the long run. That's how I hear it of –

[0:29:19.9] KJ: Yeah. I think it's worth noting that we put a lot of pressure, now that we want equality, right? That means a whole bunch of different things. There's a lot of pressure on the partner to be the doula and to be this equal partner. It's shocking for a lot of women when after they have a baby, I mean, I know one of my first thoughts in the first hour I told my mom, I was just like, "This is bullshit. I can't believe anyone even ever tried to tell me that there was a semblance of equality." We're from a different planet. All of a sudden, it was like, the female experience is there's nothing alike. That's how I felt immediately after I gave birth.

To put all these expectations on partners, all of a sudden, they're supposed to know how to do everything domestic and take care of you. They also sometimes have jobs. The community support that I'm advocating for is for everyone. Now I've seen people go overboard and then if they have a postpartum doula, that person gives both people massages and then I've heard people talking about the partners getting postpartum depression and whatever.



I support the woman, so that she can – it's her body that needs repairing. Fundamentally, this is the most embodied experience you can ever have, besides being born or dying. Your body literally gets divided, whether it gets divided surgically, or it gets separated down the middle. It's a complete reformation. It is the realm of women generally. That's hugely controversial in these days, where gender is being completely defined and there's needs to be space for a non-binary and all of that.

In general, it's not healthy for the relationship. For instance, I've seen babies crying. Then the baby gets passed back and forth to the mom to the dad, to the mom to the dad, to the mom to the dad. What really needs to happen is that the mom needs to be with the baby and the dad needs to be supporting the mom. It's a tiered system. There's built-in attunement for a reason. We don't like to hear that, because again, we like to think, "Well, dads can bond with babies and all that." Of course, they can. The dad's not feeding the baby. The dad didn't give birth to the baby and the baby didn't live in the dad's body for nine to 10 months. It's a place where biology trumps ideology, and we don't like that.

[0:31:55.4] AS: Yeah. I think that's because inherently, we don't value feminine qualities. It's like, we can be separate, but equal, do you know what I mean?

[0:32:04.7] KJ: Yeah.

[0:32:05.4] AS: I feel that's a conversation that's getting missed. Again, yeah, there is non-binary. There is gender is socialized, but then there's the sex of biology, right? That is not the condition of being gendered. I think it's about everyone realizing they have a role and it's all important, versus we're all born into this hierarchical system, which is another root cause issue. That's really a big picture and systemic, I guess, more than the everyday.



[0:32:32.8] KJ: It influences how people experience it though, because women are having babies later in life, so our ego structures are way more crystallized. Our sense of independence, right? I mean, two generations ago, three generations ago, women didn't have a choice about how they spent their time. Now, it's a much different a transition. This expectation that somehow we're all equally suited to the same roles really comes into – it gets put on the chopping block at this time. I've seen women really struggling with that, in a way that's disruptive to their relationship, disruptive to the bonding, because they say things like, "Well, I don't want to be the translator for my partner."

It's like, "Okay, but he's at work all day and you're at home. You expect him to just come home and then just slip right in and know exactly how to do things your way?" Because that's the other thing, women are not very gracious about allowing the partner to also have their own way of doing things.

[0:33:45.1] AS: Yeah. What I've seen with my clients often is the noble resistance for not asking help as well, "I can do it better, or they're not going to do it the way I want to." I'm like, "Well, have you ever asked exactly for what you wanted?" "No. No." Okay. Well, people need direction. We need direction as females and males need direction. Everyone needs clarity, right? That's not even a biological thing.

[0:34:10.6] KJ: Also, I wholeheartedly agree that we need to ask for what we need. It's so hard. It gets so challenging, because if you haven't practiced before and then you feel you're in a weakened state and you feel desperate, it's really hard. I'm not saying it's easy. It was really hard for me. It was very hard for me to realize that I didn't have anything to give, or to give back and that I just needed to take, because I was so depleted and alone.

Also, do want people listening to really challenge themselves, to have a broader vision about what they want, because parenting – and I have a pretty strong point of view about this, I think,



because I've done almost all of the parenting. I lived with my daughter's father till she was nine-months-old, but the rest of the time, it's just been the two of us.

It's not just perfectionism and like, "Oh, it has to be done this way in my way and this is the right way." It's a real privilege and a benefit for a child to have two figures, two people, two ways, two models. There's no reason that it has to be the same. I really find women to be so hard on their partners. Especially in the fourth trimester it's like, everyone's figuring it out. No one knows how. I mean, it's a new being. There's no formula for it. Everyone is in the process of discovery and really respecting that the other person has their way and just let them do it their way, because the more you micromanage and the more you criticize number one, the less sexual polarity is, because now you're mothering two people.

Just check yourself, are you really that sure that your way is the best way? I mean, I can say it. I only really teach the things that I know about, because in Brazil, my ex-husband was spitting on red thread and then putting it on my daughter's forehead. I was like, "What are you doing?" It was supposed to be a solution to hiccups. I mean, every part of me was just like, "Okay, that's so crazy and so weird." It was also just like, well.

Or in Brazil, the first food they give babies, drumroll, is orange juice. I was like, "Orange juice?" Everything I know about orange juice is it spikes your blood sugar, and I didn't want to give sugar first. Then I had to step back and be like, there's a nation full of people who had orange juice as their first food and they're fine. For him, it was like, avocado, are you kidding me? What are you doing? He just couldn't believe it either.

It was easier for me, because I was with someone from another culture. Of course, there was going to be things that totally surprised us. Maybe you should imagine that you're partners from another culture, because I mean, ultimately, I think that having a child can bring a couple closer together, instead of driving a wedge between them. What I see in people's behavior is like, "Well, no wonder things aren't going well," because the woman's anxiety and stress largely



based on birth outcomes and then no fourth trimester plans, gets all directed towards the partner.

[0:37:31.8] AS: I think this comes back to – I mean, I work on with clients a lot of breaking all-or-nothing thinking, which to me is really just a sign that you're in a fight-or-flight state, right? That's how can it manifest itself, that we can recognize in one way. Often, I think because we don't have that resilience that is so important to develop in the fourth trimester, we have a lack of sense of safety, right? Because of everything, the stakes are so high with everything. If you breastfeed, if you drink orange juice or not. Yes, you may have ideal outcomes and yet, you probably lose the ability to feel safe in the big picture in the long run, if you don't have that. The way that you're viewing things is so much more stressful in all or nothing, because you aren't coming from a resilient restored place.

No, I agree. I love your point about nobody knows how to come out of this transition, because every baby is different, every couple is different, every situation is different. I see the more safe people feel, the more capacity they can be with uncertainty. Unless they are with my way, or your way, or in my work, we talk about getting to that collaborative space, where it's like, it's this evolving co-creation, rather than preconceived ideas of what will work.

You had mentioned earlier about the five universal postpartum needs. I feel we've made this strong case for it and a lot of the sticky stuff that comes up. Are you saying that even though we're using the word trimester, which is typically three months, this is for 42 days. Like you said, there's no magic wand of time. However, if we're thinking of the fourth trimester, it really is those six weeks postpartum. Obviously, hopefully longer. However, if you're going to start somewhere, this is where to start.

Can you talk a little bit about those five universal postpartum needs that you go over? Obviously, the book gives you much more detail. Extended rest, nourishing food, loving touch, the presence of wise women and contact with nature.



[0:39:34.7] KJ: There's also a book out that's called the fifth trimester now. It's about the transition back to work. Yeah. The point of the term itself was to help people start thinking that just because the baby is out of the body, doesn't mean that the interdependence is done.

[0:39:53.4] AS: That's wonderful.

[0:39:54.7] KJ: There's a saying that makes me cringe, but a lot of women have said it to me is that they feel once they have the baby, that the candy is out of the wrapper and then the wrapper just gets thrown away. If you look at a book shelf, what you see is lots of pregnancy books and then it just goes directly to parenting in infant books. The woman's process, some pregnancy books have one or two pages at the end on postpartum, but it's a way to understand from both the mother's and the baby's point of view, that just because the baby's out of your body doesn't mean that there's any less need for contact and co-regulation, basically.

How that looks is really different. If you were going to ask somebody how long is the postpartum period, you would hear all different answers to that. Some people say nine months, because that's when most babies are crawling, and so they could crawl to an independent food source, so they're defining it based on baby behavior. Every woman that you ask, if you asked her, say she had three babies, it would probably be different each time, but there might be some similar markers like, oh, yeah. Some people say when they wean, that's when they really feel their life force come back.

The important thing is that those 42 days are respected as much as possible .I've also worked with women who had twins at 32 weeks and then they call me 11 weeks and they're devastated, because they've got a prolapse and other things are happening. My answer to that is okay, your children were born at 32 weeks. That means that really, you're three weeks postpartum right now. You need to get back in bed. You need to not self-diagnose. If you're



feeling your organs are dropping, don't worry about it. Organs move around. Start steaming and take care of those five needs. Then at the 12-week mark, we'll talk again.

I made the needs to be like Maslow's hierarchy of needs. You can have all of the four needs above, but if you don't have the rest, your body actually can't repair. I've worked with people with diastasis, which is where your midline abdominal wall separates. They're doing everything. They're doing the right exercises, they're eating the right foods, they're doing everything right. The only way they heal is when they just stop, stop everything, go back, stay close to home, really stop pushing.

The thing is is it's the time of total reevaluation. Things that used to be able to make us feel good, might not be the right things anymore. That's why women get out and run for instance, at four weeks, because they're feeling pretty good and running used to make them feel good. Well, it's not too bad. They can get a little of the extra baby weight off. Then they have a big regression, or nothing happens and then at six months, they throw their back out and they can't get their back back in line, because they never did the reparative part.

[0:43:03.7] AS: I love the context that you bring to this, of like, right? We have to look at your situation and then go from there. I think that's so important, because again, I just feel the medical community tries to standardize us into this widget formula, right? You're like, if you go early, you have to add time on to that. Then really looking at –

[0:43:24.6] KJ: Well, the type of birth you have, some people have their baby at 38 weeks and they have a relatively quick birth and they have no perineal tearing. The birth more-or-less went with how their expectations were. That recovery process is going to be a lot different than someone who took public transportation to the hospital, was induced, got sent back home, had an episiotomy that they thought wasn't even done anymore in the 2000s.



Having a 48-hour birth, or a six-hour birth is really different from a recovery perspective. The problem is that if you leave a hospital, they basically just say take care of yourself. None of us know what that means, postpartum, because we haven't experienced that before. Take care of yourself. I mean, what does that really mean? Just people don't know. I was a yoga teacher, so people show up at a yoga class two weeks postpartum. You're just like, "What are you doing here?" What they're doing is they're going back to the place that they once felt good and they're really trying to figure out how to organize themselves. Because there's an absence of support, the presence of wise women are people who are able to have these conversations with you, somebody who would tell you, "No, you can't go out of the house. Get back in bed. Let's talk about this. Oh, you're feeling anxious. Okay, what have you had to eat today?"

There's just so many aspects to it. There isn't any pat formula, but there is a formula to healing. How long that takes, we can't quantify. If we do the things in the first 40 days – I mean, I wish I had all the money in the world, so that I could conduct all the research. We did conductive research called fourth trimester vaginal steam study. You can go there and you can read the results of the study, which were fairly significant, but it was just a very small sample size. We bootstrapped it on me and Steamy Chick, Keli Garza. We crowdfunded and then we paid for a lot of it.

It's expensive and it's hard to do studies and especially with birth, because we had a window to do it and then some people had cesareans. If you have a cesarean, you can't steam postpartum. Then this is why it's hard to do studies with pregnancy and birth. I am positive that if I did a study and let's say, took 100 women and 50 of them ate certain foods, had a once a week visit from a midwife, or a postpartum doula or a wise woman, steamed sequentially from day four, as long as their uterine arteries were sealed, to day 40, I'm positive that the group that had those things would have almost no postpartum depression and almost 100% physical healing at that point.



[0:46:27.9] AS: I love it, because I think this brings full circle what we started talking about, because all of that is about receiving, right? I think even about the extended rest, that you said in the beginning this is not about being productive, but it's more about how we're being, to be resting and receiving nourishing food and the conversations with wise woman. Even when you out in nature, right? Nature does the work for you to calm you down, at least for me. It totally confronts everything that we've told is not to be valued about ourselves, right? The beingness, productivity.

I love looking at it as someone who's a little type-A, but getting better. A challenge to welcome this side into you, of more of a being and that can set you up. I love your point. I think is so powerful for everyone to understand is you aren't going to be the same person afterwards, right? Being open to curiosity and letting your own wisdom guide you, instead of I loved how you talked about in the magazines and the media, they reduce pregnancy and powerhood and motherhood to a weight gain and weight loss challenge, rather than all this potential transformation that could happen. I think that's so important and we need to honor your wisdom and read the book.

Thank you so much for being here, Kimberly. Is there anything that you want to add before we wrap up? I mean, I want everyone to know where they can find you and in the show notes, we'll have a link to your book and your website. Do you have anything encouraging words to leave us with? Because you gave us so much to think about.

[0:48:08.2] KJ: The same body that you have now is the same body that you're going to birth with and it's the same body that you make love with and it's the same body that you do your big work with. Foundationally, we're really talking about our ability to reside in okayness, to have a deep system level capacity for pleasure as well.

I would just offer to people that we start doing the work together of dismantling, or what's wrong attention and always thinking what's good for us is to figure out really what's wrong with



us and what's the problem and really start looking at what is right and what we can build on that's a radical shift for most of us, whether it's your spiritual path, or shadow work, or coaching is really about okay, well, let's get to the root of the problem. That's a lot of the time not very useful.

[0:49:17.0] AS: Got it. Yeah. It reminds me of the next phase in trauma-informed care is what's right with you, right? Not what happened to you, but what's right with you often as we're out. Thank you so much. I love thinking about that, what's right. It makes me think of honoring our biology, rather than fighting it and honoring what we're needing. Where can people find you, Kimberly?

[0:49:40.8] KJ: I'm magamama.com. M-A-G-A-M-A-M-A.com. Maga means sorceress in Portuguese, so it's not connected to our current leader. On Instagram, Magamamas. M-A-G-A-M-A-M-A-S. If you go to magamama.com/trauma-transcendence, I have an hour class that's on nervous system regulation and on common misperceptions about how we have been taught that the nervous system works, but it's actually not true. That's a good starting point if you're wanting to learn more about the nervous system. I think that nervous system regulation is the number one preparation for birth, because contractions are up-regulating and down-regulation, activation, deactivation. If you start to learn to ride those mini-waves and recognize them, that's one of the best ways you can prepare for birth.

[0:50:34.4] AS: I love that, because that's one of another big theme I got from your book. It's like, yeah, we can focus on the fourth trimester, but we're never just starting and stopping, right? You're never just beginning. It's just a continuation. It's important to come into the postpartum period as powerful as you can. That doesn't mean everything's going your way, it just means understanding and having choice. I appreciate that.

Well, thank you so much. I love that you talk about nervous system, because that's a lot of what my work is about and I also appreciate you saying that Magamama is not associated with the



current regime. I appreciate that. Thanks for pointing that out. Thanks so much for being here, Kimberly.

[0:51:14.4] KJ: Thank you. Good luck with your upcoming mysterious transition.

[0:51:19.8] AS: Thank you. I'm viewing it that way. Just no expectations, which is hopefully a healthy place to be. Be prepared, but no expectations. Thank you so much.

[END OF INTERVIEW]

[0:51:35.2] 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 kind of conversation. Remember always, your body truths are unique, profound, real and liberating.

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