

What No One Tells You About Birth with Kristy Rodriguez – Insatiable Season 9, Episode 7

[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]

[0:00:47.5] AS: Welcome everybody to Season 9 of the Insatiable podcast. Today, we're on episode 7 with Kristy Rodriguez. Our season 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 has been led to believe. Being in my eighth month of pregnancy at the time of this recording, 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 It is just as fraught with fear tactics, outdated science and siloed thinking as nutrition, weight loss and wellness.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 gap you might now know you are missing, have better questions to ask and are able to get the results you want on your terms for your period, hormonal health, conception, pregnancy, birth and the fourth trimester and beyond.

This fertility theme is also the theme of our Insatiable membership community. We will spend the fall; September, October, November taking a deep dive into the physical, emotional and soul aspects of fertility for your current life stage, whether you're menstruating, perimenopause or post-menopause, and how to sync our nutrition, lifestyle and creativity to be in sync with our fertility, to reduce and prevent cravings and live life on fire. More details on how to join at alishapiro.com/ic2019.

Onto today's episode, what no one tells you about birth with Kristy Rodriguez. Kristy is a mom, HypnoBirthing, childbirth educator, certified holistic health coach, registered prenatal yoga instructor and author of *Pure Nurture: A Holistic Guide to a Healthy Baby*, and host of the *Pure Nurture* podcast.

Kristy specializes in prenatal and postpartum wellness, advocacy and empowerment. With her accumulated years of experience in education and health, she brings extensive knowledge, personal experience and deep compassion to her students, both in-person and online. She's also a mom of two. Welcome, Kristy.

[0:03:03.5] KR: Thank you, Ali. I'm so happy to be here.

[0:03:06.0] AS: Yes, yes. Full disclosure, we're friends, everyone. We may have a more informal banter, right?

[0:03:12.1] KR: Yes. I know, we've already been chatting for I don't know, 20 minutes already.



[0:03:16.1] AS: Yeah, yeah. Kristy, I want to start with you have such a wide variety of a holistic health background. Why did you decide to focus on healthy babies and families?

[0:03:27.4] KR: It's not what I thought I'd be doing. I actually didn't even know if I wanted to be a mom. I remember, I would walk around the bookstore and I would have this physical aversion to the pregnancy and childbirth section. I don't know why, but I just couldn't ever get myself there. Then one day I realized, "Oh, I'm getting older. I don't know. Do I want to have kids?" I started thinking about it as a 50, or 60-year-old and I thought, "Do I want to have kids in my life as and as a 50 or 60-year-old?" I thought, "You know what? I think I do." Then my husband was like, "I really want kids." We had that whole conversation.

We decided to go for it. It was during my pregnancy with my oldest daughter that it just started to blossom, this interest in healthy babies. Now, I had been a health coach prior to that and I had also been by my dad's side as he went through treatment for colon cancer. I had this previous experience of Western medicine and what my dad went through and how he was being treated and the parts that I felt were missing. Then from there, went back to school to become a health coach and started working with clients.

All of that came together, and then my own personal experience with pregnancy, it just all came together, and this passion just grew from there. I thought, maybe I'm just interested in this because I'm pregnant right now and that's why I care about it and it'll fade away, but it didn't. It kept growing and then I got pregnant again with my youngest daughter. That's when I decided I was going to go all-in and I wrote my book and I went back to school again and got all kinds of extra education around pregnancy wellness. It's just been growing from there.

[0:05:15.2] AS: I love that. I feel most people who end up with these passions, I feel out there it's like, find your passion. It's often, you just stumble into it.

[0:05:26.4] KR: You stumble into it. Yeah.



[0:05:27.9] AS: It's something that you can go out and seek. I was very much the same way as you as like, "Do I want to be a mom?" I realized that so much of what I was afraid of, at least what I'm experiencing. Again, I'm almost rounding into the ninth month here and obviously, have not officially become a mom yet. I'm just been shocked at how much of my fear is based in this fear-based culture we have around birth.

I was like, if someone's going to die in childbirth, it's going to be me, right? I was convinced that that was a legit belief I had, until I realized how much of that was just an all-or-nothing way of not understanding that our birth culture is really fear-based.

[0:06:08.5] KR: It is.

[0:06:09.5] AS: Belief-based, versus evidence-based care. I want to kick off and talk about that, because I think when someone goes – if they're planning prenatal, preconception, or even birth, you – the standard is to go into a hospital and assume what they're doing is all research-based. What I've discovered is it's very far cry from that. Can you talk a little bit about evidence-based care, versus norms that we've done?

[0:06:39.5] KR: Yes. I think, I want to go back to what you said about this fear-based culture that we live in, especially around pregnancy and birth. If you think about what we've seen on TV and what we see in the movies and stories that we've heard, it is very, very fear-based. I mean, it is just you see people screaming. I always think about Rachel on Friends. For some reason, that was fried into my brain, her face and just screaming. That's what we grow to expect.

Then within that, you think about many of us give birth in a hospital setting. What do you think about when you go to the hospital, hospital is where you go when you're sick. When we're pregnant, we're not sick. There's nothing wrong. We go in, we put on the hospital gown and on



some subconscious level, it makes you feel you need something – you need help, something's wrong with you and you need help. Versus this other way of thinking about birth in a more empowered way and then really learning about the physiology of birth, and that our bodies were designed to do this.

You can look back in history about how women have given birth for years and years and years. It really is empowering when you look at it from that perspective. I went into my first birth very fearful as well. I again, didn't know anything, just as many people who get pregnant. Many times, we get pregnant unexpectedly. We just start to learn a little bit about pregnancy and birth right as we're in those beginning stages of pregnancy. That was my experience as well and I gave birth in a hospital and just learned a lot.

I had my experience at the hospital setting with my dad and it was fascinating the parallels that I could draw between his cancer treatment and then the way that I was being cared for. I'm trying to think of a better way of saying that, but essentially cared for in a more westernized setting, with the testing and no talk of nutrition at all, no talk about the physical aspect of birthing, different positions that you could be in. Many times what we see on TV and what's done in hospitals is that we give birth lying down.

When you think about it and you think about gravity and you look back thousands of years of how women gave birth, that's not the most supportive way to give birth. It goes against what physiologically is happening. I think that there's a lot of room for women to learn more from an empowered place. Then also, from an evidence-based place where you learn about what actually can be supportive of you and how you can work with nature to support your body in the birthing process, especially thinking about the mind-body connection, which is something I'm really passionate about.

A lot of times in our culture, everything we do is very – we think about it, we process it, we contemplate everything. When it comes to birth, it is a physiological body process. If we can get



the mind out of the way and just let our body and our baby work together, we can have a much more empowered experience. Yeah, I'll just stop there. I feel I've said a lot there.

[0:10:10.5] AS: No. I want to get to the mind-body connection, because there's so much evidence around if we really understand the physiology. Just for everyone listening, I know a lot about health. I've recovered my health time and time again. I feel I'm an empowered patient. I feel I'm a negotiator with all my healthcare practitioners. I had been floored at how much I had internalized this fear-based culture around pregnancy.

I just want to plug for everyone, really what Kristy is talking about, learning your physiology and how labor works. It has been amazing for me just to understand that oh, my God, this is how the body works. This is not something to be afraid of. Because when I think it's hard to grasp, until maybe you're in it is to your point Kristy, fear-based versus this is a natural process. I mean, this is a whole other thing. Yes, people become more litigious, like all the stuff, but they're coming from a fear-based insurance lens. How do we mitigate risk? Which is very different questions than how do we support the most healthy pregnancy.

I'm not saying one is right or wrong, right? You have to equal both. When you have neither of the how do you support a healthy birth with nutrition, or teaching women how their bodies work, or giving them options of how they want to deliver, or some other things of the labor should take 24 hours. That's not evidence-based, right Kristy? No. It's like, labor takes what it's going to take. It's really important that you understand what is "normal," compared to what is coming from a fear-based place.

[0:11:49.5] KR: Right. Well, one other aspect of that, that I always reminded of when you were talking was also, this fear-based place, but also our culture is very fast-paced. We want everything. We want immediate gratification and everything is speeding up, even our internet access is speeding up, everything is speeding up. It makes sense that we would want our births



to just, we'd want to go in and birth our babies. People get excited about having a three or four-hour birth. That's like, "Oh, my gosh. It's amazing."

You know what? Birth can be 20 hours, 30 hours, 40 hours. I mean, our bodies – There are some women that can be in labor, not even know it, for a week. I mean, and there's nothing wrong with that. I think it's very important to realize that as well and to not make it wrong and feel we have to intervene, because everything's going so slowly.

Now I do also want to make sure that I'm very clear, that if a medical intervention is necessary, thank goodness we have that. Medical interventions save lives. I think there is a time and a place for them and there is also time and place where they're not needed. We can give our bodies and our babies time and space and let it unfold naturally. I know, sometimes that's hard though. We want things to go quick. We want to have it done, have our babies in our arms and that makes sense. Sometimes, nature takes its time. It's just like the seasons. We wouldn't rush spring to happen. We can't go over and pull the flowers out of the ground, because we want them to blossom more quickly. We have to let nature take its time.

[0:13:32.4] AS: Yeah. I mean, I'm someone who was like, "Okay, I just hope it's a quick labor." Then as I've learned more about the physiology and realizing that I'm hoping for an unmedicated birth at the birth center. Obviously, it's a preference. You can't control everything. It was interesting to read that often, shorter labors are more intense with pain, because of all the work that the cervix and uterus are doing, right?

It doesn't mean it's right or wrong, but I've totally flipped like wow, knowing my personality, I do better if I can pace myself. Now I'm like, well, I hope to get a birth that allows me to pace myself and the contractions and like stuff. It's just interesting how the more you learn, the more your ideas shift and change.



[0:14:17.5] KR: I was also thinking about we hear these different stories and then we think about our own story. Like you were saying, what you hope to have happen, or what you feel you could do or not do. Just my own experiences, so I had the opposite. With my first, it was a very long and I definitely had more sensations. My second was I think around five hours and much more calm and relaxed. I didn't have that experience where because it was shorter, it was more intense. It was less intense, even though it was shorter.

[0:14:53.2] AS: I want to order that.

[0:14:54.8] KR: Yes. Keep affirming that. You just keep affirming that, playing it out in your mind, all of that good stuff. Just keep thinking about it.

[0:15:02.5] AS: Yeah, yeah. Yeah. I just want to make a plug for this one website that I really loved. If you're really into learning evidence-based, there's a site called evidencebasedbirth.com. It's really fascinating to look at all the meta studies and everything. You were talking about mind-body connection. Part of also what I really hope people do is start to again, look at evidence-based care, because let me just circle back, one of the things to your point, yes, if you need a medical intervention and it saves your life, I mean, that is – we're all for that, right? It's the best of –

I always tell my clients, there's a right tool at a right time, right? Nothing's bad or good, it's just what tool at what time. It's really important to learn that a lot of interventions done in a hospital cause more interventions. I think that's really important to educate yourself on, because if you're someone who doesn't want a lot of intervention, it's important to know that. It's also important to know that you might not know what you want until you start researching.

The reason that I bring that up is if we start to think about the qualities of a satisfying birth experience. These are based on research. What they have found that women find a very satisfying birth experience if their personal expectations were met, okay. You are the one in the



driving seat choosing what you want. The amount of support they got to carry those out, the quality of the caregiver, right? Did this person listen to them, support them? If the mother was involved as a decision-maker in these processes.

Basically, what they're saying is if the woman got what she wanted, including changing what she wanted as the birth progressed, right? Because you can't just have a plan and expect nothing to change. I think that's really important for people to realize. Many people might think, "Oh, a satisfying birth experience is the least amount of pain for everyone." That may be yours. There's nothing wrong with that. Starting to do the research, so that you can really know what your choices are around induction, around pain management. All of these type of things will help you feel you're in choice. That's how we know people get the most satisfying birth experience. It's not what they choose, it's that it is genuinely their choice.

Can you talk a little – I mean, I want to talk more about that with you Kristy, but I just wanted to frame that, because I again, always thought, "Oh, the most satisfying births are the least painful." Then the more I read about this, the more I'm like, "Oh, there's so many other things to decide between."

[0:17:22.0] KR: Absolutely. There's so much, so many things that can influence how somebody feels, and looking back on their own experience, how they're going to feel about how their experience unfolded. I think about two key things and one you mentioned, one is your support team; your birth companion, your care providers, your family, anybody that's there to support you physically, mentally and emotionally. That is so key to how you experience your birthing.

Also what you had mentioned is that decision-making process that you're involved, you're being informed, you're never feeling you're being pushed into a corner about anything related to your experience and that you are part of the decision-making process along the way. Even if it is a medical intervention that is medically necessary, you are still being told what's happening and



you're part of the decision-making process, the risks and benefits and there's informed consent. I think that that's key.

I hear about different people's birth stories and it's really important to realize that a woman that has a C-section, that could be a traumatic birth for her. Yet, somebody else could have a C-section that is the most empowered and calm birthing experience. It's about your perception of it, how involved you are in the decision-making process around each step along the way, that has so much to do with how you experience your birthing.

The same thing, you could have want to have a home birth and somebody can have the most calm and peaceful and wonderful home birth. Then somebody can have the opposite experience. It doesn't matter where you give birth, how you give birth, but so much around who is there to support you, how involved are you in the decision-making process, how empowered do you feel, how supported are you? I think those are two key aspects.

Something else, we were talking about evidence-based birth and interventions. Something I wanted to make sure I got in there, because I think this is one of the things that we even – because you'll talk about your due date with strangers on the street. I really want to make sure that I get this in there about our due date, because we have this belief that 40 weeks and you're due. If you are a day after, everyone's like, “Oh, your baby's late. Oh, your baby's being stubborn.” All this language around being late, or being early.

I think that it's something that we all really – I feel we all need to get around and rally around talking about our due time, or our due month, versus hyper focusing on our due date, because it really is an estimated due date. For some reason, that E, the estimated part gets dropped off and nobody ever calls it an estimated due date. It is literally an estimated due date and it is arbitrarily set at 40 weeks.



Really, our time of gestation is 265 days to 300 days. If you do the math, it's a 35 day window. The way that they do it is they divide the 35 by 2, which takes you to 17.5 days. Then they add that to 265 days, which is the lower number of the range, then they divide it by 7 days in a week, which gets you about 40.3 plus weeks. That's just about – That's about how scientific as the estimate is.

I think it's super, super important for everyone to really understand where that number comes from. It is not this set in stone date that we all need to obsess over. It is a range. I think it would really help women to relax, feel more confident and comfortable in the process of when their baby comes and not feel this pressure about that date. That also goes into meeting with your care provider. If you meet with your care provider around your 40-week mark, a lot of times they will want to schedule an induction and you can feel more empowered to go in there and say to them, “Am I healthy? Is everything okay? Is baby okay? Is baby healthy?”

If they say, “Yeah, there's no problem. We just want to get you scheduled, so we have it on the schedule just to make sure we've got that.” You can say, “No, thank you. I'd rather wait a little bit longer. Can I talk with my partner about that a little bit, or can I think about it a little bit more?” Before you feel you've got to do it. Because like you had said, Ali, and it's true, one intervention can lead to a cascade of more intervention.

If you're a person that wants to have an intervention-free birth, a more natural birth, then that's something that you want to think about and maybe avoid having an induction and let your body and baby set the pace, if possible.

[0:22:21.3] AS: I love that you said that, because I think it's so important. It's a great kickoff of now we can go down, knowing that's a choice you know you have. I can share it personally. I will be 41 when I deliver. I actually chose the Midwife Center here in Pittsburgh, because they are much more – they view you as a client, someone who knows your body and you can make choices. At the beginning they told me, “We're going to show you our research and then you



can always decide.” They were saying, “Because you're over 40, we will want to induce you at 39 weeks.”

I remember at the beginning of this and I was like, “Oh, why?” They were like, “Well, placenta health, etc.” I was like, “Okay.” I was thinking that I would do it. This is at the beginning. Then I was like, I don't understand why. The midwives tend to trust the body, trust the birth experience, but then all of a sudden, we don't trust the body at 39 weeks, whatever. Now with all the research I've done, I mean, I will do a non-stress test, right? Do the test to make sure everybody's healthy. I feel so much more empowered to say, “No, I don't want that.”

I know I'm considered high-risk because of my age, but everything else is super healthy. That's an example for everyone listening of a choice you might not know that you had. One of the things that I think is a really great question that I've been taught to ask and Kristy, you can confirm or deny this, but is whenever you are in labor or throughout any test, you can ask is this medically necessary? Then you'll get a different answer, rather than this is just how it's been done.

One thing I've also learned is that because of the movies, you think everything's moving so fast, but you can slow down the – You do have time to make decisions. Maybe some less time when you're in the act of labor, however, you still have that time. Asking, “Is this medically necessary?” Is a really great way to get an understanding of what's happening.

[0:24:11.4] KR: Yeah. No, absolutely. That's what I tell all of my HypnoBirthing students is anytime something is introduced or suggested, always ask is it medically necessary? Is mom okay? Is baby okay? Can we please have some time to think about it?

[0:24:27.4] AS: Yeah. Let's go from there. What tends to happen and I want to get into pain management after this. There are so many different ways to manage pain and everything. What's important to realize is that often, if you are induced, whether it's a natural induction,



there's all sorts of natural ways that people – more natural ways than there's Pitocin at the hospital. Something that has been really eye-opening to me is if you do Pitocin, the contractions are more painful.

People tend to think that if you're going for what I'm calling an unmedicated birth, that if you're getting medication, you're not going to be in any pain. That's not necessarily true. If you do get induced, especially if it's with Pitocin, or even I've heard people who do castor oil, who have done natural, and I know that's not recommended in the HypnoBirthing community, but those brought on really painful contractions.

It's important to realize what we've been talking about with interventions, that it can lead to – that's often why people need an epidural, because they're experiencing Pitocin contractions, rather than what the uterus might do on its own Pitocin, basically overstimulates, or it's a natural form of oxytocin, right? Kristy this is –

[0:25:36.5] KR: Yeah, it's an artificial form of oxytocin. Yeah. What happens is when you are induced with Pitocin, it's bringing on the contractions. They're more intense, because then your body is not – when the natural hormones are flowing through your body and it's creating the contractions, which are helping to open everything up and help bring your baby down, there's also a flood of these feel-good hormones that then work as a natural pain reliever.

Oxytocin has been said to be sometimes as effective, if not more effective than morphine at times, when you have high levels of oxytocin. That's what we talked about in HypnoBirthing a lot is how else can we get these oxytocin levels up and these feel-good hormones flowing?

Well, and I can go into some of those things that we do to help bring up more of those feel-good hormones, because when the feel-good hormones are surging, the Catecholamines and the other restricted hormones that cause the pain are then being relieved. You're not experiencing the intense, we call them surges in HypnoBirthing, those intense contractions, or



surges that are then being induced by the Pitocin. Now you don't have anything, any of the feel-good hormone, surging to counteract that. That's one – another reason why that having the Pitocin is more intense.

[0:27:03.4] AS: Yeah, that's a great way of putting it. Again, it's not bad or good. I feel it's controversial anymore to say pros and cons. Everyone gets –

[0:27:10.4] KR: It is. I had a woman get very upset about the term natural birth. She said all birth is natural. Ever since I had that conversation, now I'm always a little bit hesitant to even call it natural birth. I tend to say intervention-free birth more often now, because of that, in which that comment can be controversial as well. We all have our own opinions about things. I mean, that's fine. We all have our way of talking about things and opinions about things. Yeah.

[0:27:39.2] AS: Yeah. That's why it's like, I know. I was actually texting with a friend, because she had #NaturalChildbirth. I DM'd her and I said, "Did you have an unmedicated birth? I'm curious about your experience." She said, "Well, I did have an epidural and I think all birth is natural." I'm like, "That's great." I'm like, "That's why I asked how you're defining it." She was like, "Yeah." Again, this is why I think it's so important to really educate yourself and understand there are pros and cons to everything. I mean, and that's just life. There's no right or wrong answer. There's pros and cons. Not being induced naturally is going to – if you're not going to use medication, you're probably going to feel more pain than with an epidural. That's a con.

Again, really educating yourself and looking at the risks of interventions and a certain path, what will help you decide what's right for you, because we know what you think is best is probably because of the placebo effect has the best chance of working.

[0:28:35.1] KR: That's right. It's so much about that mind-body connection, it's so much about what you believe to be true.



[0:28:41.8] AS: Yes. Yes. Let's talk a little bit about various choices for pain management. I'd love you to just even define HypnoBirthing, because I know that's the childbirth class we took. I didn't understand that – I did not know that the premise was pain, no pain. I'm still not expecting that. Can you explain it teaches a lot about the mind-body connection, in terms of how we make meaning from pain, which I think – especially my clients who've gone through *Truce With Food and Why I Am Eating This Now*, so much of healing work is about the meaning we make from things. I find this topic fascinating.

[0:29:19.8] KR: Yeah. It's so much about that mind-body connection and our belief systems and how powerful our thoughts are and our mind is over our physical experience that we have in our body. It is. It's the placebo effect. That's the whole premise behind the placebo effect. It's because your mind is creating your experience, or whatever is happening in your body. That is one of the foundational teachings of a HypnoBirthing is that we don't want to focus on pain, because the more we focus on pain, the more we're thinking about pain. Then ultimately, the more we will experience pain, because pain creates tension in the body. Then tension creates pain.

We focus a lot on comfort level. It depends on the HypnoBirthing teacher. Some will not even allow pain to even be a conversation, or even be part of it, or brought up. I feel that partially that does a bit of a disservice, because then if a mother goes into her birthing experience and experiences pain, she may feel that she has failed at HypnoBirthing. I do not think that that's the case.

I definitely had – I experienced since sensations, intense sensations at times during my second birth, which I did HypnoBirthing. That's what got me into even being involved in HypnoBirthing was my own experience of it. Anyway, I think that that's first and foremost is that we want the mind to focus on what we can do, what we do want, versus what we don't want.



A lot of times in hospitals, they'll come in and say, "Okay, tell us what your pain level is on a scale from 1 to 10." Again, that gets all the birthing people thinking about pain. We want to talk about what's your comfort level? It first starts with changing the language, changing the language around birth. If you think about the word contraction, what does that make you think of? Tension, contraction, tightness. Rather than using the word contraction, you can call it – in HypnoBirthing, we call it a birthing wave, because it is literally a wave of sensation that comes and then goes. You can also call it a surge.

Just changing the language really helps to change that mental perspective of what you're going to experience, and then ultimately is going to have an impact on the actual experience that you're having in your bodies. We start with that. Then we talk about the different tools that you can use to help. One, I talked about when I was talking about Pitocin and talked about oxytocin and how powerful that is as a pain reliever. Well, we want to bring, we want to increase the oxytocin. How do you do that? You laugh, you feel good, you do things that feel good.

Also, we talk about what got the baby in can help get the baby out. We talked about stimulation, nipple stimulation, clitoral stimulation. We do a type of massage that helps to bring this tingling, feel-good sensation over the mom's body, and lots of different physical techniques that you can do to increase that feel-good hormone, or the feel-good hormones that help to reduce pain.

We also talk about breathing techniques. Lots of specific breathing techniques to help keep the body calm. As I had said before about the tension pain, it's a cyclical thing that happens that fear, tension, pain response. Well, we want to keep the fear and tension at bay. We want to use affirmations. We want to use visualizations and breathing techniques to keep our tension low, to focus on what we want, visualizing that for our birth, visualizing calm settings, like a peaceful forest, or whatever you can do, listening to calm music, anything that you can do to keep your body out of that fight-or-flight mode.



We want to stay – we want to keep our nervous system in that calm, relaxed, resting mode. That's we use all these different tools to keep the body resting and relaxed as relaxed as possible.

[0:33:35.9] AS: You said so much good stuff. I mean, I think first of all, I love that in HypnoBirthing, there's completely different language and the idea for everyone. When you start to learn the physiology, you realize that the wave is also opening your body up. Your baby is getting closer, right? Versus when you think of contractions, I almost – if you don't know why the pain is happening, a lot of people think they're dying, or that they're in pain. Again, that the pain is something bad.

When you learn that, “Oh, no. This is my body opening. This is the cervix pulling back, so that the baby's head can start to crown.” Again, the pain takes on a different meaning. I love that idea of a wave. I mean, even that language, I learned – I’ve learned how much of a catastrophizer I am during this.

I assume that waves, I figured you were in pain for an hour at a time. They're like, no. Increases. You might at the peak be 15 seconds sometimes of really intense sensations. Then it waves – it crashes.

[0:34:42.6] KR: Yeah, and then it's gone. You're just there waiting and discussing and doing whatever you want to do. Then oh, here comes another one. Then you manage it and it only lasts for a minute, or less, or more and you deal with it in the moment and then it's gone.

[0:34:59.1] KR: Imagine listener, right? That I'm someone who's very goal-oriented and I like structure. I know that I can get through just this wave, right? One wave at a time. It's going to be a minute, or it's going to be 15 seconds. Or rather than this whole time, all of a sudden, and I know that that's forcing my body to open, right? I mean, it's helping my body to open. It has a different meaning than what's going on, why is this so painful. That brings to your point, that



brings more of the stress hormones online. That's just a small example, but of how what Kristy is explaining is that we can influence the perception of pain and physiologically as well, not just mentally.

I was laughing, because our HypnoBirthing instructor was again, I had no idea that the premise was pain-free. She was giving us these examples of this one woman basically fell asleep and then just woke up and her baby was coming out. Then another woman had an orgasm during it. Then one woman had a two-hour birth. When she started giving us all these breathing instructions I'm like, "How are we going to fit all of this in and orgasm?" We just all started laughing, because I'm like, "I don't want people walking away thinking that's the expectation." You just never know.

The more you can be relaxed in terms of expecting those sensations, the pain management gets really different. Then again, there is the choice for the epidural. What I found really interesting about the research with the epidural is again, often if you get that, then you can't stand, or get in different positions, which will help the pain. That's what I'm saying for listeners is realize once you get one thing, it might limit other choices.

As someone who loves freedom and choices, I think that helps my mind-body connection, knowing that certain choices give me more choices, because I don't like to be boxed in, or close anything off. Know yourself, right?

[0:36:57.7] KR: Exactly. You might not care.

[0:37:00.2] AS: There's a point that and what's a strict plan, go the other way.

[0:37:04.0] AS: Right. Yeah. I mean, some women they want the epidural, they just want to lay down, they want somebody to tell them what to do, they don't want to feel anything and they want it over with as quick as possible. That's great. There's nothing wrong within that. It's the



birth experience that they want to have. Other women don't – other women don't feel that way. Yeah, I was the same way. I did not want to lose the ability to move my legs and walk around and get up.

One thing I wanted, they had soaking tubs in the hospital, where I gave birth. I wanted to be able to get in and out of the tub. I didn't want to be attached to anything. I want to add that too, that water, getting in the shower and soaking in a tub that can also be really supportive during the whole process. One other thing you're talking about, the surges and managing the surge and then it goes. Then another one comes.

Regardless of how long your labor is, there's this beautiful gift that nature gives us, whether you do HypnoBirthing, or any type, whatever type of birth that you have, it's this time distortion, where for you as the birthing person, an hour will literally feel like 20 minutes. For everyone else in the room, it feels like an hour. For you, it'll feel like 20 minutes, or 20 minutes will feel like 5 minutes. There's something that happens where you get into this time warp and time does not exist as you normally experience it.

[0:38:24.7] AS: Ooh, that's good to know. See, that's a hot tip.

[0:38:28.1] KR: Yeah. You can affirm that. You can affirm that like, “Okay, I want one hour to feel like 10 minutes.” Just keep thinking about that, well before you go into labor, as you're pregnant and preparing for it, just keep thinking about what you do want. Whenever a thought comes in, because I'm like you Ali, I focus on it now even being a mom, all the bad stuff that could possibly happen. I have to keep working with my own mind.

As soon as I have a negative thought of something I don't want, I immediately switch it. It's like Control+Alt+Delete on your computer. You get it out of the way and replace it with what you do want. Your mind can only focus on one thought at a time. What you do is you have the negative thought, immediately replace it with a positive thought and then keep repeating that to



yourself. You might have to do it a hundred times over and over again. You might have to do it every single day, but it's one tool that's really helpful. Keep thinking about what you want and replace negative thoughts with affirmative and positive thoughts.

[0:39:28.2] AS: Yeah. I mean, so much of when I'm working on story, transformation and ownership with clients is we realize that when we feel out of control with food, it's because we're out of choice and I'm going to – everyone, I'm going to be doing – next season's going to have a whole episode about controlling, choice and stuff.

When we're healing our story and old patterns, when we're in our story, it's always what we don't want. We're always preparing for what we don't want, which I think of in birth culture, right? It's like, okay, we don't want – We think of the worst case scenario, versus when we emotionally want to heal, we have to take risks and we have to say, “What do I want? I have to risk being satisfied and fulfilled, rather than staying in this pattern.”

I think seeing that with my clients and how brave they are and seeing how that's helped me, it does help me realize, this has such a strong meaning for me to know that you acted before something, not just against it. I'm hoping that that helps.

[0:40:23.5] KR: Yes.

[0:40:24.5] AS: I mean, what you said though is I've been talking to a lot of my friends who have done unmedicated births. They have all said the time, they said just gets really trippy. They're like, “I can't explain it, but your body just takes over and time isn't time the way we think about it,” so that's good.

[0:40:41.8] KR: Yeah, it's amazing.



[0:40:43.0] AS: Yeah. I do want to get into this transition into motherhood about what no one tells you. Before that, I just want to let people know, a couple of choices that I learned about that I wasn't aware of. We have one of our listeners, Jessica Gustafson, who she was under Reverie_Acupuncture. She shares a lot of cool stuff about births. She's an acupuncturist.

She was talking about if you've been told your baby is breech, which OBs aren't trained in breech births anymore, even though it's a total form of normal. You can try moxibustion to flip the baby and there's also the Webster technique. Again, nothing's guaranteed, but the research on moxibustion is actually pretty interesting. I was like, "Oh, that's good to know that those are choices."

Then also for induction, doing acupuncture in the last four weeks. I learned this from Jessica and Kara who we've had on the podcast, uses an acupuncturist in Philly. Acupuncture in your week 36, 37, 38, 39 and 40, if you go that long, can really help fortify the body for labor and help the body do its own thing, get out of the way of your fear, I guess, or whatever is stopping it and help tone the body for labor. I just wanted to put those other choices that I had learned about as I was going.

[0:42:01.3] KR: Yeah. I did acupuncture with my second and he said, "All right, I'm going to do this and this and it's going to make your labor quick and easy." I said, "I don't want to be induced with acupuncture." He's like, "No, no. I'm not inducing you, but I'm just going to – we're going to do it this way, so that when it is time, it's going to be quick and easy." Four to five hours and it was amazing. It was an amazing experience. Yes, and I also believe that I tried to get pregnant for a long time leading up to my first pregnancy, couldn't get pregnant, couldn't get pregnant, started acupuncture. After three acupuncture sessions, I got pregnant that next month. I think acupuncture is incredible.

[0:42:36.6] AS: Yeah. It definitely helped me. I mean, I went in to acupuncture and my cycles were all over the place. Western medicine told me I was in menopause. Dr. Bonnie was – I



mean, her name's Dr. Ming Ping, but she goes by Dr. Bonnie as well. I was like, "You're not fazed by this?" She's like, "No." She's like, "You're still young." I was like, "Really? You think I'm so young?" It was so important as someone believe in me and my [inaudible 0:43:00.4] became regular. We had to do some herbs as well, but within six months. I know that that was critical to me getting pregnant.

What I loved about acupuncture and also what we talked about with Dr. Joy, which was episode three of this season is really acupuncture, naturopathy, it's what do we have to do to just get out of the way so the body can do its thing? I also feel that's what HypnoBirthing is about in a way.

[0:43:24.8] KR: Absolutely.

[0:43:26.1] AS: For this cultural conditioning of fear around pregnancy and birth and labor and all these things and how can we just make it is what it is and get people into their own experience and let the body do its thing, which again, I have a high belief system in. What you think works usually does.

[0:43:44.6] KR: Exactly. Yeah.

[0:43:46.6] AS: Let's talk a little bit about this transition into motherhood, because it's been really interesting. A friend recommended this book by a therapist, who talked about how many women feel they lose their identities. Then I talked to a couple of friends and they said that they just felt really empowered by it and felt more badass. I was like, "Huh." Everyone's obviously having a different experience, but what do you notice as someone who really supports moms in their postpartum wellness that comes up, that we don't think is going to come up?



[0:44:16.6] KR: Yeah. Well, as much as we are so similar in so many ways, we are also very different and we have our own experiences, our own points of view on things. I don't know about you, Ali, but I've never experienced more contradictory information than I did when I was pregnant. That just led into motherhood. I mean, you're going to hear so much information of the way things should be done and what you should buy from sleeping habits, to swaddling and breastfeeding, or cloth diapers and carriers and all of that.

I find that one thing is to empower yourself regardless of what your point of view is leading into motherhood. That transition is to really learn, listen, learn, talk to your friends, feel connected to your community and really know that you're not alone in that transition in becoming a new mom. Then also, take in the information and use what feels best for you and then leave the rest.

There's something so empowering and important about being able to own your decision about what you're doing, or what you're not doing. The biggest one that people talk about is breastfeeding, or bottle feeding. I think when we get caught up in a guilt cycle, or when we look next door about what somebody else is doing or not doing, versus comparing to ourselves, that's where we can get into trouble, that's where we can start to feel – just feel disempowered, feel alone. Really learning, listening and then owning whatever it is that you decide to do, and that goes with pregnancy, that goes with your birthing experience and into motherhood.

I found that that was – I really struggled through that. Now as a mom of a almost six-year-old and an eight-year-old, I can look back and I'm working with moms too. I can see that more clearly now. Just really wanting women to own what they ultimately decide what feels best for them. Then for moms that are having their second baby, their third baby or fourth baby, but if it's your fourth, you probably already know this. Specifically for your second, what worked with your first might not work with your second.



You might think like, “Oh, I've got this down. This is how I'm going to do it. This is how things are going to work.” Then all of a sudden, your second baby comes and you're like, “Oh, that doesn't work that well anymore. We can't do it that way anymore.” I think that's why there is so much contradictory information out there is because all babies are different, even our own experiences are different as a new mom, as a second time, or third time mom, and so you really have to just honor where you are in each moment and really listen to what feels best for you and what feels best for your family.

[0:46:57.2] AS: Yeah, I love that. A lot of times when we're comparing ourselves to other people, it's an attempt at safety, right? Like, “Oh, maybe they know,” right? Because I work on this – this is a big part of the competitor pattern that I work on with my clients of why they fall off track with their eating as they compare themselves to their old bodies, or to what the other person is doing. The way that you really heal that pattern is you have to start to think about what metrics are really satisfying for you.

I think that's – I don't think we're taught to recognize that that's what that comparison is about, right? Whether it's your first baby or fourth. Like you said, each baby is different and there's so much uncertainty, right? I think realizing that there's no right or wrong answer, right? Because that's when we tend to start to compare like, “Well, what's the right thing to do?” It's like, everything is about context, which is why I love Chinese medicine, Ayurvedic medicine.

We don't bring a lot of context, I think, in Western culture, right? We think in more all or nothing. I just think that's important for everyone to realize. Really think about satisfying choices. I love that you said that, Kristy. You have to own them, right? Okay, there's no perfect choice. Everything has a pros and con. How do you go with the pro and then work with the drawback and realize that you're not alone? That seems to be a big thing as people think they're alone and how challenging this is, because we're a beginner, right? Each child is a new – I joke, it's like a new little startup, right? What's going to work with this one?



How do you suggest, because I think about when I was reading a lot of the research on the qualities of a satisfying birth experience, they were saying that a lot of mothers will go into a birth experience saying, “Well, I just want a healthy baby.” They were basically saying, then after the fact they realize like, “Oh, wait. I wanted more.” I think that's one of the things that why everyone is so stressed is I don't know if we know that we can expect more, right? You can have a healthy baby. You can be healthy and you can still have choices.

How do you recommend – I mean, is it talking to other moms? Are there certain resources? What do you recommend so that when we're in this new space, where we're really just a beginner and learning how to mother this particular child and obviously, navigate a career if we have that or not? Is there anything that you recommend to moms to ask themselves, or how do we own our choices, I guess is what I'm asking and knowing what's possible and how much we can ask for?

[0:49:27.6] KR: This is a really good question and a really, really hard one. It's one that I still struggle with today as a mom. It's something that I continue to work on. There's so much I want to say about that all wrapped up in one, there's so many compartments of that.

Number one, it takes practice to ask for what you need, even just starting with that induction date if you're 40 weeks and your doctor wants to induce you, to be able to say, “You know what? I'd rather wait.” Then to see what comes, what does your doctor going to say to that? Are they going to be supportive? Are they going to come back at you and say, “No, we really need to do this.” There is that component of being able to have a conversation with someone when you are having different opinions.

The other thing is that what I find to be the most challenging and even in this line of work, and I don't know if this thought is going to lead to anything that's going to be helpful, or if it's just going to be a thought to let people think about and then come to their own conclusion. Something that I struggle with and just in the line of work that I'm doing is this whole idea



around birth. We had talked about natural birth and what natural birth means, and the caesarean rate is increasing. Number one, if you have an intervention-free birth, there can be judgments about that.

I had one woman tell me that her nurse told her that she didn't have to be – you don't have to be brave. You don't have to be a hero, because she didn't want an epidural. People might think that you're being boastful, or that you're bragging, or what are you trying to prove is something else I've heard about someone that might not want an epidural.

On the flip side, someone that has a cesarean section might feel judged, might feel they've done something wrong, or that they couldn't do something. There's so much more to that conversation and so many more feelings and experiences around all of that. I don't know what to do about that. I'd be curious to see what your thoughts are on that, Ali.

I have just found that as I continue on my work, I've almost started to become a little bit fearful to even talk about cesarean sections. I put out a newsletter once a week and I had about how to support yourself and your baby after cesarean with probiotics, or vaginal swabs with the microbiome and all of this. I had one woman respond to me as she was very triggered by my e-mail and felt that she was judged after her cesarean and felt that I was doing that in my e-mail, which was not my intention at all, but that was how she experienced what I was sharing. I was just trying to support women after cesarean.

Anyway, I just feel that there's a lot of sensitivity around all of this and the different experiences and how if you've had a different experience than another person, how you might be seen, or how that comes up in conversation. It's very sensitive.

[0:52:34.3] AS: Yeah. No. I mean, I talked about this actually on the episode with my naturopath of saying that this other naturopath, an acupuncturist had posted the research about women who go through IVF have higher breast cancer rates. She was accused of shaming



the women who went through IVF with people saying these women have gone already through all these and then to tell them this. I said in the interview like, “Look, I think having my own business is taking years off my life. We've all made choices, right? That aren't “good.”

It's a tricky situation, because I find it so frustrating, especially in the wellness community and with people that I know that tend to anytime you have a different opinion, shut down that you're anti-science when really you know the science and you know the emerging science and that science is a process, not a destination. I mean, this is a tangent. I think we are getting so sensitive. I think we're in such a time of change that most of us don't have a huge capacity for uncertainty. Everything that we're hearing if it's not with what we've done, we're hearing it as you're wrong, instead of, “Hey, here's another choice.”

I don't know what the solution is, but I do notice that everyone's so sensitive. I agree. Part of even this talking about HypnoBirthing is that this is not the norm. During our shower, we had a joint shower/open house and we invited – it was co-ed. My aunt, who I love my aunt, she was like, “Ali, just get the epidural.” She's like, “Women do not need to suffer.” I was like, “That is very true.” I have different metrics that I care about. I may end up getting an epidural, who knows? I know me and what will satisfy me is I have to try this way that is interesting to me and is calling to me. I think the thing is though is I don't feel better or for worse, because I'm someone who just doesn't think there's a right answer about things exactly.

[0:54:28.6] KR: Exactly.

[0:54:29.2] AS: I can very much shrug that off, but I think when we're insecure about things and if we don't know – the breast cancer research for example, I'm someone who will not know that, so that I can figure out all right, how do I detox from these drugs? What can I do to mitigate other risks, right? Also know that it doesn't mean you're guaranteed to get breast cancer, right? I don't know. I'm going off on a tangent, but I agree with you. I think the climate is so polarized and people are, I don't know. I don't know that's happened.



[0:54:59] KR: You're right, there's a lot of sensitivity and it just goes back to that point I think overarching theme of our conversation today is to inform yourself, educate yourself, ask for what you want, ask for what you need and do what feels best for you and continue to strengthen that internal. I don't even know what that would be, but your internal knowing of what feels best for you and just continue to take one step at a time in whatever direction that is. For everybody, it's different.

[0:55:29.8] AS: Yeah. I think your answer about it's a practice, right, of knowing and owning your choices, because we hired a doula and she was saying when she first started becoming a doula that she really thought natural, or unmedicated as we're calling it in this interview, unmedicated childbirth was the best. Then she saw in so many situations where the woman was getting tired and the epidural was what saved her from a C-section.

I was like, I love that because that's context, right? That is nature and life is dynamic, it's mysterious, there is no right or wrong, it's just I always ask myself what do I want to experience? What is this experience asking of me when I come out of the other side of it, right? It's not like, oh, what's right or wrong, I guess you could say. Of course, sometimes there are – if the doctor is like, “Look, your blood pressure is sky-high and your baby's heart rate is descending.” It's like, okay, there's a right choice there, right?

[0:56:26.9] KR: Exactly. Yeah, you got to be flexible. You've got to be flexible. We talk about birth plans, but it's better to think of it as a birth preference. Your birth preferences, because in each moment, something can happen and you might have to change your mind. You might go in not wanting an epidural and then after so many hours, you might be exhausted, you might not have slept for a day or two and that epidural provides the relief that you need to be able to birth your baby. Yes, there's just –



[0:56:56.3] AS: That bound to be to be able to pivot, right? This is why people like diets, right? It's like, okay, let me get on this plan and this plan is going to take me where I want to go. Diets don't work, because your body is changing and life is dynamic in nature. If we don't have that capacity for uncertainty, we don't know how to pivot there, right? It's like, "But this wasn't on my plan." Then we get stressed and then it goes downhill from there.

I love your idea of we need to make it a practice of what we need. We need to make it a practice of figuring out what we need, right? Asking questions. It's not a one-and-done thing. It's like an art. Yeah, it's a craft of discernment. I mean –

[0:57:36.5] KR: Yes. It's a practice.

[0:57:38.1] AS: Yeah. I think that's important for people to realize is even not only is there no right or wrong choice, but it's going to change. I mean, my big thing is Carlos is always like, "Ali." I beat myself up when I didn't have the information. I do something after the fact. I'm like, "Oh, if I would have only known this." He's like, "You know when you know." It's just very frustrating, like Buddhists. Like, "Oh, my God. I want to know sooner." He's like, "You're never going to have all the information." I mean, that's something that I've had to surrender to as well.

Yeah. No. God, I want to investigate this polarizing, like you were trying to be helpful and someone took offence of it. It's like, don't you just want to have a conversation with those people? I do.

[0:58:22.2] KR: Yes. It's true. I did. I actually reached out to her personally and we had a whole conversation about it. Yeah.

[0:58:30.2] AS: Did she feel differently once you conversed with her?



[0:58:32.9] KR: Yes. That's where we realized that I had triggered in her what had happened after her experience, where a lot of her friends had given her a very hard time about having a C-section. I had triggered those memories, had come up for her. She felt upset. Because there's also saying, okay probiotics and vaginal seeding, well, she didn't know about any of that back then. Maybe also in that, and this didn't come up. I'm guessing. I don't know if this is true, but in thinking of – so by what I had said, might have led to her feeling guilty like, “Oh, I didn't do any of that. Did I do something wrong?”

Versus, I'm empowering the pregnant women to if they do have a C-section, I'm trying to empower them to do some things to help the health of themselves and their babies after that experience. That's what's tricky, where you can – you're trying to help somebody that have this going, maybe have this future experience, but then other people that have had the past experience may not have done X, Y, or Z and then they're feeling – like you were just talking about in hindsight. Wishing that you had known and that's just life.

I mean, we're talking about transition into motherhood, that's another thing, right? Everything that you're going to learn later and wish you had known or done before, it's all part of it.

[0:59:47.5] AS: Yeah. Well and that's the point of I think to your point, it's like, it wasn't the information you shared, it was her assuming she was wrong now. I think because we have fear-based culture, we have war-based culture with the body. We also don't recognize that the body is resilient. I mean, yes, there are certain things and don't get me wrong, I'm doing all the steps I can so that things can be as healthy from the get-go.

My experience tells me someone who their chemotherapy was used in the atomic bomb. I've had so many health issues. I'm healthy now. I think that's what when we don't have those conversations that you have with that woman. When we just tell people that we feel shamed or triggered and we don't do our work to figure out why and we need a helping hand to do that,



we lose resilience. Then we assume that everything is make or break, or there is a right or wrong. Versus when you're resilient, you know you can always pivot, right?

It's just interesting, our viewpoint act – one of my clients in Truce With Food, one of her big takeaways was that life is a lot more safe than she had assumed it was. I was like, “But that's because you're more resilient now, so you sense it as more safe, because you can recover in new ways.” Do you know what I mean? It's like our own frame that we bring is what we bring to the data in our life. I don't know. I'm getting very existential and philosophical, but I think it's important for people to realize there's no right or wrong, you can always pivot. As you transition into motherhood and even in preconception, I think and getting ready for birth is learning to ask for what you need.

If you need more information, if you want to know other choices, if you want to know where they got their data from, ask for it. It's important that you feel safe. I think that's a big theme that's come up in this season is a woman's body needs to feel safe, so that you can conceive with the right nutrition, removing the toxic load. Then you need to feel safe during your birth experience. You can do that through choice, like we've talked about today, a lot of pain management that Kristy has added to. If you're someone who likes evidence-based care, knowing the information can make you feel safe. I think that's the big theme of this season.

Kristy, thank you so much. Is there anything that I didn't ask that you think is important for people to know?

[1:02:02.9] KR: No. I think that was just such a beautiful summary of a closing for our conversation and then all of the ones that you've had in this series that you've done, which thank you so much for doing this series. I think just getting this information out there is so wonderful. I'm so grateful for you for doing that. Of course, there's always – I could talk about this stuff for hours and hours. There's always so much more, especially around transition into motherhood and what no one tells you.



The one thing I'll add, just to end on a funny note, I think it was Chrissy Teigen posted on Instagram, it could be her, it may be somebody else, I might be misquoting, but somebody. I think it was a celebrity said, "No one ever told me that my baby would be the only one going home in diapers, because you too will go home in a diaper."

[1:02:54.8] AS: She is so funny.

[1:02:56.4] KR: Yeah. Yeah. I mean, that's something no one tells you, as much as you'll be caring for your brand-new baby with the vaginal birth, or cesarean birth, you will also be caring just as much for your pelvic floor, or your body as well after you give birth.

[1:03:13.1] AS: Yeah. No, that's a good point. Yeah, and there's obviously so much more to cover. You have your podcast Pure Nurture that people can get. I know you did two, because I listened to both of them, episodes on the pelvic floor. These body parts that are so internal, we're not taught that they matter. Where can people find more about you in addition to your podcast, Pure Nurture?

[1:03:33.9] KR: Yeah. Everything I have is at purenurture.com; my book, the podcast. I'm working on an online school, online health coaching for pregnant women. If you are pregnant, planning on getting pregnant, or if you're a new mom, yeah, my podcast is full of episodes just like this one, talking about all the different aspects of pregnancy.

Even Ali, you had said you met someone that, or that your teacher told you about orgasmic birth, I interviewed the creator of Orgasmic Birth and the producer of the documentary Orgasmic Birth. If you want to take a deep dive in any of these topics, I've got lots of great conversations with people doing a lot of work in this field of pregnancy and postpartum wellness.



[1:04:13.6] **AS:** I love it. I think I'm just going to have to watch the documentary to challenge my side eye.

[1:04:19.6] **KR:** Yes.

[1:04:21.1] **AS:** I'm not a full convert yet.

[1:04:23.0] **KR:** It's amazing. I met somebody, her mom had an orgasmic birth with both her and her sister. I was like, "Uh, it's just amazing."

[1:04:30.1] **AS:** Yeah. Yeah. My mind's going to file that under genetic improbability, but I would love to be proven wrong.

[1:04:37.7] **KR:** You never know. Remember Ali, the power of the mind, just keep affirming and believing that you can have an orgasm during birth.

[1:04:43.5] **AS:** Yeah. Yeah. Except, my mind is inherently skeptical. Maybe. I don't know. I'm not going to write it off, but I'm also going to plan for some other provisions.

[1:04:53.4] **KR:** Yes. It's so good to be prepared.

[1:04:56.4] **AS:** Yeah. Then watch it not matter.

[1:05:01.6] **KR:** Exactly.

[1:05:02.4] **AS:** Thank you so much for being here, Kristy.

[1:05:04.7] **KR:** Thanks, Ali. This was so fun.



[END OF INTERVIEW]

[1:05:10.5] 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.

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