Introduction to the episode and Nina Spears

You're pregnant with your first, second or third child. You are the partner of someone who's pregnant, with their third, or second, fourth child You have a lot of questions and unfortunately too many resources to count.

Maybe the OBGYN and the pediatrician you've spoken to have given you some advice but hasn't answered all of your questions. Your family has answered some of the questions but not all them.

You don't really have anywhere to turn to when you're frustrated. In this episode of the Jaffer Cast, I'm going to be speaking to somebody called a doula.

Somebody who's trained in the physiology of birth, the prenatal, postnatally and everything in between talking about how to get answers to your questions.

Her name is Nina Spears and she is the CEO and founder of The Baby Chick and just came out with The baby chick guide to positive pregnancy. We're going to take a deep dive into the book, talk to her about some common questions and concerns that come up with and how a duel may or may not be right for you, and see how you can get answers to some of your more burning questions, or at least give you a resource in order to get everything in all at once.

If you're listening to the Jaffer cast, let's roll. Welcome everyone to the Jaffercast. I'm your host, Dr. Mark Papadakis. Nobody particularly special, just another frickin' ER doctor.

And you'll notice, no green screen. That's right, I finally decided to update my office to a more, well, somewhat formal setting, we'll see. Anyway, i'm proud this week to have Nina Spears onto the show.

We're gonna talk about her new book coming out, The Baby-Chick Guide to Positive Pregnancy, and discuss doulas in general, midwifery, birthing, all that kind of stuff.

It's gonna be a great follow-up episode to our last episode about vaginal bleeding and miscarriage and things like that. So, Nina, hello, welcome to show!

Hi, Mark. Thanks so much for having me. I'm thrilled to be here. Anytime I bring somebody onto the show, we always talk about themselves first. So you're a doula.

You've been in the business for, I think, what, 15 years? I read somewhere. Yes. Tell me a little bit about your path from starting as a Doula to where you are now.

Yeah, absolutely. Okay, so again, for listeners, I'm Nina Spears. I am founder and CEO of Baby Chick, which is a modern pregnancy and education company that helps expecting parents prepare really for birth and the transition into parenthood.

And yeah, So I have been supporting expecting a new family since January 2011. So it's been a while. All right. And I am a certified baby planner, a birth and postpartum doula, childbirth educator, newborn care educator infant massage instructor, and a perinatal nutrition expert.

And really over the past 15 years, I have supported more than 800 families in person, thousands more virtually, And my career actually started, Mark, while I was just managing a baby boutique.

Okay, what's a Baby Boutique? That's the new one for me. Like a local shop that just has like baby clothes and like a pregnancy, like pregnancy classes, all this kind of thing.

Well, I had graduated from college and I first got a sales job and this isn't really fulfilling my passion. I don't feel like I'm doing anything for the greater good of people.

And so I thought, you know what, I really love babies. My actual sales partner was pregnant at the time and I was really fascinated watching her prepare for pregnancy.

I though there was something about that that I needed to look into. So I started working at this baby boutique. And pregnant women when I working there would just come in to the store just asking me like which stroller they should buy, which breast pump was best, like what belonged on their registry.

Yeah, I just was shocked that these women didn't really have the support that I thought that they so desperately needed. So, so yeah, that's when I was like, okay, why isn't there someone that can these these families can call and make sense of all of this?

We hire wedding planners. to help us guide through the engagement and prepare for wedding. But preparing to have a baby is an even bigger life transition and so many people are just piecing it together on their own and that really led me to become a certified baby planner.

And soon afterwards, I learned about doulas and knew that I really wanted to support women through labor and birth as well. So over time, i just continued adding training because I just wanted really understand the full journey including pregnancy, birth, the physical recovery, newborn care, feeding, nutrition, relationships, and the transition into parenthood.

So it has evolved over the years.

Ninau2019s background and path to doula work

My understanding of the preparation has definitely evolved. I began by really helping families prepare their homes and choose baby products. And then I became really deeply focused on helping them prepare for birth and eventually After supporting families, once they returned home, I realized just how little guidance people received about postpartum and the enormous transformation of becoming a mother.

So today my mission is really to help women feel informed, supported, heard, and respected through the entire experience from pregnancy through birth and into motherhood.

And oftentimes, too, as humans have evolved over time, it used to be the mothers and the grandmothers that helped a young woman through pregnancy. But now I see, obviously, times have changed, technology has changed.

Things that happened a generation ago really aren't in vogue now. So there's a lot of different confusion. There's questions and things that I know when I had my little one, my parents were like, oh, let's do this and do that.

And we're like we actually don't do You know, so of course we're talking 30 years later. So it's nice that, you know there's somebody that's up to date in everything baby.

We're not talking like, pediatrics. I feel like we have to separate baby and pediatrics into two categories here. For sure, absolutely. Because my wife and I were very up to date on the medical side of things, but then it would come to just what is normal, you know, what to expect.

And also it's hard for mom. Now you advertise you have two little ones, I believe, too, correct? Yes, yes. So how was it, should I say, how is it being a mom, knowing what you do, did you feel more confident in motherhood and pregnancy and all of this with all your time beforehand or was, it just, Did it give you a new insight into something?

Oh my gosh, yeah. I, say this all the time, I will have interns that come and follow me and watch what I do and I train doulas and especially the ones who have not had children, they will leave saying, Oh, my goodness, feel so

much more prepared for becoming a mother and knowing what I want.

And it takes the pressure when you're not pregnant. When you have roughly 40 weeks to learn all of this information and to apply it and just prepare for yourself and for your family and your home and this baby, that's a lot to do within 40 week's time.

To do it before you are even pregnant, oh my gosh, what a blessing. I feel that way. that I got into this field well before I even met my husband. And because when we decided to start a family, I just felt like I know what I want.

I knew who I should reach out to if I need, you know, if if want a good lactation consultant, If I wanted a pelvic floor therapist, and I had a great OB-GYN, but I also knew I needed a home birth, so I chose an awesome midwife.

wasn't having to just rush through things. So that I feel so grateful for because I felt extremely confident into my motherhood journey. And you mentioned you know what your options are, and most women don't know their options too, which is really nice.

You know, people obviously kind of are led into just, well, you're interested in OBGYN, I'm pregnant, oh my God. They don' t realize the things that go around it.

I should say. So you've gotten the pelvic floor and lactation, I swear, is one of the most important things that's, should I say, it's one those things as overlooked all the time.

It's super important because hospitals, depending where you're at, you may not have great lactations support or any at all depending on where your living.

You know, if you're in a big city, yeah, sure, they're all over the place, but people who are in rural areas, OB-GYN deserts, you know healthcare desert, whatever, don't have access to those things.

And then when they start having trouble with breastfeeding, You, know they get frustrated. They feel like it's their fault. and then a whole lot of emotions on top of the postpartum emotions come into play.

Yeah. Here we are. There's a mental load in pregnancy that you mentioned too. Talk a little bit about that. How do you counsel women about the, how do prepare them for something like that?

And how to you catch them when you realize they're starting to spiral a bit? Absolutely. Yeah, they usually, you know, when it comes to pregnancy, the first trimester is so much about just survival.

You are so uncomfortable, your tired, there's aches and pains. Your hopefully not throwing up all the time. I pray to the women who have a hyperemesis gravidar I'm like, I am so sorry.

Like, it's a lot. So I know that the first trimester is really all about survival. The second trimesters, hopefully, you're feeling a whole lot better, and this is the time when women get excited.

And I have noticed that this when they're really focusing on their registry and all of the stuff, which stuff is great. It can be helpful, but there is so much more that we need to be preparing for than just the staff and the nursery and baby shower.

But stuff it fun. Stuff is, a lot of people are like, oh, let's get the crib. Let's find the stroller. But then, of course, and you talk about this briefly with your boutique, it's okay.

There's a whole lot more options of strollers than I thought. So now what? Totally. And that's when they start, yes, spiraling because they're like wait, which is the best car seat for my car, especially because I have a tiny car or I live in, I'm in New York and I have a small apartment, like what is the best high chair?

They start thinking about all these different things. And I understand lifestyle, location, budget, aesthetics, all of

those play into account. That's actually why I do offer services as a certified baby planner to help with all those things But the thing that I started recognizing more and more is that families are not preparing enough for what life will be like once the baby is there.

So yes, the stuff is super helpful, but preparing your relationship, preparing for your support team, for preparing what postpartum will look like, all of that, I think that is really what I hear most from families that they wish they would have spent more time preparing.

Because I will have people say, why didn't anyone tell me it was going to be this hard? And I'm like raising my hand. Hi, hi, I told you, told me this.

We should have been preparing for this a lot sooner.

Preparing for pregnancy, birth, and postpartum

And that's why I usually tell families, please start studying and preparing, for birth in your second trimester and then continuing those practices in year third.

But then that way your third trimesters can be for preparing postpartum. That is what I want you to be preparing at that time. Yes, I'm sure a lot of people have heard about this, you know, invisible mental load that mothers carry.

And it is heavy. It is a LOT. But it actually doesn't start once the baby is born. Honestly, even before you're pregnant, but it really, really definitely starts once you see that positive pregnancy sign.

Because all of a sudden, YOU are now responsible for carrying this life. You have to think about what you CAN eat, what YOU CAN't eat. What you can do and can't do.

You have to pick, you know, the right OB-GYN or midwife, which hospital or birth center you're going to go to, what pediatrician you are going choose.

Yes, all of the stuff. There's so many things that you have start thinking about, but this is what I really encourage my clients to do. We need to start bringing in our partners from day one.

And that's why actually in my book each week I include a partner tip of exactly what partners can help with. every step of the way because I don't think it's pregnancy is not something that just the expecting woman should be carrying alone that we need to be bringing in our partners and making sure that they are participating and helping along this journey because i think as soon as we start sharing the load then they will be more prepared more confident and just ready to support you whenever the baby comes because that is what we And oftentimes, the partner doesn't know how to support the pregnant woman, too.

You know, it's a, well, what can I do, you know? And sometimes, their idea of support can be seen as overbearing to the mom, where it says, oh, let me get this, like, no, I can do that.

I need you to help with this. And then they get frustrated because you're not helping with that, but they're like I don't want you do. And that causes some strife too.

I know this because I literally went through it. Now, my question though, do you find that couples who are younger versus older couples, let's say like early twenties, for example, to like into their thirties, Do you notice a bit of an age difference in their mentality?

You notice maybe like older, couples will kind of be more concerned with like future planning and like not real and have some idea of what to expect. Whereas the younger couples are more like, Oh, this is great.

We're pregnant. You know, Let's do this. Or not at all, or is it just completely independent? I mean, I hate to generalize because I have worked with younger couples who are very much like, no, i know what I want and I

wanna do research and i want this kind of help.

But I will say, if I had to look at, you know, ive worked as women as young as 15 years old, who were having a baby, to women who're 44 years, having their first baby.

So I've seen up wide range of the spectrum. And I will say that the younger ones, they tend to really just say, I'm gonna do whatever my care provider says to do.

So those five to seven minute appointments, that is where they are getting their information and social media. They are just listening to what social media has to say and also what their care provider is saying and kind of just going with that.

Whereas my older clients, especially the ones who have had to go through IVF, they have taken a lot more time and the due diligence to do their research, to really have conversations with their partner about what's important to them, what they want.

They usually have also maybe saved a little bit more to buy the village because it really does take a village not to raise a baby, it really takes a village to the parents, in my opinion.

And so I think that they then are able to get that village by getting the lactation consultant, the postpartum doula, pelvic floor therapist, therapist in general, if they have any type of mental health disorders, They're making sure that they're a lot more set up for success compared to my younger ones.

The younger one's are really just being, I think it's because they are used to being told what to do. They are young. And when you're older, you are grown, and you have to make decisions yourself.

What decisions do I need to do? But they're realizing that, oh my gosh, I have to kind of piece everything together myself. I wish there was just one thing that I could go to that had this information ready for me so that scrambling at the end being like oh my gosh I wish I had thought of these things or I some I Wish someone had told me that these options were available to me because I didn't know because you know Doctors have really important jobs, and they only have so much time with each patient So you have to make use of that time when you can ask questions.

And if you want more time and you're a low risk woman, I recommend looking into getting a midwife because their prenatal appointments are an hour long.

So it's a little bit different. I think really understanding what your options are, you are right. You do tend to see my older clients paying more attention and doing more research and then doing what they feel is best for them.

A lot of times people go to their OBGYN with a lot these questions too about, okay, what about midwifery? And the OB-Gyn will say, we have a great midwife staff, you know, and then it's like, oh, OK, well, would you recommend?

and the Ob-gyn is going to say well it is up to you. You know it a a back and forth and these people want them to be told what to do and sometimes a doctor just can't.

It's like we don't, we can give you a specific recommendation. What do you want to do? You know? And so that's a very difficult conversation. Now, some OB-GYN is obviously better than others.

And I'm sure, you know, Dr. Teague-Beazer is probably like- Well, and that is in every profession. There are some good doulas, bad doula. Some good nurses, that in any profession, yeah.

But it's also, they also just don t know some of the options available. For some women, there aren't many options, depending on where they live too, resource poor area.

And I do want to talk about your book because I was able to read it. I didn't take Cliff Notes or anything like that, but

it had a lot of really good information on there.

So it's on Amazon, Barnes & Noble as well, paperback, Kindle. You can find it everywhere. It's called the Baby's Chick Guide to Positive Pregnancy. With that said, give us an idea about the rundown of the book.

Is it pretty much everything we've talked about? Do you go into more detail for some versus other topics? Yeah, absolutely. So I basically wanted to create the resource that I wish every expecting parent had.

I know that not everyone can hire a baby planner or a doula. i'm well aware of that. so I wanted To make it readily available the information that i go through with my clients every week of their pregnancy because I think I really wish that if we just prepared and supported women with the Information and resources available to them every step of the way they would just feel that much more confident going into birth and postpartum So that's what I really wanted to do and create.

So in my book, I made sure to break it up by trimester, by month, and by week. It's really simple. You can go to the section that you're at or you can read all the way through or jump around to different parts.

And at the end of every trimaster, once I go through the weeks, because each week I give you because a lot of my clients are like, well, what's going on with my baby and what going with on my body?

So I give you that information and I cite everything that I claim because I want everyone to know that everything I share is evidence-based. It's not just from my opinion.

I'm sorry. Say that again? Say the word again. What was that word, again, evidence based? Evidence based. You cite sources? Wow, that's weird. I do. Wild.

Well, I feel like a lot of people think, oh, you're a doula. You're just going to give your opinion on things. And yeah, might share my opinion from the 15 years that I have had, but I'm also going give you the evidence.

So that way you can make the best decision for you because what I think is best for me probably won't be the best decision for you and that is okay not there isn't just one right way to give birth to rear a child to Become a mother like absolutely not.

There's multiple ways. It's just finding the right ways that work for You but understanding all of those options rather than just being presented one or two and Thinking okay.

This is it. So I wanted to make sure that yes, you know what's going on each week and And then I include chick tips. So those are the tips for mama for you to think about, oh, what should I be considering at this point in my pregnancy?

Or what's really going on? And partner every week, also something for them to do and to help out.

Mental load, partners, and support systems

Because again, I want to share the load. I think that once you become pregnant, you realize that okay I have this to-do list and a lot of the times the partners are like okay yeah I'm here for the ride you are the one that's pregnant you're the star of this show so I am here you tell me what you need.

But really that is then just becoming a project manager for this whole situation and then you become the project you started that during pregnancy. So if we can just start delegating some of these things to partners throughout pregnancy, I think that partners then just are used to it at that point when the baby's here that like, of course I'm going to help because I've been helping you since we found out we were having a family.

So I do that, but at the end of every trimester, I also include like my checklist, different templates, because I just think it's so helpful to be able to make sure like, hey, am I really considering everything that's available to me?

I probably didn't even know that these options were available if someone didn' t point them out. And if they don't work for you, this is what everyone needs to do and consider.

No, not at all. I'm just saying that, Hey, these are some things that you may not realize is available. Look into it. If it's not for you, keep reading.

But if it is, that's awesome because you probably wouldn't have known about it otherwise. So that really important to me. And what's also really cool is in my book, there's a resources link that can go to, and it will take you to my app, which is free when you buy the book.

And then it'll give you recipes, it will give your meditations, It'll also give exercises to do each week or each month of your pregnancy. So then that way, I wanted it to be really practical and proactive because I think that you have to practice and move your body and fuel your and practice things with your partner rather than just read and learn about it.

It's, you know, because birth and parenting isn't a test. Yeah. it's a lifelong test of sorts. There's no final exam here. This is just… Exactly. That's it.

I agree. And I think the three P's would be better. So, pregnancy, postpartum, also positivity. Positivity. The book is also very positive, which I really like about it too, in general.

You're talking about maternal, you know, mental health, physical health partner health. A lot of it is very much needed in this day and age. so I like the positivity aspect of that.

I do want to say that there, I was very intentional because people will say, Nina, okay, the baby should guide to positive pregnancy, but I hated pregnancy.

So what the heck? Like, and I want really say what you think positive is. To me, positive doesn't mean a perfect pregnancy it doesn' mean that you never experienced morning sickness or fatigue or you know, round ligament pain or even like an unfavorable birth experience.

Like, to me, a positive experience is when you are feeling informed, when your feeling supported, where you have proper guidance and that you just feel like you've just been empowered to make the right choices for you every step of the way.

Because when have that, it typically leads to more positive experiences. It's not necessarily what happened or how it happened, but how things made you feel.

You won't remember what everyone said maybe in the moment, But you will absolutely remember how you felt throughout your experience. So the more that you can feel informed and supported and truly guided and cared for, that is what I want.

And that's what's going to hopefully give you that more positive experience And there's a certain, I should say, mentality that can sometimes go along with women who don't feel positive about their pregnancies and there are women that really enjoy being pregnant.

They say that, they say oh I love being pregnancy, and I feel great. And to a mom to be who is struggling either with you know, thoughts, concerns about financial issues down the road, health of the baby, heath of her own health.

I mean, you mentioned hyperemphasis gravidarum, I see so many people come into the ER on almost daily basis with some issues with vomiting with their first trimester, and they're miserable.

And social media, as you also mentioned, has a way to make people feel way more miserable about something, because it highlights the positive. Yes, there's some that are coming out that will kind of identify, hey, this is reality,

these are the negative things that people aren't talking about.

And I think that's very, very important. Do you, speaking of social media, do you see any trends on social me that kind of make you go, uh, I don't know about this.

Like, okay, based on that look, the answer is yes. Is there one or two that make you really say that I need to address this specifically either in my book or in person?

I really just think extremes on either side is really what just makes me kind of squirm a little bit because I just, I think I like, for example, saw on social media, this one girl saying, you know, holding her belly and she's like I've already written my birth plan.

And then on the screen it pops up and it said, get an epidural and don't die. Mm-hmm. Yeah. And that's where I was like, that, like I get it, I understand, but oh my gosh, you were missing the whole purpose of writing a birth plan.

Like that is not what a Birth Plan is. It's not a wish list of my birth plane. I'm going, it's, i'm writing the list to Santa and I am going to say exactly what I want and this is what is going happen.

No, the purpose for writing your birth claim is really to become more informed of what your options are. And I tell my clients all the time, don't think of your birth plan as a plan.

Think of it as flow chart. This is ideally what I would like to happen. But if let's say I go past 40 weeks, you know, what are my options and what do I prefer?

I have high blood pressure. What are options? What do i prefer. My labor stalls for a couple of hours and I'm still four centimeters. what Are my Options and What Do I Prefer?

That's what the whole purpose of writing a birth plan is, is to really think about different forks in the road that you might come across and deciding in advance rather than in heat of the moment of what you actually would prefer and then talking about it with your partner because then your partners should actually be the one that is really being the gatekeeper and the communicator because for my clients, I'm like, mama, you would be in your labor land in this zone.

whether you have an epidural or not, we need to stop that thinking brain. We need you to go inward and focus on having a baby. The more that you're having to talk to other people and think too much, We are stopping that flow of oxytocin and interrupting this whole labor process.

So no, to me, again, anything that is like, oh my gosh, you should, Anything that's saying you SHOULD do something or set up extremes on either side, that where I'm like No.

You're missing the point. Exactly. And that's not everyone's experience, and you're privileged to maybe think one way. So having worked with so many moms, I'm like, you you are missing point on both sides.

Choosing care providers and understanding options

And, you know, emergency medicine, I tell the residents all the time. I say, okay, what's your plan with this patient? I'm going to do some of your fluids, some pain meds, and then some blood work.

Great. Well, if the pain doesn't work, What if they're still hypotensive? Like you have to think about the next step down the line. And they start to thinking, Okay, If not A, then B.

and at the very least, one thing that I would love to see women do after they read this and decide that, You know what? Okay. We'll create a birth plan, discuss it with the OB or the midwife and say hey, You know, I realize now there are complications that can happen.

I didn't know about this. What are my options here? Can we do this? And then they can answer well based on your blood pressure screenings recently, based upon your glucose, base upon age.

Here's kind of how we go. So then yes, in the delivery room, there's less stress on the mom to start making these decisions because they've already been made in some capacity.

Exactly. And that would just take a whole load off a lot of people. The doctor, the nurse, partner, patient, you know, everybody was like, okay, we made the decision, do you still want to do that?

Yes. Great. And I'm so glad you just brought up, do you still want to do that? Because that is another thing that I am very big with my clients is, okay, we can talk about this birth plan, this flow chart, but it is also okay for you to change your mind.

This isn't a contract that you're signing and it has to go this way and this is what you are stuck with. You can absolutely change your mind because things can also change and come up and just not look the way that you thought they would, even if we are that fork in the road that we talked about.

But you can have a change of opinion and that's okay, too. Now, let's say a woman comes in. She says, I don't want an epidural. That's part of my birth plan.

And then suddenly, you know, it's her first pregnancy. and then my wife, for example, had a back labor. So she goes in and basically starts like retching, nausea, vomiting.

The cramping wasn't bad. It was that aspect of it and it was pain in her lower back. And it like, oh my God, we need to get like something in me right now, you know?

So, let's say you have a woman that does that where it's like I want a natural birth. I don't want no medication. Let's do this. Then they all of a sudden develop something similar to it or they decide I really want some medication, but that can also sometimes come with a sense of, Oh, I failed.

Right. How do you coach your patients about that? You know, either in the moment or beforehand, like, hey, you know you didn't fail. Yeah. Gosh, yeah, absolutely.

Well, the first thing when you say back labor, I immediately, in my position, am like, baby's positioning is off. If you are experiencing back labour, it's because your baby is probably OP, and we need to get baby to rotate and turn.

And so that is a lot of different movements and exercises that I would have them do. To try and get that baby flip, to try to have more of that lower abdominal discomfort rather than back labor.

So immediately I'm thinking positional issues and I am going to work on that first. And so that's what I typically do first, but if she is still like, absolutely not.

I want an epidural. Okay. Absolutely. If you want one and you've really thought about it, you know the benefits and risks and what station you're at in labor, like if you are one centimeter versus six centimeters, there is a difference.

But as long as you know that, I'm going to support you. As long you understand where everything is at and the benefits and risks and alternatives to things.

Because if you have a doula, also a dula is probably going offer other things as well. We're gonna offer hot and cold therapy, massage, counter pressure, hydrotherapy, aromatherapy.

I mean, we're going do as much as we possibly can to keep you comfortable. And then when we get to that point, if we are still like, no, i want an epidural, And I'm not saying, no, you can't have one.

We need to do all this other stuff first. But usually, they're like, No, I want to try these other things first, but I am

getting close to I wanted an epidural.

And i'm like great, then let's do it. Then with that, i like how you said, okay, a lot of them feel like they failed if they didn't get the birth outcome that they wanted.

So the first thing I do, and this is like after everything has passed, is just really acknowledge what this person is feeling. I don't like to rush past the disappointment or immediately try to convince her to just feel like, for example, if she had a cesarean and she really didn't want one, and, she's just feeling like I failed, my body failed.

You know, I think a lot of people hear, well, at least you and the baby are healthy. And, you know. That's nice, but it's not really what I'm thinking about right now.

exactly like good intentions but yeah they can just make someone feel as though she's lost permission to have complicated feelings about her own experience and a woman can feel deeply grateful that yes she and her baby are safe but also grieve the birth that she had imagined she She may have spent months preparing for, like you said, an unmedicated labor, picturing herself like moving freely and giving birth vaginally and then find herself facing like pitocin and epidural and assisted delivery or a cesarean.

And, you know, gratitude and disappointment can coexist and making room for both really helps her process the change rather than bury it. So in that moment, I really just try to help slow everything down whenever time and safety allow, and I make sure the family really understands what is being recommended, why it is been recommended now, whether the situation is urgent, what benefits and risks are involved, reasonable alternatives may exist because sometimes an intervention becomes necessary quickly and there is limited time for discussion.

I get that. But even then, I think calm communication matters and I can really help the mother focus on the information she is receiving and remind her that she can ask questions and help her and the partner stay connected while the clinical team does their work.

The Baby Chick Guide to Positive Pregnancy

And I also look for the choices that remain available. Again, a changed birth plan does not mean every preference disappears. With an epidural, she may still be able to use a peanut ball, change positions with assistants, create a calm environment, use her breathing or hypnosis tools, and remain involved in decisions.

And during a cesarean, families may be still able discuss having the partner present, immediate or early skin-to-skin, when medically appropriate. Also, maybe delayed cord clamping when possible, music, photographs, and how the baby will be introduced to mother, like all of that.

I want her to feel that she is still participating in her birth rather than just watching it happen from the outside, because I have had women say that that's how it can feel.

Because this is one reason I just encourage families to create a birth plan that functions more like a flow chart, as I said, than a wish list. And that is why we discuss the preferred path and also explore possible forks in the road.

Like what questions you should ask if his inductions are being recommended. What would matter to you if you did choose an epidural? What preferences would you carry into a cesarean?

Just preparing for possibilities, you know, just does not. Even stupid stuff like who do you want in a room with you? Yes. After the fact, like little things like that people don't think about until it's a moment.

It's like, oh, I don' know. Do I want my mom in here? Do i want, his mom? Yeah. Yeah, no, and those are important conversations to have. And also, I tell people that you can change your mind on that as well.

But I will say that it's a lot easier to say I don't want anyone in the room and then invite them in rather than invite everyone in and kick them out.

That's really be mindful of what you want. Because I've even had clients who said, no, I don't want anyone to know that I'm even going to the hospital.

I am going tell them once the baby is born. And I like that is your choice. You don' want to get a bunch of phone calls and people showing up and, you know, distracting your partner from supporting you.

I get it, and that is definitely your choice. And then I have other people who want a full on party who get water bottles with their baby's monogram on it and have champagne in a cooler ready to pop when the baby is born.

I've had that experience as well. So like, neither of them are wrong. It's really what makes you feel best in that moment. You talk about, in your book, the immediate postpartum interventions.

Obviously, social media, a huge cesspool, let's say, of misinformation. Also, some really great resources. I don't want to knock it. Crying out loud, I'm on social medial too.

But there's a lot of stuff out there on misinformation, on let say recent mice and ointment and the vitamin K shot. That's in the news a lots, especially vitamin k.

How do you approach your clients who may have read something online? It's very, very negative. Say, I don't want this, not consideration. Do you say, okay, that's fine.

You kind of like move around it. How you navigate that? Because I know the pediatrician, the OB-GYN is doing it in the hospital setting, right? How did you bring that up?

Right, totally. Because they do, they ask us. They want our outsider third party opinion because they know what the doctors are going to say. So they want someone else's opinion.

That's more than just like their sister or their friend or mom. How I approach these conversations is really through education rather than persuasion.

My whole approach is to help parents understand what each intervention is intended to prevent, what benefits are, and how their individual circumstances may affect the decision.

So I'm not there to replace their pediatrician or to tell them what choice to make. I want them to have enough context to ask good questions and make an informed decision with their healthcare team.

For listeners out there like Dr. Mark, you just said vitamin K and erythromycin. Those are sometimes grouped together as routine newborn procedures, but they address completely different risks.

Again, the listeners who aren't familiar with these two, Vitamin K is essentially for like normal blood clotting. Newborns naturally begin life with limited vitamin K stores.

Relatively little is transferred through the placenta and breast milk contains very low levels. So this just creates like a period of vulnerability to vitamin k deficiency, bleeding, or it's now, we just say it as VKDB.

While VkDB is uncommon, it can occur without any obvious injury or warning. The newborn vitamin K injection is highly effective at preventing this condition.

So I let my clients know that and they usually also ask me like, well, what did you do? And so I was wondering about that. Yeah. And knowing that information, that was important to me personally.

I say that to them. when I had children, and so I wanted my children's blood to be able to clot normally. And so after reviewing the purpose and risk, I chose a vitamin K injection for both of my babies.

Now, erythromycin eye ointment addresses a completely different issue, listeners. It's used to prevent serious

newborn eye infections caused primarily by exposure to gonorrhea or chlamydia during birth.

And the infection can really progress rapidly and can threaten vision. So for my own children, my decision around erythromycin differed from my decisions about vitamin K.

I had been screened. I am in a mutually monogamous relationship. And I also gave birth at home. So after reviewing the evidence and discussing my circumstances with my midwife, I declined the ointment.

That was a decision based on my particular circumstances. But I would never present it as the right decision for every family. You know, another family may make a different decision on testing, possible exposure, local requirements.

or their provider's guidance, and that is okay. You have to make your own decision. So that's what I think informed decision making looks like to me. It involves really learning what each procedure actually does, resisting the urge to just accept or decline an entire category of care based on social media, evaluating personal risk honestly, speaking with qualified clinicians responsible for your baby's care.

Yeah, and you said it right there is informed consent. That's what informed content looks like. It isn't this scary, like you're doing this no matter what.

Yes. Right. that's a social media, you know, cyclops, if you will. Putting the odyssey at there, by the way. I haven't seen it yet, but anyway. But there's a difference between informed consent, which is what you just described, and misinformed refusal, somebody else pointed which I really like.

Birth plans, flexibility, and labor coping

Which is, okay, I have all these negative connotations, all this negative research that I did about vitamin K, measles, you name it, And I therefore don't want it.

And you didn't get the whole story. You didn' really get informed consent. you got a lot of misinformation thrown your way, echo chamber, whatever, and now here we are.

So there is a difference. I want people to understand what that difference is. And what you just heard was informed, consent and an informed choice. So, keep that in mind if you're doing anything medical in general.

Now, let's say that you are in the delivery room. Things are going relatively well. You're with mom, partner, whatever. They're excited. And you present to the medical staff like, oh, I'm their doula.

Most hospitals, when they have birthing plans, birting education seminars, wherever the couples can go to, talk about how bring your doulas in. This is what their role is going to be.

We work with them. Other hospitals not so much. Right. So what is the friction point oftentimes between like the clinical staff and the doula? What your pain points are with them and what oftentimes like their pain point are you?

How can a patient or you or even another doular for example listening to this, how can they anticipate stuff like that and Yeah, yeah, absolutely. I have, so I am located in Houston, Texas, which is the largest medical center, I think, in the world.

Definitely in United States, it's pretty big. It's large, and we see the worst of the worse because everyone comes here when it is bad. So I am used to over-medicalized everything.

Also, listeners, my dad is a surgeon. My mother is an ER nurse. I grew up in the hospitals. And it's just funny to me that I'm kind of in this space, but not.

Like, I am very much there for patients. My dad keeps saying, why didn't you just become an OB-GYN? And I'm

like, because I do not want that role. Because you don't want to waste seven years of your life or eight years in your lives going through training.

Trust me. Exactly. Yeah. But I think it all comes down to misconceptions, you know, Because I that the doctors or midwives, usually midwifes are totally on board and they're like great, You're gonna make my job easier.

But the doctors who are just against us, I think, yeah, just like I said, misconceptions. I they think doulas just are primarily just there to offer massage and breathing techniques and yeah encouragement and that we're there just to oppose the medical team.

And that's not true. Well, and I will say yes, that those comfort measures are definitely part of our work. And as an experience doula, yes we bring a deep familiarity with labor physiology, coping patterns, movement and positioning, the emotional progression of labor and the way birth can unfold when a woman is given time and freedom to labor.

Because, yeah, when we remain continuously with one family, we often see just the full arc of the labor in a way that hospital staff may not be able to.

And we understand why many low-risk families have concerns about unnecessary restrictions and the cascade of interventions. Our role is just to help families understand their options, communicate with their care team, and feel supported with the clinicians managed while the clinicians really manage the medical side of care.

But I also think that, like I said, hospital staff may assume doulas are there to fight them when most professional doulos are really there, to just fill a gap that the healthcare team simply just does not have the time or staffing to fill.

Because physicians and nurses are incredibly busy doing important stuff, caring for multiple patients and carrying enormous clinical responsibilities.

And a doula remains with one family, helping them feel, like I've said, informed, emotionally safe, heard, and cared for. So we help really humanize an experience that can otherwise feel very clinical.

So I think that's just something that, you know, doctors and nurses need to remember is that we are not there to step on their toes, at least for me. I'm not here to stop on your toes.

other things that are very important but this is this needs to be treated as a human experience because she is going to carry this experience for the rest of her life and I want that to Be taken very seriously and for that part to not be missed But I also do think, you're saying, but doulas also can come in thinking a certain thing.

Yes, I think doula's can make the mistake by assuming that hospital staff is just always acting from convenience or liability policy, or maybe even fear of litigation.

So those pressures, that is also all true. I'm not going to lie. Yeah, so those pressures can influence. We've seen healthcare and unnecessary intervention is a legitimate concern, but clinicians may also, I like to, also tell myself, you know, clinicians, they may have information and definitely a responsibility that we do not have.

They also may be seeing a developing risk that has not yet become obvious to everyone else. And yeah, I've attended situations where more patients was beneficial.

And I have also attended births where a clinicians like timely recognition and action protected a mother and a baby from a much more serious outcome. So the strongest care happens when everyone remains curious.

communicates clearly and respects the knowledge each person brings into that room. And the best births that I've attended have always just been collaborative.

The providers, nurses, doulas, parents, and support people understand their roles, share relevant information, And

just remember that everyone was there for the same purpose.

For that family, we all want the thing. When that happens, families feel cared for, they feel safer, and overall their experiences just feel better and more humane.

Yeah. I love it when I have somebody in the ER, for example, who comes in and they're medical because they can answer the questions that I may not have time, like all the nuanced questions, little details, things like that.

So I can go over, look, here's a big picture. Then the patient starts talking about little small, my new details. And then the family picks up and says, We'll go over that.

You know, like, let's listen to the doctor for right now. Let's do this. So if an OB-GYN is there and there's a complication developing, the OB GYN can say, hey, you know I'm worried about a possible shoulder.

We already just used shoulder, call a shoulder and then the mom is like what's happening right? Now what? What's going on? You? Know, rather than having the nurse or the doctors take time to explain, well, if I give a shoulders to this, they can look to you and say hey we have a.

Shoulder that's forming right. Now I gotta go. But we gotta get some people here. Exactly. You can now pivot to say, okay, here's what's going on. And we can not to, say dumb it down, but dumb, it you know, to make it more, more common.

Yeah. Common, common people talk. So then they're not like, what the heck? Why is this beeping? What does that word mean? All of this is kind of scary.

It just, yeah, makes things a little bit more on like an even playing field and a bit calmer.

Newborn procedures and informed consent

Now, and one last question before I let you go here, postpartum. So I, you know, I work in the PDR quite often and a lot of our patients come with almost like newborn concerns.

My baby did this, what happened? And then they're coming in like two, three o'clock in You know, and it takes me time to say, you know? Well, this is normal.

Babies can do this. They can't do that. You don't, they made a sound. Now what? So there's a lot that I think gets in my personal opinion. There's. A lot to get lost in the postpartum world where the parents just kind of feel like, all right, two days after the hospital, here's, a brand new life.

Have fun. Right. And now what? And then there are definite complications that develop that we especially need to catch, especially in the first 30 days.

So I guess my question then becomes, how do you, because you stay with the family for the 1st week or 2, I think after birth, correct? Or at least kind of keep in contact.

How does that work? Yeah. Then how you prepare them for any complications? How do give them warning signs, things like that? For sure. And every doula is different.

So what I'm telling you is not going to be what every single douala does. All of our packages are different, how we educate and communicate is difference.

You listener, if you are wanting this kind of support, you need to really make sure you do your research and interview enough people and find the right care for you.

But for me, Yes, we go over these things during pregnancy because I think this is one of the most important parts

of prenatal education because postpartum care, I that needs to be discussed.

So yes, I make sure physically I want people to understand that postpartum complications do not become impossible when someone leaves the hospital. Like if severe or worsening headache, vision changes, sudden swelling, severe abdominal pain, chest pain difficulty breathing like all these things you know a foul smelling discharge painful red or swollen leg or heavy bleeding all of these kind of things I think require prompt medical guidance and we go over those things and have a list so that you they know what to kind look out for.

Because, yeah, I don't expect them to just remember every little thing. I want them just to know, like, if things are getting generally worse or just doesn't feel right, then I should probably talk to somebody.

Because yeah. Postpartum preeclampsia, infection, hemorrhage, cardiomyopathy, blood clots. Yeah, they can develop or become apparent after discharge. So like I just said, don' expect families to memorize every single possible diagnosis, so I tell them, just pay attention to symptoms that are severe, sudden, worsening, or feel deeply wrong.

So call your maternity provider, pediatric provider emergency department or emergency services. Yes, you. Come see me. It's fine. Based on the urgency.

And I do think that asking early is responsible. I would always rather have someone be evaluated and reassured. than have them stay home because they were afraid of overreacting.

And mental health, oh my goodness, deserves the same urgency and preparation. Families need to understand the difference between baby blues and perinatal mood and anxiety disorders, often called PMADS.

Baby blues are common during the first days, usually starting around two, three days up to two weeks after birth. I think ACOG says up 80% of women experience this.

Yeah, that dramatic hormonal shift, physical recovery, sleep disruption, and just the reality of caring for a newborn can leave someone tearful, emotionally sensitive, irritable, just overwhelmed.

Yeah. Those feelings are, you know, generally mild to moderate and they can fluctuate. And they, again, they usually improve at approximately two weeks.

PMADS are more persistent. They're intense and disruptive. Signs can include ongoing sadness, hopelessness, severe anxiety, panic, rage, frightening intrusive thoughts, intense guilt, inability to function, difficulty bonding, feeling disconnected from reality, or being unable to sleep even when given the opportunity.

Doula and hospital collaboration

Yeah. So these conditions can appear during pregnancy or at any point in the first postpartum year. I think a lot of people don't realize that this can happen months down the road.

Yes. after the first couple of weeks that they're going to be just fine. No, we definitely need to go over all of these. So I think it's extremely important and partners and support people matter tremendously because the mother may not recognize the changes in herself.

She may feel ashamed or maybe too depleted to locate care. I really encourage partners to learn the warning signs during pregnancy, know whom to call, and take changes seriously.

Avoid telling her that everyone's tired, that she should be grateful or that just needs to relax. No, you need to sit with her, listen to her. But no, yeah, if she says she's feeling off, take her seriously.

Communicate with what you're observing without judgment and help connect her with qualified support. I think compassion is really essential here. A mother who is experiencing a PMAT is not weak or ungrateful or failing her

baby.

She's just experiencing, a treatable health condition during an extraordinarily vulnerable period in her life. And she deserves to be believed and cared for.

So again, early support can really protect her health, her relationship with her, baby her partnership, and just the wellbeing of the entire family. My work keeps coming back to the same central belief that women deserve to feel informed, supported, heard and respected throughout the transition into motherhood.

Because yeah, pregnancy, birth and postpartum affect the body, brain, emotions, identity, relationships and daily life. And families need guidance that reflects that full magnitude of that change.

Yeah. All the support they need, all the sport you can give them. It's very, very important for a number of reasons. Nina Spears, everybody. Excellent work.

Thank you so much.

Postpartum warning signs and mental health

I like the book. Again, check it out. Amazon, Barnes & Noble, wherever you get your book, Kindle, if you want to do that too. it's in paperback, but there's a lot of good information and resources there.

And like she said, evidence-based. That's amazing. So Nina, Spear, thank you for coming on the show. This was a great conversation. Love having you. Well, I thank so you much, Dr.

Mark. So take care and hopefully we'll get you on the show and see you next time. Sounds great. So you just heard from Nina Spears, doula, baby planner, and author of The Baby Chick Guide to a Positive Pregnancy, CEO and founder of the BabyChick Organization.

Thanks again to her for coming on to talk about postpartum, prepartam, peripartum all the partums of pregnancy. And hopefully you got some of your questions answered.

Be sure to check out her book. I'm going to leave a link to Amazon, the paperback version of it, although you can also find it on Kindle, in the description below for those of you on YouTube, And of course, Apple Podcasts, Spotify, all of podcast apps.

If you like what you see and you hear, feel free to comment and subscribe to the show. I'm available on YouTube, Spotify, Apple Podcasts, pretty much anywhere you find your favorite podcast.

As always, I am also open to comments and suggestions about this show, and if you're interested in collaborating, Feel free reach out directly to me at jaffordcast at gmail.com.

If have a topic suggestion for a show I also am open. You have a topic suggestion for a show, I'm always all ears to hear about it and hopefully we can get your questions answered.

As always, reach out to your own doctor and seek professional medical advice if you have specific concern that you may have about your body, pregnancy, whatever the case may be.

Thanks again for listening, make good choices, and we'll see you next time.