

Anne Nicholson Weber: [00:00](#)

Welcome. This is episode 21, and I'm so glad you're here. Today I talk to three perinatal practitioners about the process of adjusting to and caring for your new mother body. I hope you'll join us.

Anne Nicholson Weber: [00:17](#)

Welcome to the BirthGuide Chicago Podcast, conversations about building your circle of support in the childbearing year. We connect you with experts in our community who can help you conceive, stay healthy during pregnancy, have a safe and satisfying birth, and embrace the joys and challenges of becoming a new family. I'm your host, Anne Nicholson Weber, and the founder of BirthGuideChicago.com, where every month, thousands of Chicago-area families find relationship-centered care from conception through the postpartum period.

Anne Nicholson Weber: [00:54](#)

My guests today are three practitioners who are expert at helping pregnant women recover after birth. Sarah Macias is a physical therapist and a postpartum exercise specialist. She practices at Chicago Physical Therapists. Sarah Mayhan is a certified Alexander Technique practitioner, and her practice is called Poised and Powerful. And finally, Stephanie Pittenger is a Webster-certified chiropractor. Her practice is called Balanced Care. Now we have two Sarahs. In fact, we have two Sarah, M's. So I'm going to refer to Sarah Macias as Sarah pt, and I'm going to refer to Sarah Mayhan as Sarah Alexander. At least I'm going to try <laugh>. So welcome to the three of you. Thanks so much for joining us. We're here to talk about, uh, recovering physically after birth. And, um, I wanna start just by asking this question, what are some of the most common physical changes that women find challenging in the postpartum period? And Sarah, pt, I'll just start with you.

Sarah Macias: [02:00](#)

Um, yeah, so we often see people pretty early postpartum, and a lot of the complaints that we have are you, like, for one, just body feeling different, like not being able to connect with the core, having aches and pains that may have been present during pregnancy and not resolved, or a lot of times even just related to changing movement patterns, like spending a lot of time caring for baby breastfeeding, hunched over, like not being able to move around really well, especially post C-section if you're healing from a, uh, from an incision. So I would say main things just kind of across the board, a lot of just mobility challenges, um, feeling a lot of tension, a lot of imbalance. And then of course, if there's any issues pelvic floor related, we see a lot of, um, stress incontinence, maybe some urge issues, things like that.

Anne Nicholson Weber: [02:54](#)

And I'm glad you mentioned that, Sarah, because, um, we've actually have a whole other podcast that covers, um, pelvic floor issues. So we're going to focus more on, um, whatever the other category would be, skeletal or <laugh>, other than the pelvic floor. Um, so Sarah Alexander, is there anything you would add to the list that Sarah PT just gave us?

Sarah Mayhan: [03:20](#)

Yes. I mean, that's a big broad list of what people are dealing with in terms of musculoskeletal changes, um, as well as just, uh, you know, a, uh, you could say post post-injury for a lot of people or post-surgical recovery, um, which is something I help people with an Alexander, you know, apart from birth, but it can happen in birth as well. Um, dealing with those aspects of recovery, um, there's also, right, that that challenge that you're not just recovering, you have to hold and carry and feed and lift and, um, schlep, uh, and all of the baby gear and the cribs are, are not designed for parental comfort at all. <laugh>. Um, so a lot of, uh, what I deal with is both those, um, those practical concerns of how do you take care of yourself while taking care of your baby. And I think there is also an emotional component to that as well, because I think a lot of new parents are conditioned, right? I've gotta put the baby first, I gotta put the baby first. And it's really hard to focus their attention and to bring it back to themselves. But I think it's a really important component, right, to have that mind body connection, um, to support, you know, not just your physical aches and pains postpartum, but your mental health. Yeah,

Anne Nicholson Weber: [04:47](#)

And I'm, I'm so glad you mentioned that, uh, Sarah Alexander, because, um, I think a lot of families aren't aware that practitioners, practitioners like you, whom we think of as body workers are also providing a kind of emotional support and, um, connection and community that can be really helpful in that overwhelming postpartum period. So Stephanie, I can just call you Stephanie. Yeah. <laugh>, is there anything you wanna add to what the two Sarahs just, uh, laid out?

Stephanie Pittenger: [05:20](#)

Um, yeah, I think the only thing that I would add, I agree with all of those things that we see. Um, I would say that the hormonal components to, um, being pregnant, uh, then giving birth, uh, the relaxant that's in your system, um, plays another role in this because your pelvis is spread out, your ribs are spread out. Um, in my case, every kid gave me an extra half, half shoe size that I never, uh, got back. So you, there's a lot of body changes, um, that require addressing. So that lumbar curve that you get for nine months, that increases and increases and increases, and then you have to relax and that keeps everything stretched out for mm-hmm <affirmative>. I mean, it's 12 weeks for sure, but

they say if you're breastfeeding, it can be a year of relaxin in your system. It makes it more difficult because your ligament system isn't as supportive. And so having providers help you to regain your alignment, rebuild your muscle, rebuild your core, makes a big difference in how you're functional, uh, in that postpartum period.

Anne Nicholson Weber: [06:35](#)

Um, um, I love it that you brought up kind of a timeframe because I think it's easy to be extremely unrealistic as a new mother. Um, if you're breastfeeding, obviously that's going to impact how you continue to carry weight. Your body needs that. Um, and then as you say, Stephanie, there are these hormonal changes I'd like to talk quickly about, or maybe not quickly, I'd like to talk about this idea of getting your body back. I feel like that's a strong impulse for new mothers. I can remember standing in front of the mirror and practically crying it, like, it's like, what body is that? And I would rather have the old one <laugh>. Um, and I maybe you could each talk a little bit to that notion of getting your body back, um, Sarah, pt.

Sarah Macias: [07:24](#)

Um, yeah, that is a, a real thing. And I mean, I think that I notice like everybody's priorities are a little bit different. And so I think it's really valuable in having the time to like really hear someone's story and hear their experience and like get a feel for what it is that they are kind of prioritizing mentally or not, and just like try to meet them where they're at. Um, you know, like is, I think we probably all three would agree that really function is what we really, really wanna focus on. But if someone's coming in and they're really concerned about something more aesthetic, you also have to kind of meet them where they're at, but also explain how the functional changes that we are working on that will make them feel better, um, in the long run can lead to also that same aesthetic.

Sarah Macias: [08:13](#)

Look, I mean, everybody's body is so variable and like Stephanie mentioned, hormones also just genetics are like so, so different for everybody and like, what you're going to come back to. So I do try to kind of like de-emphasize some of that, or at least not like, uh, de-emphasize it, but help people to understand that there's only so much that we have control over and the timeframe is a long timeframe, but that the changes that our body go through are not all changes that are going to go back to like, kind of the original. And so I think just helping people understand that we're going to work with your body and like meet those goals in whatever way that your new body is in, and kind of try to like very easily kind of ease them into that acceptance of, um, what is better look like for you if it's not the same as it was before, still something that you can, um, that you

can love. And helping them also understand that the body that they're in is able to serve them in a really healthy way. And that it's come through, gone through like a huge thing and brought a beautiful life into this world. And that we also need to love it for that.

Anne Nicholson Weber: [09:30](#)

I wish there weren't all those, um, beautiful Hollywood stars who seemed to just never to, to regain a body that is not a mother's body. Because that is, you're saying Sarah isn't completely realistic. Stephanie,

Stephanie Pittenger: [09:45](#)

I was just going to say like, there's liposuction that happens with the C-section in those cases. Like that's not even half the time. That's not even a natural weight loss. Like that's, you can't ever Yeah. With the celebrities, you just really can't ever compare yourself. It's not, that's not how it works.

Sarah Mayhan: [10:00](#)

And that's their job. Their job is to, I mean, have a certain look and they have a certain amount of like, time, money and resources they can devote to that, that the average person, you know, especially if you're going back to work, does not have that kind of time

Anne Nicholson Weber: [10:17](#)

Or money.

Sarah Mayhan: [10:18](#)

<laugh> Yes.

Anne Nicholson Weber: [10:20](#)

And hopefully wouldn't hold themselves to that standard, but I think it's worth calling out because it is an influence, I think, in the, in the culture. Um, so what are some of, well, we, we talked a little bit about the recovery period maybe, um, Stephanie, you could kind of walk us through like, you know, two months out, four months out, six months out. Um, what are, what is a realistic expectation? Um, functionally and potentially aesthetically?

Stephanie Pittenger: [10:49](#)

I tell moms before they even give birth, it took nine months to change your body. It can take you nine months of work to change it back. It, it's never happens overnight. And after you have your first child, you realize that the first two months you are so sleep deprived and in such a mode of caring for your child, that'll oftentimes your own needs get lost at that. You're tired, all you care about is taking that nap because, you know, maybe you were nursing two or three times a night. Now granted some babies come out and they can sleep through the night and that's amazing. Um, but not everybody has that experience. So at two months, uh, we're, as a society told as a

mom, you, you have a six week postpartum check and they'll clear you for exercise. And after that, bye, you know, go, go do your exercise.

Stephanie Pittenger: [11:41](#)

And I've had moms be like, well, I wanna lose right, right weight right away. So at six weeks I started running and then they're hurt because they, they didn't prep their core. They didn't do the work needed to regain their body before they started pushing it. And I really wish that we could put that message out there that you have to, you have to crawl before you walk and walk before you run. You can't start, um, you know, back at running when you haven't done it probably in nine months. And maybe some mothers do I there, some mothers are amazing and they can run their whole pregnancy, but that's not the majority. So looking at what to do at two months is, is your kegels and your core work and your pelvic tilts. I tell all my moms, go do physical therapy. Go. You've probably met your out-of-pocket max or at least your deductible for the year.

Stephanie Pittenger: [12:36](#)

Go. I'll write you the script. Do it because you wanna get your body as strong as you can so that you can be functional so that when you have to pull the stroller out of the back of your minivan, you don't pull something. So that's, you know, start there at two months and really your changes, your best changes in my opinion happen at six months because your baby's starting to eat solid foods. You're sleeping better, they're sleeping better. You've started hopefully laying the groundwork for core and you can start to focus on your body. Um, and then don't have expectations to lose all the weight when you're nursing. Because there's this thing out there that says nursing will help you lose every ounce. In fact, I was skinnier when I was nursing than I ever was. And that is certainly not everybody. I carried 10 pounds with every kid, extra 10 pounds while nursing. And once I stopped nursing, that hormone changed. I lost the weight. So not everybody is the same. So have grace for your body.

Anne Nicholson Weber: [13:40](#)

Yeah. And before I leave you, Stephanie, so you mentioned pt, which is what Sarah PT does. Yeah. And maybe you could talk briefly about what you offer specifically what kinds of interventions you use in the postpartum period.

Stephanie Pittenger: [13:56](#)

I think for me it's getting the pelvis as the relax and leaves the body, getting the pelvis into the alignment that it needs to be in as everything comes back into shape. Same thing with the lumbar curve. If I can help to keep it straight and in the right position, as your curve comes back, as you build your core, your alignment is much better. So I analyze that person's alignment

and that's why I think structure goes with the muscular system. So I work on the skeletal system, keeping your bones in the right place, and then I ask the people, and sometimes if they can't do PT or don't want to do PT or can't take the time, um, even for massage or any other technique, I give them the exercises. I give them these 10 things you need to do in order to get your core of support where I put your alignment

Anne Nicholson Weber: [14:49](#)

So you can at least instruct them in those exercises that if they could do pt, they would be doing with the pt, which is obviously ideal.

Stephanie Pittenger: [14:57](#)

I also think, uh, you become a part of their village, and I'm sure these other ladies are in that category too. You know, when you're a new parent, it takes a village for you to raise your child and for you to know how to self care. And that's a wonderful place to be in. That's one of my favorite parts of being in a family practice, is that I get to be a part of that person's village and help them navigate motherhood.

Anne Nicholson Weber: [15:23](#)

Yeah, and that's probably a difference at least between you and Sarah pt because typically the PT is kind of concentrated in the postpartum period and then you may not be seeing the family, the baby, the mom over time. Um, is that right, Sarah? Pt?

Sarah Macias: [15:41](#)

Um, I would say not necessarily. Like, we actually have a lot of, I think we have that village here as well, at least in our practice. We have, um, one-on-one like personalized sessions and we oftentimes are seeing people, um, through pregnancy first, which is amazing 'cause we can help prep the body for delivery. And um, you know, it's a lot of times when moms are coming in after they might be bringing their baby or they might have a caregiver in the waiting room with the baby, or like sometimes a spouse or a birthing partner will come in, um, before delivery to like help learn positioning and how they can help their partner during delivery. Um, and I, and then I do feel like postpartum they'll come in and then if a year later they're having back pain or they sprain an ankle like these, I feel like a lot of my clients are just part of my world as much as I am part of theirs, which is really awesome. Um, I think I run into moms at my yoga studio all the time because we practice at the same place. And it's just really fun to like, um, have that.

Anne Nicholson Weber: [16:49](#)

I think that practitioners like the three of you who have a perinatal focus, at least as part of your practice, are just people who care about women as they're going through this journey and have that emotional connection to offer as well as the physical interventions and support. Okay. So Sarah Alexander,

you, I think Alexander technique is maybe less, uh, well known as a modality. I wonder if you could just talk quickly about what it is and then how it applies in the postpartum period.

Sarah Mayhan: [17:21](#) Sure. Alexander Technique is a self-management practice, right? So it's skill-based. Um, you learn from an Alexander technique practitioner, um, both with, um, some mindfulness cues as well as hands on touch, um, ways to change your alignment and breathing and movement patterns. And so, um, a lot of what we're dealing with in postpartum, uh, there is dealing with all of those changes that have happened. And this is a lot of, you know, where the mind and the body intersect. Um, I mean, most people, even if they're not postpartum, they are coming with a sense of like frustration with their own body, right? And so that's, that's a lot of what we're dealing with right before we go and try to fix the problem, right? We're working with a lot of pausing, self-compassion and learning non-judgmental awareness. You know, I remember <laugh>, I remember trying to get off the couch in like those first weeks postpartum and just kind of feeling my like middle just wobble, right?

Sarah Mayhan: [18:36](#) And that sense of like, this body is not my body. And that feeling of disconnection and weirdness and based on what we're already carrying in, you know, we might have, you know, we might have been a person who kind of pushed through and ignored our body and that like, worked for us until it didn't, right? So I'm often dealing with people that, or, you know, there are reasons people kind of disassociate and disconnect from their bodies. You know, sometimes it's a, a trauma experience of some kind and we need to just kind of move slowly, right? And not look at ourselves as a problem to be fixed. I think, I think the beautiful thing about the postpartum period, it is that is like, oh, this is, this is a path to some really amazing change. Um, because the truth is right, that parenthood journey is going to crack you wide open one way or another. Um, so moment to moment, right? We're in our bodies, how are we dealing with this situation? Um, I hope that made some kind of sense. No,

Anne Nicholson Weber: [19:43](#) It absolutely did. I don't have a super clear picture of exactly though what it looks like to be in your studio or your office and doing the work. Can you describe a little bit?

Sarah Mayhan: [19:55](#) Sure. Um, so a lot of our stuff, um, focuses on, uh, the head, head, neck, spine alignment is the basis of all of our work, right? Um, because we're upright humans. And so that's where a lot of the tension and stress comes in is, is we're kind of getting yanked off balance. Um, so I use hands-on, um, to help people kind of, oh, I can move myself into a way that's a little bit more

comfortable for my body and I can gradually find a new normal. And if we've had old habits, right? If we're still standing like we were when we were pregnant, even though we're not still pregnant, right? We can kind of, I can help that person with hands on guidance, with movements and with keying into themselves, having these specific cues where like, okay, I'm going to pay attention. Where am my feet?

Sarah Mayhan: [20:50](#)

What am I feeling? Um, so it's, it's right, it's going to look like some gentle hands-on. They might do some lying down and gentle movement. We might also do kind of a little like, you know, role play through whatever activity is causing them, um, issues and just kind of problem solving. And so, you know, okay, well I'm having trouble bending in this position. Okay, could I try a different way? Um, or Oh wow, I'm realizing what's coming up with me emotionally in this moment and I'm feeling that as tension in my shoulder, so now I'm going to stop, right? I'm going to pause and come back to myself and like, use those skills to consciously relax those muscles mm-hmm <affirmative>. Um, so that I'm not bringing more stress into this situation.

Anne Nicholson Weber: [21:42](#)

And I imagine all of that sounds, um, familiar to mm-hmm <affirmative>. Sarah, pt and Stephanie, that those are the same kinds of goals that you're addressing maybe in slightly different ways. Is that fair?

Sarah Macias: [21:56](#)

Yes. Mm-hmm

Anne Nicholson Weber: [21:58](#)

<affirmative>. So this whole, i I love Sarah when you said, um, I can't remember exactly the words you used, but this notion that becoming a mother kind of breaks you open and then you have to rebuild. And that's of course, emotional, but also physical. And that's the work really that the three of you are engaged in helping new mothers work through is building back and also building anew for the new life that they're going to be living <laugh>. Um, anybody want to add anything to what we've said so far?

Sarah Macias: [22:31](#)

Um, I will add one thing. I just think that postpartum period is really a good opportunity because people so feel like, not themselves, but there's like so much healing happening in the body. So I think when people are coming in early and they're like, what can I do to change if you're not focusing so much on like, the fix happening today or tomorrow, but just like giving people to, to make changes in how they feel, um, like if they're coming in and something's hurting or they're moving in a certain way, and you can correct that, you're giving them the power to make a change in their body and to feel better. And it's really, I

think, intimidating sometimes for new moms because they don't have, they don't feel like they have the time for themselves to be given like exercises and do this this many times a day. So I'm always telling my patients like, my goal is to help you to understand your body and like the path of us getting it to the place we wanna be at a little bit at a time, because this all comes through in how we move every day, not just like how many times we're doing reps of an exercise. So I think that's really empowering for, for new moms to be able to know that they can make a change.

Anne Nicholson Weber: [23:42](#)

And it seems, um, maybe goes without saying, but I think, uh, it's easy enough as a new mother to just kind of accept that everything's hard and <laugh> and no fun and painful in new ways and not really understand that there are a lot of people who are trained to help get you through that more easily, more quickly. Um, and, and with that feeling of support. So maybe one of the most important messages here is that there are at least three types of practitioners who have different modalities, but all with the same goal of, um, kind of helping you get through that period more gracefully and more happily. Um, okay. So, uh, are there any, well, just on that topic, besides PT and, um, chiropractic and, um, Sarah's work and I, is that generally called body work? Is Alexander technique a form of what people call body work?

Sarah Mayhan: [24:43](#)

Um, a lot of people call it somatic. Um, and it's okay if like you don't know what that is, but yeah, it's sort of the intersection of like body work because we touch people, um, but also, you know, mind body awareness and sort of the ideas that like right, you're practicing these skills once you're away from the teacher as well.

Anne Nicholson Weber: [25:06](#)

And, and that mind body connection, probably every podcast I've ever done comes up because that is the one, I mean, pregnancy and birth and new motherhood and breastfeeding, the mind body connection is so powerfully at work. Um, so kind of being aware of that as part of your job is integrating into this new body. Um, what are some common misconceptions that, um, any of you perceive, um, amongst new mothers that you think would be helpful to address anybody?

Stephanie Pittenger: [25:41](#)

I think you already touched on the, the weight, you know, the weight is a big deal for moms. Um, misconceptions that it's the timeframe is another misconception, how long they think it's going to take. Um, a lot of misconceptions on motherhood, you know, a lot of misconceptions. Some of them come from the internet, you know, where, you know, people have how many

ounces they think their baby has to take or how many hours their baby, uh, sleeps in a stretch or there. I think there's a ton of misconceptions also to early parenting. And we don't take into consideration that everyone's an individual. Everyone has different constraints. My biggest child, I have three kids, my biggest one was nine pounds, 12 ounces. Guess what? He could go three plus hours between feedings, no problem. He ate like a champ, you know? Uh, my smaller two, yeah, they ate every two hours. You know, it, there's not a one size fits all. So do what your, what your body needs and do what your baby needs and don't follow what somebody on Reddit said.

Sarah Mayhan: [26:52](#) Yeah. Mm-hmm <affirmative>. Yeah, I think there is that working about, um, you know, getting it right. And I feel like, again, this is like how parenthood is going to change you if you were say like a good student who could like get the a, you know, if I just work hard enough, I'll get the result that I want. And then you have a child and that goes out the window because

Stephanie Pittenger: [27:13](#) <laugh>, <laugh>,

Sarah Mayhan: [27:15](#) Those two things are not directly related. Um, so I, I think again, uh, yeah, I would say that's a big misconception. I would also say mostly I work a lot with like, there's just so much information we don't have and that like your, um, you know, your care provider, your ob your midwife maybe doesn't have time to go over with you. Um, so stuff about like, oh, this is how your breathing changes during pregnancy and that your diaphragm lifts up and that your ribs widen and that they stay widened. And those, what you said Stephanie about relaxing, like people don't realize like, oh wait, that's going to affect like how my knee and ankle joints function. I thought it just had to do with like, you know, giving birth. Um, so I think, I think also just dealing with those like gaps in knowledge mm-hmm <affirmative>.

Sarah Macias: [28:08](#) Yeah. Yeah. Sarah, pt, anything to add from like an exercise mobility perspective? There's tons and tons of misconceptions about like what you can and can't do both during pregnancy and postpartum. There's so many blanket statements about like, don't do core, don't lift heavy, all of these things. And it's really, really so individualized based on where you came from pre-pregnancy, what you were doing during, during pregnancy and like what is happening in you right now. So it's like every postpartum person could be given like the six week, you're good to do everything and one might be able to go run and have no problems and one can't even get out of bed without pain. Like those two people need to do different things. And the other thing is just like waiting for six weeks to do any exercise, but like,

you also have to lift and carry a baby and go up and down stairs and like do all of these things.

- Sarah Macias: [28:59](#) Like life is exercise, so getting in and talking about how to get in and out of bed, get up and down from the floor, like from a therapeutic perspective is so, so important. It's like you can still move and do things. You have to move and do things. So like to say no exercise, obviously, like having some guidance and someone to watch you, you're not doing heavy things, you're not running, but like, if you need to move your core and move your spine and like sit and stand like you should be trained if it's not working out.
- Sarah Mayhan: [29:30](#) I, I do think some people do have a very all or nothing feeling. Like it's like if I can't do the workouts that like I used to do before, like, well that, that's what exercise is and if I can't do that, that like, but as you said Sarah, it's, it's, it's really finding those moments in everyday life because you know, we just don't have that time. So finding ways of folding that
- Stephanie Pittenger: [29:50](#) In, I really wish that was part of your, let's say postpartum discharge from the hospital or maybe it's a visit to your OB where they give you some basis to start with. Because as you're saying Sarah, you have to move, you're lifting a baby, there's a stroller involved, there's all of these things that as moms we have to do. And to tell a mom like, you can't exercise for six weeks until the OB clears you. They should put a little asterisk or caveat and say, well, but kegels are okay <laugh> and maybe some pelvic tilts or some pelvic retraining is okay as long as you haven't had any, obviously c-sections are different and obviously some women have complications, but we definitely need to start women understanding how their bodies can move. Like you said Sarah, before, before that six week mark
- Anne Nicholson Weber: [30:44](#) And given you mentioned c-section, given the incidences of C-section in this country, which I think there's pretty much consensus is too high, but that means there are many, many women who are recovering not just from pregnancy, um, but also from surgery. Uh, does any of you wanna just quickly talk about kind of that, that not so very special case? Maybe Sarah, pt you wanna start? Yeah.
- Sarah Macias: [31:11](#) Um, you know, your C-section has comes with its own slew of issues, but they are not all the way all, all the time different. Um, so connecting with the core on like, honestly like a c-section recovery, I see a lot, a lot of like emotional components to that. Like people didn't go in expecting a C-section, they really had their heart set on a vaginal delivery or like a lot of times it

happens, it's really scary. They're just like, we gotta get this baby out now. And you're just like, really at the whim of everything happening around you. So I see just a lot of birth trauma around that which really influences, um, tension in the body and like just general fear of movement. So we do a lot of education around that. Give a lot of space for people to like tell their story and you know, reassure them that their body still did an amazing thing and just taking it easy, like reconnecting to the core, um, the pelvic floor body mechanics with how to move safely. Um, and also just like be able to like have eyes on the incision, make sure things are healing, um, and then when it's appropriate, start to teach some like desensitization and scar mobilization, um, for that aesthetic look as well as just healing.

Anne Nicholson Weber: [32:29](#)

And so what is the different timeframe for a woman who had a vaginal birth versus a C-section in terms of coming to you? Let's start Sarah PT

Sarah Macias: [32:38](#)

With you. Um, like kind of just depending on when you're at, like we really, really encourage our clients to come in as early as they can. Like a couple weeks even. Like we don't necessarily, um, you know, like we'll work within whatever restrictions, but just getting the breathing kind of back education, um, on prevention of, you know, bad posture, things like that. So, um, I think that a lot of times we will see our c-section mamas a little bit later just because they're like waiting to make sure the doctor gives them an okay. But I have recently had someone coming in with just a lot of pain and she was only a few weeks out, so it was super helpful to be able to guide her through like what's okay, what's not okay, some management things, um, and go from there. So we're really happy to work with people as soon as they feel comfortable getting outta the house. Yeah. The earlier the better usually.

Anne Nicholson Weber: [33:38](#)

Stephanie, would you, uh, have a different answer?

Stephanie Pittenger: [33:40](#)

Not at all. I think I've had people come by on their way home from the hospital because pushing, they pulled something and they can't move. And how am I going to feed this baby if I can't move my neck? You know, that sort of stuff. So, you know, I have, you know, we all have ways of being safe and making sure that we're not putting pressure into places that you, they cannot handle at that point. So at any time, the earlier, the better. The, the earlier that you start getting your body on a healing journey, the more functional it's going to be and the quicker the process will go. So yeah, I would say the same.

Anne Nicholson Weber: [34:16](#)

Sarah Alexander, anything you wanna add to that?

- Sarah Mayhan: [34:19](#) Um, I think that's, yeah, this is all important. Again, you know, as Sarah said, there's the emotions people are also carrying like, um, post birth experience. So like sometimes, um, you know, that is something to talk about with a more, um, like mental health professional. But I, I do think that this physical work on like coming back to your body and feeling, you know, kind of a sense of like, okay, this is, I've got some ownership and agency here. I think that can be very, you know, and getting, getting that feeling back in your body, um, I think that can be very supportive, um, of other work that, that people are doing with their mental health postpartum.
- Anne Nicholson Weber: [35:05](#) Yeah. And Sarah, PT you mentioned, um, that the unexpected c-section can be a source of trauma and there are many, many sources of of birth trauma and um, I think like c-section, there's too much of that in our system. There are things that, um, I wish would be different so there would be less birth trauma, but it sounds like you're all saying that, um, one of the roots to healing the emotional trauma can be through the body. That's not the whole story, but it can be part of it. Um, anything more to say about that?
- Stephanie Pittenger: [35:41](#) There's a scientific clinical correlation that increased exercise is decreased postpartum depression. I mean that's, that's proven over and over again. If you get your body moving, you get your endorphins going, you get your, you your, not to say that in every person, it would not happen, but it says there is a much less severity and much less incidents of postpartum depression. It's huge
- Sarah Mayhan: [36:11](#) Sleep. Sleep is also huge. And often if people are in pain or they're having a lot of stress, um, they're not sleeping well. So definitely
- Anne Nicholson Weber: [36:22](#) Sleeping or if they have a newborn, they're not well <laugh>,
- Sarah Mayhan: [36:25](#) I guess that's a given source of stress
- Stephanie Pittenger: [36:27](#) <laugh>, but
- Sarah Mayhan: [36:27](#) Also, right, it's how you're, how you're responding to that stress and um, dare I say like there might be other family members around you during this time as well. <laugh>,
- Anne Nicholson Weber: [36:38](#) For better or for worse, um mm-hmm <affirmative>. And that being an important part of managing your experience. Sarah, pt, did you wanna say

Sarah Macias: [36:44](#) Something? Yeah, I was just going to say like educating patients to understand that yeah, we under, we know you're going to be sleep deprived. And again, someone I think Ann I think you mentioned like parents just expect it, but if you can educate them and say this is like playing a component in your healing and this is why it's important. Sometimes it's just giving suggestions like sleep in the guest room and have your partner or do every other night or something like that just to help your body heal. Um, I think women, new moms especially almost need to be given permission to like ask for those specific things. And so many of them like, well, I can't, I'm with the baby. I have the baby. And I think a lot of the, a woman condition, not just a new mom condition <laugh>, but, um, and we do, I like, I find myself doing a lot of troubleshooting, like, how can we find different solutions? How can we find alternate ways to just like, give you a little bit of a boost in your healing potential.

Sarah Mayhan: [37:41](#) Yes. I, I think those are such great points. I always teach a constructive rest practice, so it's really just a kinda lying down and pausing and resting. Um, I had a lot of, right, there's a lot of sleep when the baby sleeps advice and if you have a, a child who's a nons sleeper, that can be a little stressful, but giving yourself like, oh, here's a time you can carve out to yourself. Give yourself that permission to rest. Don't go wash the pump parts and change out the laundry before you do something for yourself.

Anne Nicholson Weber: [38:17](#) And one thing I would like you to speak to, because on the one hand, getting intervention early can be really helpful. And also I feel like a lot of women in our culture are trying to get back on their feet and be doing all the things, including going to their chiropractor or their PT too early. Like isn't there, um, I feel like the message that postpartum is, you know, you need some time where you just collapse essentially and do one thing, which is bond and breastfeed and sleep if you can, what would you say to that? Anybody?

Stephanie Pittenger: [38:54](#) I think that that's true. I mean, I think that you have to prioritize your needs. I think they can all fit in a 24 hour day. Um, hopefully you don't have a position where you have to be back at work too soon, which is another, uh, cultural thing that we do that we put women back to work before they're even close to being ready. But hopefully in a, in a 24 hour day, you can carve yourself out eight hours of sleep, plenty of time for the baby and an hour for regaining your body structure.

Anne Nicholson Weber: [39:31](#) And part of making that possible is having what I call the circle of support, which can be a combination of friends and family

and people like you and partners, um, but being conscious that this is not a place where our, our culture's preference for autonomy and independence really has a, a good place. Um, being that, and someone started with the, um, concept of, you know, it takes a village. I think that was you, Stephanie, and that's such a trope, but it's also so true.

Stephanie Pittenger: [40:03](#)

I usually use those first visits with me postpartum. If mom doesn't have a daytime support, let's say dad doesn't get paternity leave, they don't have family in the area, bring the baby. This is a good safe place for you to have an outing. How to work the stroller, how to time manage how, like, this is a great safe place. We welcome kids if it's your second, third, whatever, we'll play with a toddler. It's fine. So we, we want moms to feel that their needs are met no matter what, no matter if they have to bring their children or not. Yeah, whenever they're ready. Yeah.

Anne Nicholson Weber: [40:44](#)

Well, I think we've covered much of the waterfront. Is there, I guess one last question. What is, what is the advice that you think is the most helpful, either that you receive or that you typically give to a new mother?

Sarah Macias: [41:00](#)

Um, I mean, let's see. I'll go first. Um, I would say I oftentimes am just trying to help new moms listen to their bodies and understand how, like my goal is to help them understand how it works. Always kind of checking in like, how are you feeling about what we're doing? I also feel like so many people are just easy to be like, what do I have to do? Give me a list. And I don't want people to have to have a list of PT exercises to do forever. I want them to know how to move and what to do. What do I need right now if this is hurting? What am I going to use from my list of exercises? What I like to kind of advise people is like, use this time to learn more about your body and learn how to address it on your own so that you don't have to rely on this sort of like relationship or with me, or like a list of exercises where you can teach your body some resilience and kind of feel what it needs to manage that in the moment, which seems a little bit more manageable than I need an hour to do all of my exercises.

Sarah Macias: [42:05](#)

Sarah,

Anne Nicholson Weber: [42:05](#)

Alexander, anything you would add to that?

Sarah Mayhan: [42:09](#)

When I work with people postpartum, there's an exercise I teach, um, where it's really just, you know, if you're at home listening, it's really just putting your hand on your heart and having that feeling of softening towards yourself, right? That

feeling of, of softness and compassion, right? That you wish for your baby to just, you can take a little bit and put it toward yourself and, you know, use that hand, um, hand to remind you you deserve that care. And you can also, right as you're doing that, you can notice, oh, can I notice my, my shoulders widening away from each other? Can I notice my head floating up? Can I notice like my own muscles softening? Right? And just sort of just embodying that, you know, softness and care, um, toward yourself that you're spending so much time giving to some someone or someone's else.

Anne Nicholson Weber: [43:11](#)

Yeah, Stephanie,

Stephanie Pittenger: [43:14](#)

Uh, very similar to both of yours. Uh, give yourself grace. Give, give, be kind to yourself. Give yourself grace. It takes time. And don't be afraid to ask for help. Don't be afraid to say like, this is a lot for me today. And I, you know, it logistics, right? Parenting is a lot of logistics and not every day is the same. So you may be great at doing your exercises on Monday and Tuesday, it fell apart. Does that mean that everything's wrong and, and you, you, no. Okay. All right. You can do Wednesday. Okay. You know, you give yourself grace and just try to, um, try to enjoy it. It goes really fast. I had my oldest graduate high school this weekend. It goes really fast.

Sarah Mayhan: [44:06](#)

It goes fast, but it also feels like it's la it lasts forever. <laugh>, right? If you're in a situation, right, and you're feeling pain or stuckness or you're having a, you know, problem, you know, feeding, it just, I mean, I guess it's like annoying to have people tell you like, this, this too, this too shall pass, you know, <laugh>. But, um, I think just acknowledging that like, yes, time can bend and warp, but you will, you will get through it and we will, we will help you.

Anne Nicholson Weber: [44:38](#)

Well, thank you so much, uh, for talking about this. I think, um, there's so much to learn. I I'm learning all the time when I talk to people like you, so I really appreciate the time you've taken to share your wisdom. Thank you.