VBAC at Home - Danielle DuBoise

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IN THIS EPISODE

Danielle DuBoise, co-founder of Sakara Life, joins Dr. Elliot Berlin, DC to talk about food as medicine — and two births that could not have unfolded more differently. Raised in Sedona and trained in biochemistry and nutrition after watching her mother cycle in and out of hospitals, she planned a home birth for her first baby and felt safest in midwifery care. Then a low placenta moved, only to reveal vasa previa: an exposed fetal vessel over her cervix that forced her out of home-birth care and into a hospital an hour away in New Jersey, with a new midwife, a new doula, and a frightened partner. Pregnant again just as New York City shut down in COVID — and sick with COVID herself — she wanted a VBAC at home, only to learn how many midwives will not take VBAC clients at all. Would she find a team she trusted enough to try, and would feeling safe this time change what happened when labor finally came?

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DR. ELLIOT BERLIN, DC: To the informed pregnancy and parenting podcast. I'm your host free needle focus carpenter. Dr Elliott Berlin my guest today is a certified holistic health care nutritionist cookbook author co-founder and CEO of wellness company Sakura life and mother of two she joins us today to talk about two very different labor and birth experiences Danielle du Bois, welcome to the podcast. Thanks so much for having me. I'm honored to be here It's my first time meeting you and I'm already I feel your energy is very very big strong energy and I can't find out more

DANIELLE DUBOISE: Where are you from originally? I grew up in Sedona, Arizona. I love growing up in places that rhyme They do can I'm it's a very special place. So so grateful to have grown up there left. I Left I did I left the minute I could To a place that doesn't rhyme New York City

DR. ELLIOT BERLIN, DC: What did you head to the Big Apple for?

DANIELLE DUBOISE: Um, I knew I had big things to do and I just had a really strong calling to New York City So I came for school. What's your study? I studied biochemistry and physical anthropology Which is like a fancy word for studying primates and evolution and social sciences

DR. ELLIOT BERLIN, DC: I like the other anthropology where you get cool clothing. So yeah, or like archaeology where you get to like dig stuff up

DANIELLE DUBOISE: That too I

DR. ELLIOT BERLIN, DC: Mean you went pretty young. Were you always fascinated with science? I was I was always a

DANIELLE DUBOISE: Biology geek so to speak I also my mom was very sick growing up in and out of the hospital several times still is so I watched doctors You know save her life and I also watched doctors in the medical system You know leave her worse off than where she started So I wanted to be at that intersection of how to keep people well And give people Hope that didn't have hope

DR. ELLIOT BERLIN, DC: No, I see. I knew there was a lot of power behind what you're doing. I mean, that's really strong indoctrination um For you what inspired your personal focus on nutrition?

DANIELLE DUBOISE: well At that intersection of what it means to keep someone well and then give them hope when there's no other hope is What tools do you have? In your toolkit that helped you feel good and I was actually Interning at a hospital up at st. Luke's in Harlem here in New York City And I was working with a cardiologist and we were seeing patients of late-stage lifestyle diseases. So everything from diabetes and people on dialysis to people who had just had stents etc and They were all in this place of feeling and in several cases There was no other option except a very intense medical intervention But they were all dealing with lifestyle diseases or what started as lifestyle diseases

DANIELLE DUBOISE: and I thought who's getting to these people before their late stage and Unfortunately, you know I learned and watched as the medical system couldn't really Support people in their health journey. It was helping sick people Hopefully feel better and I wanted to be at that intersection of helping people stay better And also helping people realize that By nature of deciding what you put at the end of your fork You have a lot of control over how you feel in your biology So I decided to switch from setting that and I studied nutrition and I also transformed my own life with the power of food as medicine. I had been a yo-yo dieter since about the age of nine when I decided I had to be thinner and I had a very tumultuous relationship with food

DANIELLE DUBOISE: and my plate and my body and decided my worth was in my thinness. And so I decided to get back to food as medicine and really heal my own relationship to food. And therefore, I think that in my mind much more than understanding the biology and chemistry gave me the permission to help other people on their journey with food.

DR. ELLIOT BERLIN, DC: What drove you to kind of idolizing thinness?

DANIELLE DUBOISE: You know, I don't think it was one thing and it certainly actually wasn't really my household. My mother wasn't like that, but it was all around me from the magazines to television to the movies to watching it in my culture even in my school and young grades. And I think about it now that I have kids there's only so much that you can do as a parent to fill their heads up with positive stories. There's a lot that they get from their environment. So rather than worrying about the stories it's more like what tools can we give our kids to help them deal with outside information that

might be less than ideal.

DR. ELLIOT BERLIN, DC: I mean, you're never supposed to ask this question but I wonder when you're working with people at end of sort of life medical challenge because of lifestyle choices and you have the light go off in your head like why didn't we get to these people sooner? How old are you at that point?

DANIELLE DUBOISE: I was young. I was probably 20.

DR. ELLIOT BERLIN, DC: That's what I'm saying. Like that's like a huge kind of discovery or just a very empathetic way to think. Like we should be-

DANIELLE DUBOISE: Well, I found my mother much younger than that to be honest. And I love my mother but I also think that the medical system allowed for her to have a certain crutch when it came to her health. That yes, there was lots she needed from Western medicine but there was a lot that I think she could have done on her own and taken responsibility for it. And I don't judge her for it because just because you can doesn't mean it's easy. It's actually, I think the hardest thing to do. And we are all wherever we are on our journeys. And I have no judgment on my mother's journey but I do wish that earlier on someone had told her, look, this is within your control. Maybe not all of it but this is within your control. And here are some of the tools

DANIELLE DUBOISE: that you can use to feel better.

DR. ELLIOT BERLIN, DC: And I think it's very realistic you are about it because it does sound simple. Hey, just do this and you'll be healthy. But it's-

DANIELLE DUBOISE: No, I think it's actually the hardest.

DR. ELLIOT BERLIN, DC: The hardest. I agree. And then the other thing that's sort of interesting that you pointed out is that the term healthcare for our healthcare system is a misnomer. It's really disease care. They don't jump in and start doing stuff until, you're already showing signs and symptoms. So you go in super healthy looking. They don't have anything to do for you, just go home. Your life and your company seem to be filling that void. What does Zikara mean, first of all, and then how did you come to found it?

DANIELLE DUBOISE: It's a Sanskrit word and it means the manifestation of Brahman which is like this evasive all-knowing energy. So it's basically like, how do we turn our thoughts into things? How do we take what's in our head and help it have form here on earth? And so for both my business partner and I, food was really that tool that allowed us to really start to dream and think, what do we want our lives to be? What could our lives be? Because when health is in our way, it's hard to dream. I always say people who have their health have a million dreams and people who don't have their health have one. And so what does it mean to be so healthy that you even have the blessed experience to, or opportunity to take it for granted?

DR. ELLIOT BERLIN, DC: Jeez, you make so much sense. I hate it. Now I wanna be like you. Okay, so Zikara Life, can you just tell me briefly, your friend is like a long-term friend. Who is your business partner?

DANIELLE DUBOISE: Yeah, we grew up together. So we've known each other since we were very, very little.

DR. ELLIOT BERLIN, DC: In Sedona, Arizona?

DANIELLE DUBOISE: Yeah.

DR. ELLIOT BERLIN, DC: Whoa, okay.

DANIELLE DUBOISE: We grew up there together and she actually suffered from very bad cystic acne. Sometimes I say that and people like, you know, imagine effusives, but she actually had really true cystic acne all over her face. She'd dealt with it for over a decade, tried everything, went on every antibiotic, went on Accutane, did every topical, every laser. And it wasn't until we did this nutrition system together, which we now call Zikara, that her skin finally healed because she didn't have a skin issue, she had a gut issue. And so we had to get to the root cause of her symptoms and what was going on. So that's really her mission is to help people understand that, you know, if you are dealing with something on the outside,

DANIELLE DUBOISE: it's almost always something that's going on on the inside.

DR. ELLIOT BERLIN, DC: On the inside. I can't wait to get to your birth stories. That's what we're here for. And I usually don't really talk about company and work. in business, but I'm so curious, practically speaking, what is Sakura life? What product or services do you offer?

DANIELLE DUBOISE: Yeah, so we help people create their health toolkit. So people were more most famous for our breakfast, lunch and dinner delivered all organic, all plant rich, nothing frozen, everything fresh delivered straight to your door. And we deliver to all continental states, all 48 continental states, minus Alaska and Hawaii. And then we do powders and supplements and snacks, you know, either for those who can't do the meals or who need extra boosts.

DR. ELLIOT BERLIN, DC: So it's a combination. It sounds like there's a part of it that's almost like talk about life and goals and how to get there.

DANIELLE DUBOISE: Yeah, the in our entire philosophy is based around you are what you do the majority of the time. So you know, there's no wagon to fall off of. There's no list of foods that you can't eat. We believe that joy is a nutrient. And we help people take care of themselves and understand that they're worth taking care of, and then understand kind of the emotional, physical, spiritual side of what it means to nourish.

DR. ELLIOT BERLIN, DC: I'm ready to never see that wagon again.

DANIELLE DUBOISE: I'll have to send you some meals to try.

DR. ELLIOT BERLIN, DC: And load up on vitamin J. Okay, you're amazing. So you have two kids, when did you start your child making journey?

DANIELLE DUBOISE: Let's see, it was, I guess, four and a half years ago.

DR. ELLIOT BERLIN, DC: Okay, did pregnancy come easily for you?

DANIELLE DUBOISE: Yes, pregnancy did. I was very lucky.

DR. ELLIOT BERLIN, DC: And how was your first pregnancy in terms of how you felt?

DANIELLE DUBOISE: Actually, my first pregnancy, I felt pretty good. I mean, there was definitely lots of swollen everything and I ended up in midwifery care, which changed some things. But, you know, I think I gained like 65 pounds, which, you know, most obese, I think, freak out around that. My midwives didn't. And I think it was just a lot of water weight. So that was really interesting to navigate, you know, as somebody who used to have a really tough relationship with their body, what it meant to expand in every way and just let it be and let myself become mother without judgment.

DR. ELLIOT BERLIN, DC: I wonder a few things. So number one, normal, they say typical wake in during a pregnancy is 25 to 35. So you ended up over the high side. But were you eating well? And continuing to exercise?

DANIELLE DUBOISE: Eating so well, I honestly didn't even change that much. Which is why, you know, sometimes and I learned this even, you know, in my master's in functional medicine, it's like, there are these ranges. And I think it's one of the crutches of medicine is like, there are these ranges. And though they can be really useful, they can also be detrimental because there's like all these red flags if you fall out of them. But oftentimes, you can be totally healthy, as per my experience, as per pretty much every friend of mine gained more than 25 pounds and created not only healthy children, but were metabolically healthy the whole way through as well.

DR. ELLIOT BERLIN, DC: Yeah, so that's an important distinction, because that's why I asked if you're eating well and still exercising, sometimes people have a rapid and a weight gain over the average. And it's because they let themselves go and really stop exercising, and then just start eating way different than they were unhealthy things. But I have many in my mind, memorable patients over the years, like you who started with a healthy weight and ate well and continue to be active and just put on 65 or more pounds. And also, by the way, kind of snap back afterwards pretty quickly.

DANIELLE DUBOISE: Yeah, which I did. And which I, you know, on the other side of that, I was obviously worried it was going to spark all of my, you know, body image issues, etc. But I decided to hold as much grace and reverence for my body as I tried to during pregnancy. And yeah, it actually fell off pretty easily.

DR. ELLIOT BERLIN, DC: Amazing. All right, we're gonna take a quick break, come back, find out about your first pregnancy and birth. Welcome back to the Informed Pregnancy Podcast. We're talking to Danielle Dupont, who gained 65 pounds in her first pregnancy. That's what your frame is for now. I mean, it was fine for you. You embraced it.

DANIELLE DUBOISE: Yeah. The rest of the pregnancy was pretty easy. Up until, let's see, 31 weeks, I was planning on a home birth. I had a home birth midwife.

DR. ELLIOT BERLIN, DC: Why home birth?

DANIELLE DUBOISE: Well, I actually didn't even know if that's what I wanted, but I started in kind of traditional OB care. And, you know, I think the best advice I ever got about birth was give birth where

you feel safe. So a lot of people feel safe in the hospital. I do not. You know, I grew up going to see my mom there. It's just not a place where I want to be. So I decided I felt safest at home, and I really liked the midwifery model. I think every mother needs to be mothered during this process, especially as she's becoming mother. And I felt like I got that with midwives. So I made the switch, and it's less about being at home and more about the freedom for me to let my body do what it needed to do and to fully let myself surrender

DANIELLE DUBOISE: to the birthing process instead of it being medicalized. But then at 30 weeks, they thought at like 18 or 20 weeks, I had placenta previa, but it was very small. So they were confident it was going to move. And then the follow-up was at around 30 weeks or so. And it had moved, but they found vasaprevia. Vasaprevia is where one of the fetal veins falls out of the Wharton jelly, which is, you know, when you think about the placenta and the connection to the baby, all the fetal veins are wrapped up in the Wharton jelly in there. Occasionally, one will fall out or not fall out, but moves outside of the Wharton jelly. And in this case, vasaprevia means that fetal vein is in the way of the birth canal.

DANIELLE DUBOISE: So as you can imagine, it can be pretty detrimental if you go into labor and the fetal vein breaks. The fetus can bleed out very quickly. So they say within a few minutes, it requires highly dedicated care. So they gave me two weeks for this vein to move out of the way. Otherwise, I would have had to go from a home birth to I would have had to be in the hospital from 32 weeks all the way until 40 weeks on a monitor to make sure that I didn't go into labor. And if I did, I would have immediately an emergency C-section.

DR. ELLIOT BERLIN, DC: Wow. That's daunting for anyone. Even people who don't have a bad history with the hospital and feel safest at home. So you covered a lot there, but placenta previa for anybody who doesn't know is where the placenta is sitting low over the cervix. And so it's difficult to give birth that way because the baby would have to kind of blow through the placenta and come through. And that's dangerous. So almost always a cesarean. But your placenta moved up, leaving space between the placenta and your cervix, which would have been great if you didn't have this exposed umbilical vessel sitting right over your cervix. And is there anything to do about it? To try to kind of remedy it or you just have to wait and see what happens?

DANIELLE DUBOISE: The conventional medicine, no. Um, you know, I worked with a few acupuncturists who helped me do some blood building herbs and, you know, they believe like moving sacral energy up to the head can help. with things like that. So I did a lot of that and then to be honest my husband and I just did our version of prayer every single day and we envisioned the vein moving and we talked to Naomi who is now sitting here next to me and you know it was really hard but it was also strangely one of the most beautiful times that my husband and I have had together because we were kind of anchored together behind this prayer and this hope that she would be So we went back to get it measured and it had to move the crazy part was it had to

DANIELLE DUBOISE: move like 0.2 centimeters or something like it was so small so we went back for two more in the in the middle scan they said okay it moved a little bit it still has to move more and by the time we went back yeah like point one exactly and by the time we went back they said it moved just the right amount for me to no longer be in you know high-risk care so by that time though I had

already moved from a home birth to a hospital birth because my home birth midwife obviously can't take a high-risk birth I moved to hospital midwives but it was a really awful kind of like last chapter in so many ways because my whole I had spent the last nine months basically planning for something and you know they tell you you'll never stick to

DANIELLE DUBOISE: your plans so don't you know get to don't count on them too much but of course that's so hard to do so I switched midwives I switched to a hospital that was about an hour away in New Jersey so that was the only midwife run hospital and it was hard I didn't love the care I didn't feel as connected to the midwives the midwife I had was in her 70s I think she's done like more births than any other midwife in America she's clearly amazing but like I think by that time had just forgotten what it's like to walk a first-time mother through this experience like she had walked into my labor and delivery room with like a glass of scotch and a cigar I would not have been surprised and then you know I had to find a

DANIELLE DUBOISE: new doula last minute because of the dual I had had couldn't go to Jersey I had to change everything and I didn't feel as prepared I didn't feel as ready and my husband was also terrified so he was so scared that something was gonna happen that the vein would have moved you know there was a lot of fear he was terrified of doing a home birth or just terrified in general birth now like you hadn't been until this that happened he also his best friends a pediatrician and his sister is a pediatrician so he had a lot of you know voices in his ear

DR. ELLIOT BERLIN, DC: loving voices but also medical voices exactly super quick question just

DANIELLE DUBOISE: curiosity what is your version of prayer look like um we had been gifted these little shoes that were like newborn shoes and every morning we would spend about ten minutes just like imagining her in them you know like talking to her and telling her that it was safe and that we were ready and we couldn't wait to hold her you know imagining the vein moving like making a list of all the things that we're grateful for I think finding your resonance with gratitude in a time of fear is the most healing thing we can do so yeah finding our attitude talking to her reminding each other that we were all gonna be together soon I think that's what kept us going so

DR. ELLIOT BERLIN, DC: beautiful so was there ever a thought of going back to the home birth

DANIELLE DUBOISE: you know for me yes for my home birth midwife she was like you're already there I also better if you're in this care she put me with this midwife so she felt really good about this midwife and we were taking a walk on one hot summer July night and I remember because it was the first night I saw fireflies and I just felt this wave wash over me and it wasn't really a contraction but I knew labor had started and we finished the walk and it was kind of this magical place it's like you can start to feel your mind and body separate a little so it's this really kind of holy experience and we were all really excited and you know took our time I felt some contractions but I knew we were like quite far away from you know

DANIELLE DUBOISE: anything like let's go to the hospital so I got through the night and my contractions started picking up and got through the next day and they started picking up more and more and more and so we called our doula and that night we decided to go to the hospital even though it was still probably pretty early we thought like better safe than sorry which is I feel like every

first time couples mistake well especially if you live that far away and we live that far away and in New York City so you never know what kind of traffic you're gonna deal with so anyway we get there and I'm like half a centimeter dilated and my water has not broken and so they're like I think you should just get a hotel room near the hospital

DANIELLE DUBOISE: And I really didn't want to do that. It's like, okay, it's one thing to be in the hospital and not at home. I don't want to just go labor in some hotel room. And then right as I was leaving my water broke.

DR. ELLIOT BERLIN, DC: Oh, wow. Related to the pelvic exam, or is this ready to go?

DANIELLE DUBOISE: I think it was related to the public exam.

DR. ELLIOT BERLIN, DC: Okay. I trust your intuition.

DANIELLE DUBOISE: Yeah. Which, you know, you learn like with my second birth, I didn't do pelvic exams. So my birth from there was pretty intense. Like, I don't think she was ready to come yet. My waters were not really ready to break yet, but the minute my waters broke, it was like her head fell into my cervix. And it was just, you know, as any laboring mother knows, like the most intense it's like pain, isn't even a word for it. It's just like all consuming and they were back to back and so close together. And, you know, I really wanted to have the closest thing to home birth that I could have, but in the hospital. So I decided not to do medication and we went on like that for 48 hours. Yeah.

DANIELLE DUBOISE: And I was actually 10 centimeters dilated about 30 hours in, but for the next like 10 hours, she just like, wouldn't come out. So they were thinking like a shoulder in the way, but I actually remember the moment when I feel like she was ready to come through and I was too scared of the pain. And so I like clenched and I basically stopped labor myself. And in that moment, my midwife came in and was like, I think it's time for a C-section and I wish they'd already been so, I already had more time than most laboring women in the hospital would have had. But I think what I needed was like a spoonful of honey, a 20 minute nap. And someone to tell me that I was going to be okay. I needed that mother in that moment.

DANIELLE DUBOISE: I needed someone to tell me you can do this and you're going to be okay. Like it's going to hurt, but that pain is what's leading you to her coming. But I didn't have that. And I didn't know that's what I needed in the moment. Cause I'd never done it before. And so I trusted my midwife, which, you know, who knows? Like I have no regrets and to be honest, I was born C-section and I did have a lot of judgment. I had a lot of judgment around my mother choosing a C-section. And so it was very humbling and important, I think for myself and for our lineage, for me to understand what it's like to have to make that choice and make it out of love and make it from an empowered place that it's not always this disempowered place.

DANIELLE DUBOISE: So I trusted my midwife and they rushed me in after 48 hours of active labor, which is really intense. Cause it's like, I basically had both labors. I had, I had a full active, you know, non-medicated labor for two days and then had major surgery. So it was pretty overwhelming. And by the time they gave me the epidural for the C-section, I just was so messed up. It's like I hadn't eaten in two days. I had, you know, basically gone through that marathon. So I didn't get that like connected time with her. Like I started shaking right away, right when she was born. And like, I barely remember

that time, to be honest.

DR. ELLIOT BERLIN, DC: I have so many questions, but I'm going to stick to number one is you're all about food, nutrition, supporting your body with like food as medicine, was it your choice to not really eat during the 48 hours of active labor?

DANIELLE DUBOISE: They're just like, we had food and my doula had made these like cacao date, you know, whatever little bars that, you know, you can take like a couple of bites in between labor pains if you're lucky.

DR. ELLIOT BERLIN, DC: So you had the option, but you just weren't, yeah.

DANIELLE DUBOISE: Like any woman who can actually eat during labor, unless they decide to get an epidural, it's just too intense. Like it's too much.

DR. ELLIOT BERLIN, DC: Yeah, sure. And then the other question is, I mean, it seems like there's between two, a totally unmedicated birth and a C-section. Was there any point where you're like, okay, this is intense for me. Maybe an epidural will help me relax and then maybe it'll come through.

DANIELLE DUBOISE: You know, no. And I honestly think if I decided to get an epidural, I probably would have had her vaguely, you know, suggested it in the moment. You know, you give them these birth plans and you say, I don't want a medicated birth and they tried to really respect me and not push it, which I'm grateful for on one hand. On the other hand, my guess is it would have been a vaginal delivery, but I just think everything happens for a reason. And, you know, at the end of the day, like she was so healthy. She got inoculated from, you know, lots of my vaginal bacteria because I was laboring for so long and my water was broken for so long, I got to have that laboring experience and.

DANIELLE DUBOISE: You know, I didn't have any trauma around, like, the actual experience of her birthing. Like, I know I have a lot of friends who got an epidural and, you know, ended up tearing, like, having a third degree tear. Like, I didn't have any of that, which I'm really grateful. I didn't bring that into this birth, into my second birth. So it was really intense. And any woman who knows who's had a C-section, like, those first few days are so hard. Like, you can't, like, get up and go run and get your crying baby. You're not learning how to find yourself again because you just gave birth and, you know, your whole kind of center of gravity has changed. But now you have this, like, huge incision, you know, the emotional part of what it

DANIELLE DUBOISE: meant to bring my child into the world in the opposite way, like, I had planned. In fact, the way I was avoiding all that kind of emotional baggage to work through and then, you know, what it means. You spend so much time thinking about the birth. You have your baby and you're like, oh, I didn't really plan for this part.

DR. ELLIOT BERLIN, DC: Yes, yes. My wife talks about that all the time, that, you know, you plan for the 24 hours, typical labor, in your case, maybe 48. And then you forget to plan for the next 24 years of, like, raising this child. It's very interesting. I made a documentary called Trial of Labor, all about vaginal birth after cesarean. And when we were doing it, we interviewed a lot of women who had babies, unexpected cesarean, for the first one. And then some of them had a repeat cesarean

scheduled. And that group of people only, but every single person, it wasn't a ton of people, but every single person in that group said the same thing, that if they had the choice, looking back, they would have rathered to labor some, even if they

DR. ELLIOT BERLIN, DC: knew they were going to have a cesarean birth.

DANIELLE DUBOISE: Yeah.

DR. ELLIOT BERLIN, DC: Then having labor and then a cesarean and then not having labor and then having a cesarean just felt, they all used the same word, surreal. It felt very unusual. Like there's no transition. Like they were missing something. And so the way you describe, like, having had that 48 hours of labor, it seems like there's a lot of benefit to having had that, even though you ended up with a cesarean birth that you weren't wanting.

DANIELLE DUBOISE: For sure. And by the time my midwife came in and said, I know you don't want to hear me say this, but I think it's time. It was like, I had given everything. And so I trusted her that she knew, you know, that it was time. And I didn't feel like, you know, now in retrospect, I feel like, as I said, if I had had like that rest, which apparently is very normal in birth, not here in America, but like that labor can stall for a little while and so that the mother can rest. And as long as the baby's healthy, which by the way, my baby was healthy, the entire labor that it's okay to pause, it's okay to rest. We don't really allow for that in our current kind of American understanding of what it means to bring a child into this world.

DANIELLE DUBOISE: But I think had I had that, I might have been in a different spot, but given that I didn't know that was an option, I knew in that moment, like I couldn't give more unless I went and took a nap.

DR. ELLIOT BERLIN, DC: So it almost sounds like had she come with that glass of scotch, it would have been help.

DANIELLE DUBOISE: Seriously.

DR. ELLIOT BERLIN, DC: Maybe even the cigar. How did you recover? I mean, you're super healthy person, and then you'll have this big surgery and then you recover. Did you find things that helped you recover physically? Did you feel like you got back to yourself completely?

DANIELLE DUBOISE: No, I mean, I don't even know what getting back to myself completely is because you're just such a different human going from maiden to mother, but I will say that the C section did force me to rest in a way that I know I didn't after my second when I had a vaginal delivery. And so I feel like I glowed downtime a little during that time, which I'm really grateful for. I literally just sat in bed with my child for two weeks. Yeah. And it was such a gift. And I also, you know, my husband stayed home with me and it was just like, we all remember it as this really beautiful time, like this little bubble of time where we all just kind of pressed pause.

DR. ELLIOT BERLIN, DC: And that was about three years ago.

DANIELLE DUBOISE: Yeah. Little over.

DR. ELLIOT BERLIN, DC: All right. But now you have another baby. Let's take a break. Come back in front of about round two. Welcome back. We're talking to Danielle Dubois. Okay. Second pregnancy planned.

DANIELLE DUBOISE: Yes, ready for another one ish. You know, I respect all women's journeys and I know some women have a really hard time getting pregnant, but I also do have to say that even though we wanted both pregnancies, we got pregnant on the first try with both. And that also comes with its own. emotions because I had been told, you know, I have various friends and women's health and fertility that it can take a healthy couple up to a year. And so I was ready for it to take a year and both times it didn't. And so, yeah, that came with its own emotional roller coaster. But yes, we got pregnant actually, right when the city shut down in COVID. Oh, for a pandemic. Yes. And I actually had COVID at the time. Oh,

DANIELLE DUBOISE: why? Yeah, early on, like, yeah, everyone in New York City, like had it in March. Basically, it was that's when it was like New York City was just like the numbers

DR. ELLIOT BERLIN, DC: were skyrocketing. Just even going back once again, I had somebody on the podcast recently who said that she went to try to have a baby, assuming it would take at least three months. Yeah. And totally comfortable if it would take a year. And she said I was expecting it to take 12 months and it took 12 minutes. Yeah. And I was like, oh, wow. Yeah. And it can be it's a lot because it's like you I wanted to have so much gratitude. But I was also like, oh, I didn't know what was going to happen this quickly. And it is, you know, of course, anybody who struggles with it is like, I wish I had that. But you know, whatever story you're in, it's your story. And there's high points and low points. And it's a challenge in different ways. How was

DR. ELLIOT BERLIN, DC: your COVID?

DANIELLE DUBOISE: You know, it was obviously like I was nowhere near hospitalization. So I'm very blessed. But it was not six weeks of feeling pretty sick. And I lost my taste and smell for about a month. I felt like really hung over every other day, even though I wasn't drinking or anything. So it was a roller coaster and up and down. But the biggest roller coaster of it was definitely getting pregnant. And, you know, honestly, it was less about COVID and getting pregnant. And it was more like, what world are we living in? Like, am I going to give birth in a hospital? Like, they weren't even allowing doulas at that time. And then on top of that, I knew I wanted to have a home birth. But you know, home birth midwifery in the

DANIELLE DUBOISE: COVID era, it also changed so much. It's like they have to protect themselves. So they like aren't meeting people in person because they have all these deliveries where they have to protect them. And it's like, it's very complicated and very emotional. And at a time where like, I really needed to find someone to decide that they would take this risk with me, because a lot of midwives, especially in New York City, won't do VBACs.

DR. ELLIOT BERLIN, DC: So much going on there. Okay, VBAC in general is something that people struggle with. Should I try for a vaginal birth? Or should I just go for another cesarean? You chose vaginal. Then, where do I do my vaginal birth after cesarean? You chose home. And just by virtue of the fact that midwives, many of them don't even feel comfortable doing it, means that to a

degree, you're going against the grain. And what you said about midwifery care, I didn't get it right away, but midwifery care changed during the pandemic. It's not the birth itself that changed so much, but it's all that leading up to where you're so nurtured and so surrounded by a holistic practitioner who's not just measuring your bump

DR. ELLIOT BERLIN, DC: and having you pee in a cup. It's how was your relationship? How was your nutrition? How do you feel emotionally in your exercise? And that's hard to do virtually.

DANIELLE DUBOISE: Exactly. And also, like, you have to find your person and finding them. It's so much of an energetic match. And by the way, that was something I learned in my birth, too. It's like, you have to find the people that you trust so much that you can literally cross the veil, that you can like cross the veil and lean on them in a way that, you know, you trust that they'll have your health in mind, that they'll have your baby's health in mind. And that's like, it's a lot of trust. And so it's something that you garner over several visits, or at least I had with my midwife. So yeah, it was hard. And I also couldn't really find anyone that there's something about like, I don't exactly know, but like the laws

DANIELLE DUBOISE: in New York City make it incredibly expensive for midwives to have insurance for VBAC patients, which, by the way, you know, and I'm sure you can speak to this much more than I can. But from my understanding, there's like less than a 1% greater chance of maternal or fetal death in a VBAC. And it's about like the uterus kind of opening at the wound of the C-section, right?

DR. ELLIOT BERLIN, DC: Right. So last time I looked at the statistics, there was a one half of 1% chance of that scar opening up. But the scar opening up doesn't necessarily mean anything catastrophic will happen. It means, you know, a quicksus area in birth, and it is an emergency. But generally, more often than not, both the mother and the baby come out fine. In all of my years of working with pregnancy and a lot a lot of VBACs, I can think of three where the scar opened up, which they always call uterine rupture, but it's not always a rupture, meaning sometimes the scar just becomes so thin that it kind of separates and it's time to go have the baby by cesarean. And sometimes it's a much bigger emergency where it actually just kind of pop

DR. ELLIOT BERLIN, DC: and the baby can be floating outside the uterus. Then you can lose your uterus, there are risks, you can lose the baby, but the odds of that happening are very, very small, but not zero and obviously it's a big consequence. So it's a risk benefit analysis that any individual has to make and you made yours and you decided the benefits for your outweigh the risks. So yeah, midwifers sometimes they end up in a hard spot, even medical doctors end up in a hard spot. Sometimes the insurance, because of liability, it doesn't matter how infrequent it is, if it happens, there's a tremendous amount of liability for them. So it costs them a lot to be insured for it. Was your partner, because he was kind of nervous about the first birth.

DANIELLE DUBOISE: Yeah, he was really anti-home birth. It was really hard for us. Yeah, it was really hard for us. And he really wanted to support me, but he had not only now his own fear to contend with, but the fear of his best friend and sister. So it was really hard. And I just kept coming back to this sense of and reminding myself, I don't know where we were taught that we should always choose the safest route. But I decided that what I was solving for in life, not just in this birth was to feel, was to like feel everything. I wanna feel it all. I wanna feel what it's like if I can to give birth to this

human. I wanna feel what it's like. I wanna do that. I had no issues during pregnancy. My C-section scar healed beautifully. There were no red flags.

DANIELLE DUBOISE: And I also felt like what was so discounted in kind of the medical literature is how birth outcomes when a woman feels safe. And it's hard to measure. As I've learned over the years, even in nutrition studies, it's like when all you have is a survey with someone, it's hard to really count on the data. So if all it is is like a survey is like, how safe do you feel right now? It might not be the most compelling data, but I can tell you the difference between my first birth and my second was so night and day in terms of how safe I felt with my practitioners that I knew in a moment, the moment that I had all of my practitioners lined up, even before I was in birth of my second, what I didn't have in my first and why I couldn't do it.

DANIELLE DUBOISE: And it offered me such a sense of like, I forgave myself. I allowed myself to just recognize that I needed XYZ in order to do this and I didn't have it in my first birth and I was making sure I had it my second and I was gonna give my all. And if that ended in a home birth, great. If I had to go to the hospital, if an emergency c-section teaches you anything, it's that just be grateful that you have a healthy baby. But I also don't like when people say that's all that matters because that's not all that matters. Your experience as a birthing mother also matters. And so if you choose to go have a c-section, that matters. If you choose to go have a home birth, that matters. And so I knew that the risks were really, really low,

DANIELLE DUBOISE: even though that's all anyone likes to talk about with a VBAC. I finally found one of my best friends lived upstate in New York in the Catskills and she had a home birth and she had this woman who is like this renegade midwife and I had actually done havening with her, which for any mothers out there who haven't heard of havening, havening is when you can work with a healer, oftentimes they're birth workers, but it's a way in which they help you work through birth trauma. And it's like based on sensorial touch and kind of like letting you feel what it's like to be back in the womb, so to speak and mothered. And so I had done some havening with her and it was really helpful. And so I went upstate to meet her when I was pregnant

DANIELLE DUBOISE: and I said, this is what I want. And we're all masked and it's all kind of awkward. And she told me, she's like, baby, if you're healthy and you wanna have a VBAC, like let's have a VBAC. And just like the way she said it with the confidence that she had in me, with the confidence she had in the process, which like the kind of reverence she had from my choice, no judgment. And it just like, it felt like, wow, I found my person. And I had-

DR. ELLIOT BERLIN, DC: The problem is you don't like to have babies near where you live.

DANIELLE DUBOISE: I know, seriously. Oh my God, I know. I'm not having any more, but yes, if I have another, I'm going to do it closer to my apartment because of all these dramas surrounding not being near. Yeah, and then I actually found a doula who I had been working with. a long time as a masseuse and I love her so much and so everything was stronger this time around. My relationship to my midwife, my doula, everything was just like really fell into place and I took that as a sign too. By the end had your partner come around? Yes, but we were two weeks late. Oh. Which came with its own drama and thank God that I had that midwife because there were moments where I was convinced I was going to be pregnant for the rest of my life.

DANIELLE DUBOISE: There were moments where my husband was like, we can't do this. It's like way past danger zone. Now it's one thing to be doing a home birth VBAC at 40 weeks, but now we're at 41 and a half and you know all the risk factors go up and a sister's telling him blah, blah, blah and your baby's gonna die. Oh man, it's like I can laugh now, but it was not funny. Yeah, sounds intense. It was really intense and at that point for a VBAC, your choice is either home birth or c-section. So after 40 weeks, you've made that choice. Like no one's gonna

DR. ELLIOT BERLIN, DC: really induce a yeah. That's certainly not at that point. You know, the numbers we talked about one half of 1% are all inclusive, but the risk does go up with induction.

DANIELLE DUBOISE: Yeah, yes, goes up with induction and it does also go up with time. You know, the baby gets bigger, everything stretches more. So I remember this Saturday before he was born, he was born on a Sunday and I was the dead of winter upstate. We had rented an Airbnb, had been there for a month trying to like make it feel like home and I called her that morning and I was like, I just don't know if I can do this and she came over and she checked on the baby and the baby was fine and she just held me and we can make it right now, but she just let me cry and she just let me, you know, like tell her all of my fears and the fears that had been put on me because that's the other thing as a birthing woman. Like

DANIELLE DUBOISE: it's not just you have to contend with other people's fears. So I had the fears of my husband and my doula at that point was also starting to worry a little bit and she just held me and she's like, your baby's fine. You're fine. He's going to be here soon and she just kept reminding me and then the next morning at five a.m labor started. My contractions finally started and I woke up and I was so excited and I woke everyone in the household up. Our doula had been staying with us waiting for the baby for over a week. God bless her and it was a really, really snowy day up in Rhinebeck and the labor started at five and by seven my water had broke and it was like full on labor.

DR. ELLIOT BERLIN, DC: And I just had no pelvic exams this time?

DANIELLE DUBOISE: No pelvic exams.

DR. ELLIOT BERLIN, DC: Not even during that whole two-week period that you were past due?

DANIELLE DUBOISE: When I think at like just past 40 weeks she checked, but it was very gentle and I feel like maybe she looked at my cervix that she didn't touch my cervix and she knew that I had had like, you know, PTSD from being checked. So she was very gentle, which just in and of

DR. ELLIOT BERLIN, DC: itself was such a different experience. So your water break definitely was not related to a pelvic exam this time. Did it feel different?

DANIELLE DUBOISE: It felt so different. It felt soft and like big, but also like this welcome experience. It wasn't like this big surprise. It wasn't as painful. Labor started like, you know, full on after that, but came on more slowly. It wasn't like zero to a hundred like it was with the last one. It was like zero to 30, 30 to 60. And I remember my doula being there and looking at me and holding me while my water was breaking. And she like slowly picked up her phone out of her pocket and started calling the midwife. Like I think probably telling her like, get your ass over here. Cause it happened really fast. And I just started laboring and it was so intense. And my midwife said, look,

DANIELLE DUBOISE: there's going to be a moment that we hit. That's going to be where you stopped last time. And when that happens, grab me. It's going to make me cry. And she's like, just grab me because we can do this. And I don't remember that cause it's all such a blur. But I remember I had a friend staying with us and he took my toddler for a couple hours. And then at like in the afternoon I was in the bath and I remember it was snowing so hard and there were all these birds flying by. I feel like my son's very connected to birds. And my toddler came down and she just started like rubbing my head as I was in the bath. She like ate lunch next to the bath and she like brought her coloring

DANIELLE DUBOISE: book and she was just hanging out with me the entire time until he came. He came at 5 p.m.

DR. ELLIOT BERLIN, DC: At 12 hours?

DANIELLE DUBOISE: Yeah, 12 hours. And you know, my midwife, they kept telling me he's almost here. like five and a half hours until he was there. So my midwife felt like that was where I hit my kind of block last time, but also he had a huge bed. And so he like kept coming down the birth canal and then going back up for about five hours. So intense, but I will tell you that he was almost nine pounds and I didn't have a single tear. And I think it's because like she just let me labor however I wanted to labor. And I just slowly stretched over those five hours. And yeah, daddy and my toddler caught him just as the sun was coming down. And yeah, my husband got to cut the cord hours later and we all ate dinner together and went to bed.

DANIELLE DUBOISE: It was like literally, I don't think I could have asked for a more beautiful birth. It was so healing. And for anyone out there who's had a C-section I was worried that I was gonna think about it, that I was gonna worry about being that like one half of 1%, I didn't think about it once. Like I didn't worry about my C-section scar once. So I know we can carry these stories with us but then when we're in the moment, I think so much of that fear melts away because we're just worried about what's in front of us and getting through to the next contraction.

DR. ELLIOT BERLIN, DC: You're such an amazing story killer. Like I'm in the story. I'm literally holding back tears.

DANIELLE DUBOISE: Yeah, it was really healing. And I feel like it was an opportunity for me to heal my lineage. Like my mom came from a C-section, I came from a C-section and then my grandmother was born via like, her mother had like chloroform and it was like knocked out. And so it was like the first time in a long time that I think this lineage has had a free birth.

DR. ELLIOT BERLIN, DC: And your little girl was there to witness it.

DANIELLE DUBOISE: Yeah, it was awesome. And she talks about it all the time.

DR. ELLIOT BERLIN, DC: It's amazing. Such a moment for her. Wow, Danielle, thank you so much for sharing the story. I know, I mean, you're aside from mother of two, which is insanely busy by itself, two little ones. You also have a big growing company and you know, passion to help other people. I am extra grateful that you made time to come here.

DANIELLE DUBOISE: So happy to be here. Thank you for telling these stories and offering a platform. It's so important. I wish I would have known about you while I was having children because I will tell you that knowing that someone else did it makes the world of difference.

DR. ELLIOT BERLIN, DC: Yeah, and that's the feedback we get all the time is that every time someone like you comes and shares open honest story, it helps dozens of other people. Well, thank you. And I'm also inspired by you. I'm inspired to get rid of my little wagon that I keep falling off of and to load my life with vitamin J. Danielle, where can we find you online?

DANIELLE DUBOISE: Let's see, Instagram is at Danielle Dubois or you can find me at Sakara Life as well.

DR. ELLIOT BERLIN, DC: I'm gonna go follow both of them right now. Beautiful. And then for us, you can always contact us online, either at informedpregnancy.com or on the Instagram at Dr.Berlin, D-O-C-T-O-R-B-E-R-L-I. Who's that got a.

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