Transformational Birth with Adriana Lozada

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IN THIS EPISODE

Birthful podcast host Adriana Lozada talks with Dr. Elliot Berlin, DC about her unlikely road from Venezuelan youth media — by way of Montreal, a year on a sailboat, and Rochester, New York — into birth work. Her own first birth, posterior labor and all, left her feeling like a vessel rather than the center of the experience, and it set the course for her work as a doula and educator: support the physiology, center the person, and start with a different question — how do you want to feel?

About this transcript: *This transcript was created with AI-assisted transcription and reviewed by our team. It may not be 100% accurate — names, medical terms, and phrasing can occasionally be mis-transcribed. For exact wording, please listen to the episode audio.*

DR. ELLIOT BERLIN, DC: Welcome to the Inborn Pregnancy and Parenting Podcast. I'm your host, pregnancy focus chiropractor Dr. Elliot Berlin. My guest today is a Venezuelan-born, former Spanish-language media leader whose experience with her daughter's birth changed her career and her life. Now she's a successful doula and birth educator and host of the very popular podcast, Birthful. Adriana Lozada, welcome to the podcast.

ADRIANA LOZADA: Thank you. I am so excited to be here. I feel that we've been connecting and not connecting for years and it's a delight to talk to you for sure. I always feel like I'm in the same puzzle as you and we're pieces of that puzzle and we're always working together even when we're not communicating directly.

DR. ELLIOT BERLIN, DC: Well said, yeah.

ADRIANA LOZADA: And I couldn't ask for a better puzzle mate.

DR. ELLIOT BERLIN, DC: Ah, that's very sweet. Yeah. No, likewise. So much to talk about because you have such an interesting career and you're doing such great work. Before we get there, let's start at the beginning. Where are you from originally?

ADRIANA LOZADA: So I was born in Venezuela and I was doing the math recently. I think now I've evened it out the amount of time I lived there and the amount of time that I lived in the United States

and I've lived in other places too. But you know, like I was in Venezuela up until I was 10. Then we are here in the U.S. 10 to 13. Then I went back and did high school there. So it's always been a lot of moving around. What languages do you speak? So English and Spanish are just both back and forth. Same thing, right? For you. Okay. They're both my mother tongues, I would say, right? If such a thing.

DR. ELLIOT BERLIN, DC: Do you think in both languages?

ADRIANA LOZADA: I can, yeah.

DR. ELLIOT BERLIN, DC: I'm just curious how it works. If you're talking English conversation, then are you thinking in English? And then if you're talking in Spanish, you're thinking in Spanish?

ADRIANA LOZADA: Exactly. And then I find if I've traveled, so if I've traveled to a Spanish-speaking country for a while, I'll start dreaming in Spanish. And then while I'm in the U.S., I'll just dream in English. It's just, you know, your brain works that way. And I did a gap year after high school to Japan. So I have very like Japanese high school level.

DR. ELLIOT BERLIN, DC: Wow, it seems like a hard language.

ADRIANA LOZADA: It was really interesting. But I remember once I felt like, ah, I've got this, where it's not a struggle is when I started having some dreams in Japanese. Like that's my litmus test.

DR. ELLIOT BERLIN, DC: Wow. That's a benchmark. Yeah. I speak fluent Spanish, but only colors. Okay. I'm audio, you know, but it's something I don't dream. So I don't know what language I would be dreaming in.

ADRIANA LOZADA: Now, hold on. You just don't remember your dreams. Oh, boy. We're doing the tables. Everybody dreams.

DR. ELLIOT BERLIN, DC: I just became the guest and you became the host. I mean, it's possible that I don't remember my dreams, but I don't remember having dreamt anything. I just go to sleep and then I wake up and it's as if there was nothing in between. Sometimes the dog gets his tail on my face and I remember that.

ADRIANA LOZADA: You remember that. Yeah. That's what my mom says, that she doesn't dream, but it's just that you dream. You don't remember it. Like that's part of our brains. But I didn't fully answer your question in terms of languages. So Spanish and English, Japanese, I butcher really well, French and German. And I do Portuguese, but that one's almost like cheating because it's so similar to Spanish.

DR. ELLIOT BERLIN, DC: Spanish. Wow. But still that's a lot of languages. Even to just have a cursory understanding of some of them. That's great. You could go almost anywhere. Almost anywhere.

ADRIANA LOZADA: Communicate. I mean, love traveling. Yeah.

DR. ELLIOT BERLIN, DC: Okay. So we talked about Spanish language media. Was that your initial career?

ADRIANA LOZADA: That was so my background is communications. And part of that moving around, I did my undergraduate in Montreal and that's where the French comes in as well. But I wasn't studying in French. I was studying in English, but you're basically living in a dictionary when you're in Montreal. So you pick it up. Yeah. And after graduating, I went back to Venezuela. And one of my dreams was to start a, you know, like the city guides, like the voice in New York. You know, every city has their own, right? Their tabloid size weekly thing. And there were a few of them in Montreal and Caracas didn't have any. So it was my dream to create that. And, you know, things lined up, and it was the right time and right place, and we actually

ADRIANA LOZADA: got to do that crazy adventure. And it was specifically for youth media, like I'm talking before internet, right? So this was like 95 when it launched, and it was the perfect timing for it. And it became a huge hit. Like before, you had to fax your ideas to the newspaper, that's how old it is.

DR. ELLIOT BERLIN, DC: I wonder if it was that curly fax with the thermo printing.

ADRIANA LOZADA: That was it. And so the first day we launched, the fax was going off the hook. Like paper was just rolling through. People were so excited. So that turned into all kinds of media stuff. We did clothing company and like a radio. That's where we come full circle. I had a radio show.

DR. ELLIOT BERLIN, DC: Ah, okay. What was that about?

ADRIANA LOZADA: Well, no, everything we talked about with that company, that media outlet or all the different media, cause we did book publishing and the radio and award ceremony and the newspaper, like it was intensely crazy fun. It was all for youth media. So it was, you know, 15 to 25 year olds. That was a broad target. And yeah. And then we jumped into the internet. So I kind of lived the internet 1.0 rise and bust of that. Yeah, noisy modems.

DR. ELLIOT BERLIN, DC: The noisy modems. Yeah. Wow. You just took me on a whole tour through my life and development. Yeah. Interesting. I had a radio show in college and I never really expected to come full circle with that either, but life's weird that way. Here we are.

ADRIANA LOZADA: Okay. So now you do something very different, but somewhat similar. And the pivotal point, as you mentioned in the intro was when I had my daughter and before that, if you couldn't already tell, I was very much, you know, very type a achiever, blah, blah, blah, with the six languages and so forth. It came through. And then having a child was one of those things that I've just, obviously I wanted to have a child and I wanted the experience, but it was almost something on the list, right. I was like, oh, and also have a kid. Not that I, yeah. I mean, and I hate saying it like that, but there was something about that. Right. But I didn't know anything about what that entailed and the huge life transformation.

ADRIANA LOZADA: And yeah, that it would set me on this path. But I approached that from that journalistic point of view. So once I was pregnant, I read everything, tried to absorb all the information. And the more I did, the angrier I got because I realized that the person doing the work is not the one being centered.

DR. ELLIOT BERLIN, DC: Uh, as the pregnant or laboring person?

ADRIANA LOZADA: Yeah. Yeah. So the pregnant person is not the one being centered. It's the baby being centered.

DR. ELLIOT BERLIN, DC: Ah, interesting.

ADRIANA LOZADA: And it's almost like you're a vessel for this baby. And that's where we can get into really interesting conversations about, you know, body autonomy and how policies are established. And granted, this was when we weren't talking about these things in the media, this was my daughter's 18, so a while ago, and the more I read, like at that point with my media background, I was fired up to do something like the truth campaign for tobacco, but the equivalent for pregnancy, perinatal, birth. Wow.

DR. ELLIOT BERLIN, DC: Okay. This is very interesting. I didn't know this about you. So I'm about to learn a lot. And so is everybody else who's listening. Let's take a quick break and when we come back, we'll get into the juicy details. Welcome back, we're talking to Adriana Lozada. Okay, your daughter's 18, my son's 19, so we had our first kids around the same time. Where were you?

ADRIANA LOZADA: So I was at the same place that I am now, which was that in itself was something to get very used to and adapt to in my mind, but it's Rochester, New York. My husband is from here. So I am on, it's getting there, we're on Lake Ontario. So we're closer to Canada. So like if you drew a vertical line through the lake from Toronto down, you'd hit Rochester.

DR. ELLIOT BERLIN, DC: Oh, okay, so you go up to the falls?

ADRIANA LOZADA: The falls are about an hour away.

DR. ELLIOT BERLIN, DC: Oh, interesting, okay. Yeah, Buffalo and the falls. So that's where you were when you had your baby. Is it more of a big city or more of a small town feel?

ADRIANA LOZADA: It's a city, it's like a smaller city. I should know what the population is, I don't know it.

DR. ELLIOT BERLIN, DC: Whatever, when you were done, it was one more.

ADRIANA LOZADA: Yeah, it was one more. But how we landed here was, my husband and I met in New York City and then we decided we were sick of the city and in that adventurous type of thing, he'd been sailing all his life. I had not, but he said his dream was to live on a sailboat. I am from the Caribbean, I love the sea and I'm good at navigating, so I was like, how hard can it be? So we lived on a sailboat for a year.

DR. ELLIOT BERLIN, DC: Oh, wow.

ADRIANA LOZADA: And that's when we were trying to sail to Venezuela, that didn't work. And so we got pregnant and sailed north because the wind was blowing north. And the idea was just to have this kid on the sailboat and just, not on the sailboat, but like.

DR. ELLIOT BERLIN, DC: During your sailing adventure.

ADRIANA LOZADA: Sail with the kid, yeah. And we met some families out in the water, it's a really neat community that had like two-year-old and a five-year-old and we figured we'll just do that. And then it was hurricanes that got me to Rochester because while we came back, I was pregnant, and we came up to Rochester to visit family, that was the year before Katrina. So it's 2005 and four hurricanes made landfall that year in Florida. And I was fearing for my house while trying to nest. And so that's when I said, nope, we're selling the boat and Rochester it is.

DR. ELLIOT BERLIN, DC: Okay, so that's how you end up in Rochester. Now you start to say before the break that when you were pregnant, that you had the observation, the realization that everything in or most of the things in pregnancy are centered around the baby, almost as if the mother was just a little incubator.

ADRIANA LOZADA: Mm-hmm, a little vessel, yeah.

DR. ELLIOT BERLIN, DC: A little vessel, and that didn't feel right to you. Can you tell me more about how that unfolded and what you thought about it or did about it?

ADRIANA LOZADA: Yeah, so I had that desire to do something about it, but at the same time I was like eight months pregnant. So I was just needed to focus on having the baby first. And I was not familiar with the perinatal world at all. So didn't have a doula, just had what I read from that pregnant person's point of view. I did hire a midwife. So it was midwives in the hospital. And the thing is my baby was breeched the whole time.

DR. ELLIOT BERLIN, DC: Oh wow.

ADRIANA LOZADA: She breeched the whole time and around 36 weeks she was still breeched. So they said, how about we try an external version? And the head of OB at the hospital at that time was really successful with those, had a great track record. He was confident. We did them and it worked. And she stayed head down until 41 weeks.

DR. ELLIOT BERLIN, DC: Oh, she popped back up?

ADRIANA LOZADA: Nope, nope. That's when my labor started.

DR. ELLIOT BERLIN, DC: Yeah. I thought you were like, and then she, I was like, oh my gosh. Okay. So before pregnancy or in the earlier parts of your pregnancy, did you give thought to your birth intentions? How you wanted, what choices you would want to make?

ADRIANA LOZADA: Yeah. I wanted as unmedicated a birth as possible.

DR. ELLIOT BERLIN, DC: And what drove that?

ADRIANA LOZADA: The stuff that I read about the benefits to the baby. And I really wanted to be able to be a participant in the process. And, you know, there was the fear of the cascade of interventions. I've never really had much time in hospitals. So wasn't too thrilled with that. And I don't know that it was more than that.

DR. ELLIOT BERLIN, DC: Okay. Yeah. I mean, those seem great, but no, Dula, so midwives at the hospital and a 41-weeks baby has now been head down for a bit, and your labor started.

ADRIANA LOZADA: DULA Labor started at 4 a.m. and that baby was posterior and was persistent posterior. So, that was intense pain the whole time, and it didn't ease up in between contractions.

DR. ELLIOT BERLIN, DC: Oh, you still felt that intensity even when there was no surge?

ADRIANA LOZADA: Exactly, which is so, so crazy, right?

DR. ELLIOT BERLIN, DC: Like in your lower, lower back? Like, do you feel like you're going to break in half?

ADRIANA LOZADA: Yeah, and so that was ours. And I say I didn't have an epidural because I'm too stubborn.

DR. ELLIOT BERLIN, DC: I can see that. Okay. So, 4 a.m. when it starts, it starts with contractions.

ADRIANA LOZADA: No, they were like period cramps, sort of sensations every half an hour, and then they kind of started building. It wasn't until 7 p.m. that they got to that mythical 3-1-1, 5-1-1, whatever. Let's go to the hospital now. Yeah.

DR. ELLIOT BERLIN, DC: Yeah. Okay. And then is that when you went?

ADRIANA LOZADA: Yeah.

DR. ELLIOT BERLIN, DC: Okay. And what happens next?

ADRIANA LOZADA: So, I got there, and I am four centimeters.

DR. ELLIOT BERLIN, DC: Is that what you expected?

ADRIANA LOZADA: Oh, not at all. I mean, hell no. I thought I was going to be—

DR. ELLIOT BERLIN, DC: You thought it was like nine, almost 10, ready to go?

ADRIANA LOZADA: Of course, because it had been intense back labor all day long. I was just waiting for it to get to this, and I figure, okay, now we're ready to go, and we get there, and it wasn't. But things did progress kind of like now, I think back on it, and I know that things progressed kind of quickly. At the moment, I didn't think so. So, we got to the hospital around 7. By the time I got to the room, and it was getting to be, at that point, just a miserable experience, you know, because I was just trying to get through the sensations, through that pain, and I was being extremely loud. I was very good at vocalizing, because that was my coping mechanism, because I didn't have a doula to make suggestions of like,

ADRIANA LOZADA: move this way. And, you know, she would have told me not to sit on the top of my stairs for seven hours without moving. Just grinning through it. So, the best story, here was my real experience with labor land, though. At one point, I'm kind of sitting down in a little birthing squatting stool, and my midwife comes in, she says, let me check you. And I was like, no, no, no, I'm really miserable at this point. I'm like, no, no, don't check me. She's like, let me check you. I think you'll like the answer. And so, she's like, I'm fine. And she checks me, and she says, you're nine. And I got to tell you, Elliot, I was so miserable. I looked at her, and from the bottom of my heart, I said, I

thought you were going to say 11.

ADRIANA LOZADA: Which, of course, there is an 11. And I meant it. That's labor land for you, right? It's a different, altered state. So, just like you laughed, everybody else in the room laughed. And that really lifted the energy in the room. I realized what I'd said. I laughed, and then I was pushing shortly after that. I love laughter during labor. It was so pivotal. It was so pivotal. And so, then I pushed for about two hours, a little before that, and she was born. So, that check was, I want to say, maybe like at 11 something. And then my daughter was born at 12.55 a.m. on our anniversary.

DR. ELLIOT BERLIN, DC: Holy moly. You mean right after midnight? That day was your anniversary?

ADRIANA LOZADA: 12.55, yeah.

DR. ELLIOT BERLIN, DC: Wow. Oh, important day in your life.

ADRIANA LOZADA: Yeah.

DR. ELLIOT BERLIN, DC: I see it. Okay. So, in retrospect, because that doesn't sound, well, it sounds like a very uncomfortable labor. But, you know, more than typical. But it doesn't sound like a, quote unquote, bad birth experience.

ADRIANA LOZADA: Well, so here was the thing. And in terms of hours, like the first contraction was at 4 a.m. and she was born just before 1 a.m. So, not 24 hours for a posterior labor start to finish from first contraction. That's pretty good. Like I would now as a doula say that. But that's what really put me into the path to being a doula because I realized, and it went hand in hand with what I was reading and thinking during pregnancy of like, huh, nobody's supporting the person giving birth. And so, even though I had my midwife, my husband was there, my mom, like I had all these people supporting me, it was a really lonely experience and miserable. And so, if you looked at my birth plan, I got everything that was on the

ADRIANA LOZADA: plan, check on paper. Right? Like on paper, it looked great, except for the posterior labor, mind you. But what I experienced wasn't because I felt like nobody told me it was going to be like that. And nobody was helping me to navigate it. So that's where, I mean, yes, a doula would have helped. And both in my husband do agree that not having a doula was a stupid decision for us. But then that put me on the path of the doula and discovering a little bit more of what is it that's missing. It's not just about getting a baby out. It's about having a good birth experience as the person defines it. Yeah. And supported, a supported experience.

DR. ELLIOT BERLIN, DC: Well, that's really interesting. I see lots of people come out of their birth experience and feel like they weren't happy with the outcome. Not that the baby is not healthy and that they're not healthy, but that the experience wasn't healthy for them. And there's a lot of different reasons why they might feel that way. But I think if you just told your birth story, I went into labor and back labor. I labored at home for a lot. I got there. I was frustratingly under dilated and then pushed through it anyway. Got to my 10 centimeters, not 11 and push my child out. You know, it sounds like most people will be like, Oh, that sounds like a good birth, you know, but there's a lot more to it than the physical.

DR. ELLIOT BERLIN, DC: Getting a baby out of your body is what I'm hearing you say. And it sounds like that launched a career for you in trying to make sure that people have a much deeper level of support and care, mind, body and spirit care during this process. So I love that you sort of took lemons and made lemonade. And when you felt like something wasn't right for you, you gotta brush yourself off and said, let's make it better for other people. I'm going to take another break when we come back. I want to find out all the things that you're doing now along those lines of supporting people in birth. We'll be right back. Welcome back. We are talking to birthful host Adriana Lozada. Okay, so after media and after sailing around the world,

DR. ELLIOT BERLIN, DC: you get to this checkbox, let's have a kid, and you find that pregnancy is not a very mother focused experience and also under informed, and maybe a little in some ways underprepared. Because in other ways, I feel like if you just didn't have all this outside noise, and the system that we have right now, you could on the other hand, just close your eyes and not have anybody around you and just trust on the hard wiring and probably have a

ADRIANA LOZADA: mind blowing experience like that. Well, and I think what I needed for that, that I didn't understand then is that, yeah, my body was doing the physiology and obviously did it and I had a kid. What I wasn't clued into was the need for me to introspect and connect with that experience and embrace the experience. Like, yes, the back labor was really hard to embrace. For anybody, that would have been a lot. However, if I had the point of view of yes, this is hard, but you can get through it. Whereas I just felt blindsided. It's really what happened. Like it did it. But afterwards, I was almost like PTSD of what just happened. Yeah.

DR. ELLIOT BERLIN, DC: Yeah. And in a lot of ways, we're like the other animals and a lot of the ways we're not. And we live in a different society where we do have information and also the process is a little bit different. You know, the elephant's not going to the hospital to have her baby. So there are things you need to know. You are now full of birth, birthful in your life. Tell me all the things that you do and how you incorporate your experience into what you bring to your clients and to your audience.

ADRIANA LOZADA: Yeah. So I've been a birth doula now since 2007 and been doing the birth podcast since 2014, which that alone is my point that it's coming up on a decade.

DR. ELLIOT BERLIN, DC: Yeah. Wow. Before it was cool. Before everybody had a

ADRIANA LOZADA: podcast. And so I find that through the births, that was a journey and a quest of a discovery in itself because we were going to the births and then I would see, we would get to the pushing stage and it's like, oh yeah, you're 10. Now I'm going to hold this leg for two hours and you're going to be draining your energy with each push. And by the time you get to meet your baby, you're going to be exhausted. That was an experience I was seeing a lot. and thinking, this can't be right. I'm sure that this is not how mothers are birthing people and their kids are supposed to meet each other from a place of exhaustion and really dwindling confidence. And so in that quest was part of starting the podcast where by speaking to perinatal professionals

ADRIANA LOZADA: and new parents, and the new parents tell me their stories and the perinatal professionals tell me different parts of what they do. And you probably have the same point of view as

the host, as a creator and host, we get to hear all that and connect dots. And it was in those connecting of the dots of that unique point of view that I was like, aha, hold on a second, it's physiology. And we need to figure out how to support physiology and how the system is set up because it's a medical system. It's set up to safeguard in case that something goes wrong. But while doing that unintentionally, it interferes with birth physiology. And makes it so much harder to do it. So then that's where the disconnect of the experience comes in too.

ADRIANA LOZADA: And at the end, yes, it's uncertain and we can't determine what's gonna happen. But that's when I sit like with my clients and try to focus on how they wanna feel. And I wish that that was what was missing for me, how they wanna feel during the experience and just say three words. Because we don't know the details of what it's gonna be. But you could have a compassionate, supported, joyous cesarean. How you get there doesn't matter. It's how you experience it that matters and sets you up for parenting and minimizes mental health issues. It is a huge transformation of your identity and we don't value it as much when we think of a mechanical process whereby a baby comes out of this body vessel.

DR. ELLIOT BERLIN, DC: I think that how do you wanna feel is such a great question. Because if I'm hearing you right, you're saying you can't always control every turn in the labor process. You know where you're starting, pregnant and a healthy baby inside. You know your destination that you wanna get to pregnant with a healthy baby on the outside. But there's a million ways to get from point A to point B and even if you have intentions and you say I'd like to take this particular route. Once you start, you're not driving a precision vehicle. It's more like a hot air balloon and you kinda have to go with the winds to a degree. But even as you're taking those detours or navigating that journey, how do you wanna feel along the way is so powerful

DR. ELLIOT BERLIN, DC: because whichever path you end up taking, there is still some control over how you feel and how you're being supported. I love that. The closest I can relate to is when we painted our house and the interior designer came into each room and she's like how do you wanna feel when you come into this room? And it was like based on that she picked colors and that she picked decor. So this is obviously quite different but I can see how that could be really useful and something to even sort of visualize and prepare for and whoever's around you, whoever's on your birth team, for them to really tap into that as well.

ADRIANA LOZADA: Then that goes hand in hand with, in terms of control, how you can control how you show up. So you can't control circumstances but you can control how you show up. And if you decided one of the wishes that you had is to feel calm, if you're not feeling calm, so then let's talk about that. How can we help you come back to calm? Or do we need to pause the room or do we need to change the lighting? Then it allows the birth is not prescriptive but it becomes very unique to what you need at every time in that communication to support your physiology. And then the other thing that I do and I'm very passionate about is I do workshops in my childbirth education classes are very much rooted in that learning about physiology

ADRIANA LOZADA: because what birth asks of you is all these sort of soft skills that we don't value generally as a society. So we like certainty and timeliness and things organized and goal-oriented, not process. And birth is all about the messy. So, yeah.

DR. ELLIOT BERLIN, DC: That's what I was thinking when you said that. I'm like, yeah, like not too much fluid everywhere. No, that's not how it goes.

ADRIANA LOZADA: Well, even messy feelings. I'm feeling happy and pain and joy but I can do it but now I don't. Like it's such a mishmash. Yeah, there's no neat lines. No, and so we're not good at doing that. So by anchoring things in physiology, I give like my clients homework of things they can do to support that physiology and actually use these skills that we do value like doing homework and completing checklists to learn. those soft skills that birth asks of and that postpartum asks of because that's where baby lives. They live in that non-thinking brain, unconscious subconscious reality, and you need to go and meet them to communicate. And that starts with birth. So we really dwelled deep into

ADRIANA LOZADA: how to figure that out, which goes back to having it be a better experience for everyone involved. Or your workshops in person or virtual or both? Both. Definitely both. Even people who are not in Rochester. Yes, everybody can go and have traveled. I did do one a few years ago,

DR. ELLIOT BERLIN, DC: pre-COVID, in LA. I think it was 2018. Do you sail over here? I wish. No, we can't sail over that. That would be too long of a walk around. Oh my god. Cut through Panama? Yeah, that would be still long but entertaining. Yes. Okay, so right now the things that you do, you have doula services. Is that also virtual? Do you do virtual doula? You know, I did a little bit,

ADRIANA LOZADA: and it's not as powerful, I think, as when you're in person for me. So I stopped doing

DR. ELLIOT BERLIN, DC: the virtual, but I did do them for a while. It's not quite as senseless as virtual chiropractic? That I don't know how you do. You can't, but the difference, I would think, between being in person with somebody as a doula and being virtual is a world apart. I mean, if that's all you have, great. It's going to be better than not having support like that, but such a world of difference. So you do mostly in person doula work? In person doula

ADRIANA LOZADA: work I do. Well, the Birthful podcast, then the workshops and the classes are all at birthfulcourses.com. Are those live or restructured or both? Those are pre-recorded. So anybody can start at any time? At any point, I feel that. And if I get enough people, then I do a live one, but I find that it's so hard to time everybody, and people really like doing things at their own pace. So yeah. And you know, at home, comfortable, you know, on the sofa. So birthfulcourses.com, Birthful podcast. And I also do, and these are in Rochester or online, sleep consultations. So that was the next thing I got in the path of perinatal help. I feel there are many great lactation support people like IBCLCs that you can see,

ADRIANA LOZADA: but there's very few people helping with sleep in a way that is also physiological and sort of nurtured base. For the child. And the family. Oh, yeah. Thank you. For everybody. I'm going to have to come to Rochester and find out. Well, we can do virtual. We can do virtual.

DR. ELLIOT BERLIN, DC: I want to be in the room.

ADRIANA LOZADA: Okay. Okay. You can come. I will be happy for you to come.

DR. ELLIOT BERLIN, DC: I'll go see the falls.

ADRIANA LOZADA: Yeah. But with the sleep, it's about making it so it's long-term sustainable and not just like a fight for a minute that you have to do over and over again.

DR. ELLIOT BERLIN, DC: I'm really curious about your methods there, but I have a title for you. IBCL sleep.

ADRIANA LOZADA: IBCL sleep. I'm going to register it now.

DR. ELLIOT BERLIN, DC: It's all yours. Okay. God, I can talk to you forever. Do you have any closing thoughts as we're winding down?

ADRIANA LOZADA: Yes. Closing thoughts. I think that birth flows best when the person doing the birthing is centered, but they need to understand what that means, right? They need to take the reins that they're doing the birth and not others are doing it for them. And culturally, we have this idea that others do it for you. We ask permission of our care providers to do stuff or they give us permission and it should be a collaborative care. One of the things that infuriates me more than anything is how did we get culturally, how did we get to a place where you need a stranger to put their hands in your vagina to tell you about a process that's happening in your body? You never see the elephants do that.

ADRIANA LOZADA: Or anybody. And then we rely on that. Like that could be, I've seen it. I don't know if you've seen it in hospitals be like, you're seven. Oh, that was not a great check. Now you're four. Yeah, it's not right. Why did we even go based on those numbers? So I guess that would be my shift in perspective of how are you going to do your birth?

DR. ELLIOT BERLIN, DC: As you say that, I remember the contrast. I stopped doing do the work about a year ago, but the contrast between home birth and hospital birth, and it's a generalization, but it's something that I saw again and again, that in the hospital, the patient is constantly asking, can I do this? Can I have this drink? Can I eat that snack? Can I go pee? Can I wear this?" You know, it's all these can eyes. But in our system, really, all of our providers work for us. So as the person who's giving birth, the providers work for you. And it really seems like it should be the other way around. And at home birth, it generally is the other way around. If I'm like, oh, is it okay to use this towel?

DR. ELLIOT BERLIN, DC: You know, the mom will tell me, yes, I can use this towel, or no, I can't use this towel. It's just everything. Like if they're hungry, they'll ask for something to eat. Or we're asking them, do you want something to eat or something to drink? It's a totally different dynamic. And, you know, to see the difference when you're in the driver's seat versus not even the passengers, like the back seat over the hump in the middle sometimes is what it looks like.

ADRIANA LOZADA: So yeah, it's that difference between self-efficacy, self-determination and compliance. And the hospital system is set up and the hierarchical structures of it and our relationship to the medical system is set up so that we comply a lot. So it's hard to be self-determined in that space. And so the question is, how do you get there? Because that's what birth needs of you.

DR. ELLIOT BERLIN, DC: Yeah. I mean, I do sometimes see my patients that want that. They want to be told constantly, like, this is exactly what you have to do. We'll essentially do it for you, but just follow or comply with our instructions and our guidelines. But I feel like the majority of people don't really want that if they know there's an option. So and then the hospital birth course oftentimes is just it's informative, but it's also kind of an instruction on how to be a good patient. And so I prefer out of hospital birth courses where it's neutrality. You know, all we care about is you. Adriana, I appreciate you. And thank you for sharing your story. And thank you for sharing your journey, not just your birth story, but your

DR. ELLIOT BERLIN, DC: whole journey and some of your magic with us. Where can we find you online?

ADRIANA LOZADA: It's czpzbirthfull.com birthfull.com and Instagram is what we do most for social media and that's at birth full podcast.

DR. ELLIOT BERLIN, DC: Amazing. Thank you again for being here with us and at home. Thanks for listening to our podcast for more pregnancy and parenting information. Visit us online at informpregnancy.com.

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