A Before & After Birth Story with Aimee Carrero: Part Three

Episode 467 · July 9, 2025 · with Aimee Carrero

IN THIS EPISODE

The final episode of Aimee Carrero's three-part birth story. After IVF, pregnancy loss, and a surprise diagnosis, she spent her final days of pregnancy sending voice notes and trying everything under the sun to get labor going. Now a brand-new mama holding a brand-new baby, she returns to Dr. Elliot Berlin, DC to tell how it all unfolded.

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: My guest today is an acclaimed actress whose voice and onscreen presence have captivated audiences and, if you've listened to our past two episodes, you'll know why she's completely captivated ours. Her path to parenthood has been anything but typical, marked by IVF, pregnancy loss, a surprise diagnosis, and a major TV project in New York during her third trimester with a strong desire for an unmedicated birth experience amidst career pressures. In the final days of pregnancy, she was sending me voice notes almost daily, trying everything under the sun to get labor going, and growing increasingly frustrated as nothing seemed to be working. I'm pregnancy-focused chiropractor Dr. Elliott Berlin, and you are listening to

DR. ELLIOT BERLIN, DC: the Informed Pregnancy Podcast. Brand new mama holding brand new baby, Amy Carrera-Rock, welcome back to the podcast.

AIMEE CARRERO: Oh my god, it feels like I haven't talked to you in a million years.

DR. ELLIOT BERLIN, DC: It feels like a million years has gone by.

AIMEE CARRERO: Like a whole new life.

DR. ELLIOT BERLIN, DC: A whole new life.

AIMEE CARRERO: Like before.

DR. ELLIOT BERLIN, DC: Yeah, totally. Okay, so you're in New York. You originally had plans to deliver here in Los Angeles, and New York stole you. They plucked you from us with a gig. You're working on a TV show just before and soon after the birth. And so you got a new team over there, and you were approaching your due date, and you sent a bunch of messages like this one.

AIMEE CARRERO: Can I talk about the jealousy that comes from people that have later due dates than I do already having their baby? There was this girl who announced pretty early on, but you know, she's a girl from back home in Miami, and I remember thinking, like, she wrote, like, oh, due June 10th or whatever. And, you know, my due date is June 3rd. And I remember feeling sorry for her because my first trimester was so just full of illness or not illness, but just full of morning sickness. And I remember feeling sorry that she would have to wait extra days. She's already taken her baby home. So I'm jealous. I'm jealous. The May 24th message about emotional jealousy.

AIMEE CARRERO: When she checked me, she was like, honestly, I'll give you a sweep, but like, you're going to need to be induced. Granted, it's not a medical induction. I don't need to be induced. In fact, this practice is amazing and will let me go to 42 weeks, although I can't even imagine. But I only have five weeks of maternity leave as of my due date, which is tomorrow. So if she decides to come at 42 weeks, and I only have three weeks with her, and that's just not an option for me. So it is an elective induction, which I never, ever, ever thought I would do. But that's just the hand I've been dealt. And one of the many complications of being a working mother. So yeah, that's the update. Not feeling great about being induced.

AIMEE CARRERO: You know, they walked me through. They said they would start me with a Foley balloon, which some people are, you know, unfazed by and then other people have like trauma surrounding. So we'll see. I find cervical checks and sweeps quite painful. So I'm sure I will find the Foley balloon quite painful as well. Okay.

DR. ELLIOT BERLIN, DC: Those last days of pregnancy, I mean, I was dying literally when you sent those messages, knowing that I was completely powerless to help you in any way that I could think of. I wish, man, talk about magical thinking.

AIMEE CARRERO: Now I would go back and tell that girl to relax and just wait it out. Honestly, I already have instructions for her and it hasn't been that long.

DR. ELLIOT BERLIN, DC: Well let's see. So you know, each day you were trying different things. What kind of things did you try to sort of get labor going?

AIMEE CARRERO: Well, you know, I did the dates, I did the walking, I did the Primrose oil capsules insertion, you know, and we just were trying to like the, a lot of yoga ball use or birth ball use. And I was getting these like induction massages, which didn't work. I was trying everything. I was so uncomfortable. And, you know, it's funny because looking back now, I just wish that I could have told that girl, you know, enjoy those last few days, even though you're uncomfortable because what's heading your way is not for the week. That is the calm before the storm, pretty much no matter how it goes down.

DR. ELLIOT BERLIN, DC: Yeah, totally. Totally.

AIMEE CARRERO: So it's weird. Like I can autopilot. Yeah, right. And I wish I would have just listened to my body. Clearly it wasn't ready. You know what I mean? So, yeah, I already regret my elective induction, you know, at the time that was the right thing to do, or that was the best decision I could make with the information I had because I only have five weeks of maternity leave from my due date. And I knew that if I was going to go over, which is so normal, right. For first time moms, then it would eat into the time I had with her. So, you know, I thought I made a calculated decision, which is funny because I'd spent years researching birth and listening to podcasts like yours and making sure that I sought out providers that weren't going to force

AIMEE CARRERO: me into an induction, unless it was like absolutely medically necessary. And I ended up choosing my own induction and that felt like maybe the first betrayal in a series of maybe things that I wish had gone differently, but this one was a self-inflicted kind of wound.

DR. ELLIOT BERLIN, DC: Was it also because you were getting uncomfortable or is it primarily because you had a hard deadline?

AIMEE CARRERO: Primarily because I had a hard deadline. I was feeling very uncomfortable, but looking back in retrospect, you know, you can't ever go back.

DR. ELLIOT BERLIN, DC: Right.

AIMEE CARRERO: But knowing the child that was in my uterus then, I wish that I would have spent one more day kind of enjoying that, even the discomfort, knowing that this is the last time we were going to be in one body together.

DR. ELLIOT BERLIN, DC: Oh, wow. When you say it that way.

AIMEE CARRERO: Yeah, you couldn't have told me that at the time. I wouldn't have listened. Yeah.

DR. ELLIOT BERLIN, DC: You know, one of the reasons we do before and after episodes of the podcast is to share things that you learned from going through the experience that you might have had a hard time learning otherwise. So I know the birth didn't go exactly as you planned and I really appreciate you coming to share. I mean, you were in it to win it no matter what, however it went down. And, you know, let's jump in. So it was your own choice to be induced on your due date or?

AIMEE CARRERO: The day after my due date is what they had available at the hospital. So June 4th, I went in at noon and, you know, it all started pretty good. Like pretty well. Like I, you know, I had asked them to not give me an IV, you know, the stuff that you kind of read online to do the HEP lock, I chose to do a little cervical ripening with a cytotech and to do the Foley balloon. I was so nervous about the Foley balloon because everybody had worn me. I mean, you either hear people say, oh, it's fine, or it hurt more than the birth. You know what I mean? You hear there's like this spectrum of, you know, reactions to the Foley balloon. So I was really scared, but I knew that it was a good shot to get my cervix

AIMEE CARRERO: to be more open before starting the oxytocin, the pitocin, and it felt like, you know, more manual, less medical way, although I did take the cytotech, started with that. I was really nervous about the balloon, but actually it was pleasant. I wouldn't, you know, be excited to do it again,

but it wasn't the soul crushing pain that I was expecting. So I kept that in for about four hours. I never sat down. I was on my birthing ball. It was walking around. Everything was good. We good spirits. Four hours later, it came out and I was three centimeters at that point. And yeah, you know, it was weird. I started feeling maybe this is TMI, but people will understand that when you put like a tampon in that's maybe too big or like,

AIMEE CARRERO: it doesn't quite fit, or you put it in like not deep enough for something, you kind of feel it. I was feeling that and I told my doctor and so she tugged at it and it was like, he was like, oh, it's in the vagina. So let me just pull it out. So I birthed a three centimeter ball, I suppose, you know, and that was fine. And I was like, okay, great. You know, it wasn't the six hour thing that I was expecting. I was hoping for five centimeters, but you know, I was like still in good spirits.

DR. ELLIOT BERLIN, DC: First of all, let me remind you of this. You sent a voice message on June 2nd, which I labeled here in my notes, fear of Foley balloon. And this is what you said about it.

AIMEE CARRERO: When she checked me, she was like, honestly, I can give you a sweep, but like, you're going to need to be induced. Granted, it's not a medical induction. I don't need to be induced. In fact, this practice is amazing and will let me go to 42 weeks. Although I can't even imagine, but I only have five weeks of maternity leave as of my due date, which is tomorrow. So if she decides to come at 42 weeks and I only have three weeks with her, and that's just not an option for me. So it is an elective induction, which I never do. Induction, which I never, ever, ever thought I would do, but that's just the hand I've been dealt and one of the many complications of being a working mother. So yeah, that's the update.

AIMEE CARRERO: Not feeling great about being induced. You know, they walked me through. They said they would start me with the Foley balloon, which some people are, you know, unfazed by, and then other people have like trauma surrounding. So we'll see. I find cervical checks and sweeps quite painful. So I'm sure I will find the Foley balloon quite painful as well. Okay.

DR. ELLIOT BERLIN, DC: So it sounds like not pleasant, but not as bad as you thought.

AIMEE CARRERO: It was not as bad as I thought. And I had even prepped by OB. I was like, listen, you know, you know how the cervical checks have gone. They've, they've been terrible. Just so you know, like maybe bring a smaller speculum. She was like, I don't even use a speculum. She was like, I promise it won't hurt. And I didn't really take that promise to heart because the cervical checks hurt, you know? So I was like, well, this is just one more thing that's going in there. But it wasn't a question.

DR. ELLIOT BERLIN, DC: It's like, what did you start at? You know, with the one centimeter going in, um, soft or cause like your cervix hadn't been doing much.

AIMEE CARRERO: And she said it was soft. So my Bishop score was a four, which it came down. Not maybe it was a five. It wasn't great, but low, I knew that I probably shouldn't have induced until I was like at a seven or something. Bishop score seven, or that's what the internet said. So I was one centimeter dilated, 50% of faced, and my cervix was soft from what the Bishop score said. And so, you know, I guess I just got carried away with, you know, feeling really proud of myself for doing the balloon that when it came out at three centimeters, I was like, okay, well, whatever it's progress, it's not the progress I was hoping for, but like, let's keep going, you know, and, um, right. And, and up

until that point, I did like start having contractions

AIMEE CARRERO: that I was sort of working through. I think, well, my husband was there supporting me, not enough to have the doula come yet, but like, you know, it was definitely painful, but like nothing, you know, I couldn't handle. And then the doctor came in and she was like, okay, it's been four hours. Like, let's start the pitocin now would maybe be a good time to call your doula in if you want, because things will get more intense. I said, okay, great. Still with no pain medication, no pain medication. And so she started the pitocin low and you know, it was like a slow build people were like coming in. The nurses were wonderful. They were coming in. They were like, yeah, you're having them really frequently, but they're not very strong, you know?

AIMEE CARRERO: So let's go up, let's go up, let's go up. And I was actually handling the pitocin contractions like pretty well up until like we got it up to like maybe a 10, like pitocin 10, I don't know if that means anything to you, but like the dosage, I guess 10 or 12. Yeah. And so maybe that would have been like a red flag that I was like handling them pretty well. And so then another, I think like six hours go by or four hours go by and they're titrating it really gently. I mean, they even told me they're like, we're not going to rush you through this induction. Like it's, we're going to go slow. And she checked me and I hadn't made any progress or maybe I had dilated one more centimeter to four, but her head was like not engaging.

AIMEE CARRERO: And she said that she felt a bulging bag. So I was like, that's good news. Maybe that means that my water's going to break. But I guess what that meant was it was like bulging in a way that made her head not engage properly. And so she was like, we're at a crossroads. Mike Dula had gotten there at that point. She was like, we're at a crossroads. We could either break your water or continue with the pitocin and see what happens. And, you know, I can, whatever at this point, maybe we're in, I don't know, like 10 hours in and what I should have done is that I should have just packed up and gone home. That's what I should have done because nothing was happening because nothing was happening before I decided to bring my water.

AIMEE CARRERO: I should have just been an option for you.

DR. ELLIOT BERLIN, DC: Would they have signed off on that or would you?

AIMEE CARRERO: Oh, I don't know actually, but I know a girl that did that, you know, recently here in New York with her birth, but she was like, it's not working. I'm going to go home. I'm packing up. As long as my water's not broken, I'm going home. And, you know, the doula was there and she was there. No one pressured me, but you know, I was like, I can't fathom going home. I'm here to have a baby. And again, the talk of a C-section or more interventions than that hadn't come up. So I was like, okay, inductions take a long time. Like let's break my water, right?

DR. ELLIOT BERLIN, DC: Oh, that's the point of no return.

AIMEE CARRERO: Yeah.

DR. ELLIOT BERLIN, DC: And that was the point of return. Let me do two things. Number one, we're talking about a lot of things that are familiar to you and to me, but may not be familiar to the listener, all about induction, all these different methods, about cervical ripening, about the Foley

balloon, about the pitocin, and we have a pretty powerful and popular episode, episode number 73 called labor induction, indications and methods where we go through every single one of these with an OBGYN and a midwife talking about all sorts of pros and cons of the different options here. You just, Amy went from, I should have gone home to a broke my water, which is literally the point of no return. Like once you break your water, you're definitely on the clock.

DR. ELLIOT BERLIN, DC: You're on the clock. Let's take a little break and find out what happened. Welcome back. We're talking to mama Amy Carrera Rock. Okay. Let's just break my water.

AIMEE CARRERO: Yeah. It took a second. You know, she stepped out of the room. I talked to my husband, my doula, and I was just kind of a little bit out of my mind at that point. I was really tired already and I was like, okay, we're here to have a baby. Again, if I knew then what I know now, I would have packed up and gone home and tried another day and taken my four centimeters as a win, kept my walking up and whatever, because once a pitocin, they had a feeling that if they'd stopped the pitocin, the contractions would stop. And the contractions weren't that bad anyway. And so just to throw another thing in the conversation, I forget what it's called. It's IUP or something like that. It's a monitor. It's a monitor on the inside.

DR. ELLIOT BERLIN, DC: Yeah.

AIMEE CARRERO: So she was like the benefit of IUPC. She was like, the benefit of breaking your water isn't that we can insert an IUPC and see if the pitocin, because she was like the chart or that little monitor can tell us how frequently you're having contractions, but we don't really know if they're effective, what the right amount of pitocin is, if they're doing anything. We can't tell the strength just by looking at this wavy chart. And you know, the real bummer of it all was maybe it's just this hospital, but in that monitor, they had like the other woman that, I guess the nurse, you know what I mean? And her contractions were like, you know what I mean? Like they were really steady and I started to feel really jealous because I'm like-

DR. ELLIOT BERLIN, DC: I've been to births with people like you and what you're saying is the monitor that's in your room, because your nurse is managing more than one birth at a time, they can see in the background, other people's patterns. You don't see any information about them, just their pattern. Right. Exactly. I know you're a competitive type and I've had people be like, I'm racing this woman and just do everything they can to get their contractions going.

AIMEE CARRERO: Yeah, exactly. The comparison was not helpful, but you know, I could see other mothers progressing, you know, and other people coming on the board and like, you know, having their little SVB, like spontaneous vaginal delivery or D, spontaneous vaginal delivery and feeling like, okay, this mom was here for this amount. She's already had her baby, you know, like starting to kind of cloud my own headspace with that stuff. And so, yeah, so I decided after like 10 minutes talking to my doula, I was like, okay, let's break my water. And that was the beginning of, I'm sorry, I'm getting emotional, kind of like, everything's slipping away from me, you know, I didn't expect to feel so emotional when they broke my water.

AIMEE CARRERO: She mentioned the OB, my OB was like, I'm just going to, because it's bulging, I'm just going to put a little like Nick in the placenta or not the placenta of the bag. So it's not going to

be like a gosh, it's just going to be enough to bring her head down. Well, it ended up being like all of it, you know, I don't know if you can really control that. And then I just felt my like, my belly gets smaller. And, and I thought like, okay, this is the last time that I can provide like a safe home for her. Um, it was really weird. I, I'm not an emotional person and I've been crying more than I ever have, but that was the beginning of like, this doesn't feel good. This doesn't feel right. You know, and then the contractions started getting

AIMEE CARRERO: like really intense, which they put in the IUPC, I started feeling like her head, like bone on bone grinding and, you know, in the front, like it was, yeah, I started feeling like a weird, really painful kind of just like, I could just feel her head trying, you know? And then it was like enough hours had gone by that the doctor switched because the practice is two doctors and I liked them both equally. So that didn't matter to me, but you know, they did a handoff and at that point I was just like, you know, what, whatever, like I'm going to get the epidural. The morale was low at that point anyway. So I got the epidural and you know, I felt relief, but I instantly regretted it because then I couldn't move around,

AIMEE CARRERO: you know, and I just thought in my head, like if I don't have gravity helping me and her, what's going to do it? You know, it's just these pitocin contractions. So they put in the IUPC and then the other doctor came in and he did a cervical check and I'd had no change. I was still at a four, 50% effaced. And so he went in manually and stretched me. He was like, maybe she just needs more room. And up to that point, I'd sort of, you know, this is the practice in New York you go to, if you want a vaginal delivery, they will do everything in their power to give you that, you know, they're not going to rush you. And he went in, he like manually stretched me to like 70% effaced, I think like six centimeters or something.

AIMEE CARRERO: Like it was intense and I didn't feel it because I had the epidural and then they just sort of let me labor, but he didn't mention, he was like, you know, her head's not coming down and we have you like on a high dose of pitocin. We're going to go up as long as her heart rate is okay, which it was, there was a few D cells that really started to worry me, but they didn't seem overly concerned, but they were turned on the pitocin. If her heart rate was, you know, kind of a little bit weird, they'd like wait to titrate it up. In the end, I got to about 20 pitocin, 22, and the IOPC just was like, they're not strong enough. Like their contractions, the uterus is not contracting enough for her and her head is just not coming down.

AIMEE CARRERO: And, you know, this was like many, many hours overnight. My husband slept on the floor, you know, the doctor would come in and periodically check me and there was no change. His demeanor sort of started to like get a little bit, hey, so, you know, nothing's really working. Like you might want to consider a C-section. He didn't put it that way, but it was also my memories are so terrible. Like I think I've blocked it out. My husband has like a timeline that he has on his phone that I can't even look at yet, but I remember the conversation about the C-section and then just having a huge emotional release because I just didn't want, not release, I just, the buildup was like, this isn't what I wanted. What do you mean?

AIMEE CARRERO: Like, why isn't my body working? Why isn't this working? And I think the final straw for me was he came in and this was after, like I said, I'm jumping around, but like the nurses

were so wonderful and they really took charge. And there was one nurse in particular who after, you know, the doctor had left and had mentioned the C-section, I just broke down into tears and she was like, I don't know why he just said that. Like, I know you can do this. I'm going to go talk to him. And she went and talked to him and like ripped him a new one. And he like sought my husband out after he was like, no, no, no, we're not rushing her. We could do this all day. You know, like he was very like, we're not rushing her. This is not an emergent situation.

AIMEE CARRERO: The baby seems to be doing fine. Although I started getting a temperature. I was up to like a hundred, not feverish, but I was getting there.

DR. ELLIOT BERLIN, DC: Right.

AIMEE CARRERO: So the final thing was many hours go by. He comes back and he's like, let's do a check and he does the check. And he was like, so her head is coning because I started feeling a lot of pressure and I was like, maybe that's good news. Everybody says you feel pressure with an epidural when it's time. And he checked me. He was like, her head is coning, but you're only seven centimeters still. And I can feel your cervix really getting inflamed, starting to swell, starting to swell. And the thing that did it for me was the idea of her trying so hard to get through and just not giving up. You know what I mean? And I just didn't want that for her. Like just because I really desired and needed a vaginal birth experience.

AIMEE CARRERO: Like I didn't want that for her, you know. And even when I got the epidural earlier, I thought, well, it takes my pain away, but like, is she in pain? Like, is she still feeling all that stuff? It was weird. I didn't expect that to come up for me. So I was really worried about her birth experience too. So yeah, it wasn't an emergency C section by any means. I gave them full consent. You know, they took their time. The thing that made me sign off on it was it had been over 30 hours and you know, she was trying so hard and I just didn't want her to suffer. And up to then, you know, her heartbeat was perfectly fine. Like she wasn't in danger, but I just didn't want to get to the point where then it became an issue.

AIMEE CARRERO: I didn't want to push her to that break, you know. Yeah, I wish I could say that was the end of the traumatic experience, but it just beginning.

DR. ELLIOT BERLIN, DC: First of all, I had to don't see that coming. Actually, I thought that was going to be the end. Let me just put one thing in perspective. How old is the baby right now?

AIMEE CARRERO: She's a week old today.

DR. ELLIOT BERLIN, DC: So first of all, huge congratulations, but also, you know, sometimes we record these stories a month or two months afterwards. This is still very, very Yeah, so fresh and raw for you. Again, I appreciate you coming in and sharing. I think whatever you remember now, you'll probably remember even last next week in the weekend. You might come back and listen to this and be like, Oh, I don't remember that or that.

AIMEE CARRERO: So, yeah, or it wasn't that right. Or maybe it wasn't that bad, you know?

DR. ELLIOT BERLIN, DC: Yeah, clearly it could change over time. Maybe we'll have you back. I love chatting with you anyway. Let's take a little break and find out what happened next because I would have thought you just had a C-section and had a baby. We'll be right back. Welcome back. We're talking to Amy plus one.

AIMEE CARRERO: Yeah. So yeah, I decided to have the C-section, you know, while, sorry, the storytelling has gone out the window because my brain is Swiss cheese. But while I was under the epidural, I kept having some breakthrough pain. And I remember the attending who did the epidural was like, you know, he wasn't bragging, but he was like, we do our epidurals a little differently here. You'll feel your legs. You're, you're going to be able to move your legs. You know, it was kind of like a sales pitch and I was like, that's fine, dude. Like I know you're not going to let me up out of this bed. So it doesn't matter really, you know? And so I remember him making like this pitch where he was like, don't worry about it. You're not going to be numb.

AIMEE CARRERO: And I was like, okay. But then I started feeling like a lot of breakthrough pain. So I would ask for top-ups, you know, and you have the little button I would press that they were like, make sure you're pressing the button. I was pressing the button and I also like, oh my God, it was all these memories are coming back. Like I threw up seven times by the end. It was disgusting. I couldn't drink water. It was so bad. And so from hormone shifting. Yeah, I mean, that's what they kept saying. And I was shaking uncontrollably and they're like, this is good. This is good news. Like maybe you're in transition. Like your body knows you don't feel it, but your body knows. And, you know, I think it was just, again, that stress that I don't know.

AIMEE CARRERO: My body was under some sort of stress. It just wasn't progressing. It just wasn't doing anything.

DR. ELLIOT BERLIN, DC: Right.

AIMEE CARRERO: So keep in mind what the anesthesiologist said. And then, you know, eventually he came in and after like the second top-up, he was like, maybe I need to like redo your epidural. And I was like, no, it's working. I just feel like breakthrough pain in different spots, you know. And so when it came time to do the C-section, you know, he sent it was like a different doctor was a resident. I'm not like, you know, bad-mouthing residents or attendings, but it was like a much younger guy. And he looked like he just walked off like a Hollister store and he was like, hey, I'm that and I'm going to be doing your spinal or whatever it is. I was so out of it by that point. So they wheel me in and I've had a good cry about many good cries

AIMEE CARRERO: about it at this point. And, you know, I'm like I do what I do when I'm very uncomfortable is that I start like making jokes and like, you know, trying to downplay it in my head. But at the end of the day, I'm like on this operating table, it's cold. I'm naked. I never once thought that I would ever have a C-section. It just didn't cross my mind. And during one of my induction massages, I had this woman, this Brazilian woman who was like really kind of soulful. And she looked at me and she was like, have you considered a C-section? And I'm like, no. And she said that to me like a week before my induction. So I wonder if she sensed something, I don't know. That's a little woo woo, I guess, for a different day. But yeah, all the good

AIMEE CARRERO: lymphatic drainage. So yeah, they're so high. So I assumed that she was like because every Brazilian practitioner I've had for like lymphatic drainage because they're the best has been like, are you doing a natural birth or are you doing a C-section? And I'm like natural. And they're like, oh, that's great. You know, I had a C-section. But right. But she sort of looked at me like really thoughtfully and I'd seen her before. So it wasn't like she was asking me like in passing, like, what are you going to do? What's your plan? It was sort of like, have you considered that this might be a thing that can happen to you? And I just was like, absolutely not. You know, so I was sort of lying there making jokes. My doctor had a resident there,

AIMEE CARRERO: which actually I thought was going to make me nervous, but it was really nice to hear him explain everything he was doing to her. Then I remember my husband coming in. I was really loopy, to be fair. I don't have a lot of memories here, but my husband came in and Matt, the anesthesiologist, was like, they're almost done. If you feel pressure in your chest, know that it's normal to that. And he was like, look, peeking over the thing and giving me updates. And I couldn't even look up because I realized if I looked up to the reflection of the light, I would see them cutting me open and I just couldn't handle that. So also I felt like I was going to throw up the whole time. So I kept my head, you know, to the side.

AIMEE CARRERO: And so finally I felt her come or I didn't feel her come out, but they dropped the drape and they had this clear drape and they sort of showed her to us and put her on whatever space I had there. And I just remember thinking she's so warm. She's so warm. She cried right away. Apparently, the doctor told my husband that she bit him as soon as she came out. I bit his finger. So she was healthy from jump. Like no issues. There was no like wait to cry. No sort of like, oh, she's a different color. Let's, you know, whatever. It was all her was perfect. And then I started feeling like an inordinate amount of pain in my abdomen. And I remember before when they were giving me the spinal tap or whatever they did to make it more numb.

AIMEE CARRERO: Matt, the anesthesiologist was like, do you feel cold and wet? Like this like cotton ball, like on my shoulder? I'm like, yeah. He was like, OK, does this feel the same or different? And he put it on my abdomen. I'm like, I feel it. But he's like, what is it the same or different? And I'm like, it's different. But I still feel the thing on my skin. You know, and he did that test over and over again. And I was like, but I feel it. You know what I mean? Anyway, so once they started sewing me up, which is a much longer process, I was like a nine out of ten pain. I don't think I've ever felt pain like that. And I remember saying like, oh, my God, oh, my God, like, I feel it. I feel it. And that's itching. I can feel like sharp pain.

AIMEE CARRERO: Listen, I was definitely anesthetized, so it wasn't like it was like all of a sudden I felt everything, but it was like pain as opposed to pressure, which is what I felt earlier, right? Which was like, OK, I could feel their hands working. I can feel like whatever, but no pain. And I started feeling a sharpness that was just like overwhelming. Like my body was like, no, no, no, this isn't right. And I started to feel like I was started to shake. And that started to freak out a little bit. And the last thing I heard was like, could I get an attendee to OR? And then I think I just passed out. And then I came to and there was like maybe three or four, I think maybe three anesthesiologists in the room trying to like make new IVs

AIMEE CARRERO: and my hands and arms. And then after that, I came to and I stopped feeling that pain. So whatever they did worked. But I was just hopelessly like under when it came to like I don't remember meeting my baby. Like I remember Tim, my husband, bringing her to like my chin. And I remember like trying to like touch her face and him saying like, oh, that's right. That's right. You know, and I just couldn't like figure out where she was. And yeah, so like I don't really have other than the initial memory of them showing me her, like through the clear tarp and feeling her warmth. I don't have any real memories of meeting her. And so I have to rely on my husband. Like, you know, they took a bunch of photos and like he was like she was born on,

AIMEE CARRERO: you know, at four oh eight. You met her, you know, at four twenty seven. And I was like, what was he doing for those 20 minutes or 19 minutes? And he was like, I don't know. I can't account for that because, you know, they took her to be waited. He was with her as he should have been, you know. And so there's all these time gaps that I just can't account for. And by the time I was in recovery, I don't even remember them bringing her to my chest. I just remember like taking my hospital gown, like pulling it down because I wanted to have skin to skin. And I knew at that point it had been a really long time. And so I was like, OK, well, I didn't get that first initial, you know, important hour. But maybe I could sit here

AIMEE CARRERO: with her for as long as I can. So it was about two hours that went by in the blink of an eye. And then I started to get like more breakthrough pain. And then no one told me about the itching that comes from a C-section. So I thought I was allergic to the pain medication they'd given me. And I was like, oh, my God, oh, my God. And, you know, my husband had to take the baby to the nursery. And I don't really know why because she was perfectly healthy. My guess for them to do like checks. And he stayed with her the whole time. But by the time I got into a private room, it had been hours like I had her at like four. And I wasn't in a private room until like 10. And I remember saying to the PACU nurse, like, I haven't seen my baby in hours.

AIMEE CARRERO: Like, what is going on? And she was like, we had, you know, 12 inductions today or something. And it was crazy. Like everybody was under. Nobody could like check me out of the PACU or whatever. So, yeah, I think overall. And then that night, sorry, this is running so long. It's just amazing what your body does, your mind does to protect you. You know, that night I got into the private room and the mom baby nurse came in and she was like, OK, I'm going to take your catheter out. Just so you know, you have six hours to pee. If you don't pee in six hours, I'm going to have to do another catheter and you won't be anesthetized for it. And so all of a sudden I was like raised to pee. And so I had staples in my stomach.

AIMEE CARRERO: I don't know what I was thinking. And I had my husband like lift me off the bed. I was like, I got to walk. I got to try to pee. I got to try to pee. Spent hours trying to pee, you know, instead of like enjoying my newborn. I mean, you know, I was. She was sleepy and whatever. And it was overnight. But like, you know, it was just like I was up and walking like hours after. And the next day, the swelling kicked in. And that was I still have it like my face is unrecognizable to me. Me too. And then I just I just started feeling worse and worse as the days went by. And then that sort of PTSD started sitting in where we got home and I couldn't close my eyes without reliving moments of my labor and my birth. Couldn't sleep, you know,

AIMEE CARRERO: not that we were sleeping anyway, because, you know, we have the luxury of having a night nurse, but she doesn't work on weekends. So we brought her home on a Saturday. So we had two raw dog days of newborn newborn entrenched nights.

DR. ELLIOT BERLIN, DC: I have a couple of questions. Did you know if they gave you medication during your C-section before or during for anxiety or to calm your mind, that may also be somewhat amnesic?

AIMEE CARRERO: I don't know. That's a really good question. I have to ask. There's so many gaps. I'm going to ask my OB, but I don't know if he would know. But like, you know,

DR. ELLIOT BERLIN, DC: it would be in your report whatever they gave you. So I'm just curious.

AIMEE CARRERO: I don't, do they give me a report? I'll look.

DR. ELLIOT BERLIN, DC: It sounds like you're really out of it. I'm not sure if you're out of it just because your mind was shutting down because of the reality of the situation or if you're also somewhat medicated in that way. And then also when you passed out, do you know if that was something that they gave you to help you pass out or did you just?

AIMEE CARRERO: I remember it being like, just put me under, just put me under. Cause I remember asking a couple of times. So maybe he did just out of like, let's just get her out of pain. So maybe, maybe he did, but I'd have to look. You know, my doula came by yesterday and we had a debrief and there were so many gaps in my memory. Like she'd mentioned something about me having a short cord, which I don't remember anyone ever mentioning. My husband doesn't remember it either. So it's just odd. There were a lot of things that I don't know. I don't have answers for, and that's really hard for me. I don't know why my body didn't work. I don't know. And you know, the doctor had mentioned, well, you know, it could be a pelvic size issue,

AIMEE CARRERO: which through all of my, I know you're shaking your head, me too. Through all of my research, it's like BS. From what I've heard, it's BS, right? Like she's not a big baby. She was six pounds, eight ounces. Like, you know, it just doesn't sound right to me.

DR. ELLIOT BERLIN, DC: Here's this whole idea of cephalopelvic disproportion, the baby's head being too big for your pelvis. Could it happen? It could happen, but throughout the ages, we've had many different ways of measuring the baby's head and your pelvis and seeing, you know, based on our measurements, do we think this baby will fit or not fit? The thing is, none of the measurements take into account function. So your pelvis is designed to, it's not a solid bone, it's a bunch of bones connected by ligaments and cartilage, it's designed to expand and move in different directions, especially with the hormonal laxity that's created to allow something that's bigger to pass through than normal. And then the baby's head is designed, it's not one big bone,

DR. ELLIOT BERLIN, DC: it's a bunch of bones that are not fused together yet so that it can cone and come through a smaller space. So, you know, all the different ways that we try to measure, pelvic imagery it's called, have really not yielded any kind of predictable outcomes in terms of is this baby gonna fit or not fit? And in fact, the American Academy of Family Physicians' current recommendation is not to even measure because the only way to know is to try. With that said, the birth window,

according to ACOG, the American College of Obstetricians and Gynecologists, is a 37 week to 42 week window. It's a five week window. And that 40 week mark is essentially the midpoint on that bell curve. And, you know, roughly 5% of babies will naturally come on that date.

DR. ELLIOT BERLIN, DC: Some will come before, some will come after. To get to that date with your first baby with a fairly low Bishop score, which is not an exact measure either, it's just an idea of how inducible you are. And try to bring the baby through and your body doesn't play ball. Doesn't mean anything at all is wrong with your body, right? Maybe your body just wasn't ready yet or the baby wasn't ready yet. It's really hard to look back and say anything was wrong with your body. I don't think so far based on everything you've said, anything has come up to say that your body couldn't do a great job in birth.

AIMEE CARRERO: Yeah, that's nice to hear because it doesn't fit. I just refuse to accept that that's the reason. I mean, I don't have rickets. Like, you know, I think I have a normal pelvis. You know, I did go to a pelvic floor therapist while I was here and she mentioned that it was really tight. But like, again, women with tight pelvic floors have babies every day vaginally. So like, you know, who don't go to pelvic floor therapy and like don't have that information. And people that have 10 pound babies that are like my height, then they're perfectly fine. You know, so it is endlessly frustrating and heartbreaking to me that this is how it happened because I worked so hard in pre-pregnancy and pregnancy to find the information

AIMEE CARRERO: that I could be empowered with. And at the end of the day, you know, what happened happened. And it's not like I was a passive observer. I was involved and made decisions, you know, but it really does break my heart. And I didn't realize how much I would need or I was banking on having that physical transition into motherhood, you know, where I could see my baby come out of my body versus just having her cut out. That was really something that I didn't expect to be so important to me. And it ended up being so crucial and why I can't see him at the moment one week out. You know, I'm seeking help, you know, but so fresh in my mind, well, I can't seem to get past it. I can't seem to look at photos of that day.

AIMEE CARRERO: I can't seem to like look at pregnancy photos. You know, I had my debrief with my doula yesterday and she was like, you know, in a different world, like you wouldn't have gotten induced, you might still be pregnant. And I thought, oh God, I wish I was, you know, cause I would have made different choices, but she's here and she's healthy. And you know, the physical recovery has been difficult, but not anything out of this world, you know, like, and my milk did come in day six, obviously very late, but that is something my body is doing well.

DR. ELLIOT BERLIN, DC: I actually wanna dig into the first week of postpartum with you.

AIMEE CARRERO: Sure.

DR. ELLIOT BERLIN, DC: I wanna take one more break and going into that break, my heart aches for you so much. And I do think two weeks from now, four weeks from now, this is gonna be very different for you.

AIMEE CARRERO: Yeah.

DR. ELLIOT BERLIN, DC: I think so many things are gonna fall into place. And yes, you'll probably still mourn the loss of the experience you were hoping to have with your baby. But I think so many things will become clearer to you. So many more positive things will come clear to you. And this will be in the far background. What really strikes me is why you did it. And you did it because you had a certain hand of cards and you had to make a decision based on that hand of cards. And you did it because you wanted to spend as much time with your baby as you could, given that hand of cards before you had to go back to work. And that's what you're doing right now. Yeah. So go into this break, just gonna play this voice note that you sent me on May 31st,

DR. ELLIOT BERLIN, DC: where you started to make peace with the idea that you might get induced.

AIMEE CARRERO: 39 plus four, morale is low. I went for a really long walk today, bounced on the ball, did all the exercises on the ball. I feel like she's getting higher up, which is not the point. My heartburn is really acting up today and I have headache and pain in my mid back. None of this feels like labor. It just feels like a insult to injury. Yeah, I'm starting to make peace with the idea that I may have to be induced next week, not for medical reasons, but because I only get five weeks with her from my due date. And I'd rather get induced and have the full time with her than wait for her to be two weeks late and then lose that time. So that's where I'm at.

DR. ELLIOT BERLIN, DC: We'll be right back. Oh, now we have two guests.

AIMEE CARRERO: Yeah.

DR. ELLIOT BERLIN, DC: We've done energy work together.

AIMEE CARRERO: Yeah.

DR. ELLIOT BERLIN, DC: And I don't usually do virtual energy work. I haven't really tried it and I don't think I'd be very good at it. But right now your energy that's screaming through virtually is your heart energy. And it's a reservoir that's so rich and so deep and so positive. And I'm watching your baby up against you that you're holding on your chest. And it's sort of like those wireless chargers where you can just put your phone down on the pad and the energy flows from the pad to the phone. And I just see that happening. Your baby's energy is positive and just sucking up that incredible, passionate love energy that's coming out of your heart.

AIMEE CARRERO: Thank you.

DR. ELLIOT BERLIN, DC: The current for the baby is very, very rich and the future for both of you is very, very rich.

AIMEE CARRERO: Thank you.

DR. ELLIOT BERLIN, DC: I'm sorry that birth didn't go how you wanted it to really end. And I really encourage you to take time to keep processing it.

AIMEE CARRERO: Yeah.

DR. ELLIOT BERLIN, DC: Sometimes after a C-section, especially a traumatic one, especially one that you sort of made decisions that maybe you regret.

AIMEE CARRERO: Yeah.

DR. ELLIOT BERLIN, DC: Everyone's really focused on the healthy baby, which was the ultimate outcome.

AIMEE CARRERO: Yeah.

DR. ELLIOT BERLIN, DC: And doesn't give you a chance to mourn whatever it is that you lost or experienced. And I think you're mourning it and I think it's healthy.

AIMEE CARRERO: Yeah, thank you. I appreciate that. The more I talk about it, the easier it gets. And I think also, you know, the more memories I have on the other side of it, right, with Inez, like my healthy daughter, who thankfully, even though, you know, we had a birth experience that wasn't ideal, like I didn't have difficulty bonding with, that could have happened and it didn't. And I'm really grateful for that. And I do feel now, like, it's just like my heart is on the outside of my body and it's a weird feeling, especially because, I don't know, I thought I understood what it was like to love something or someone. And it's just like an all-encompassing thing. And I'm glad that despite not having, you know, the entrance into the world

AIMEE CARRERO: that I would have hoped for her and for me, that hasn't really seemed to have affected anything in our relationship. So I'm really grateful for that.

DR. ELLIOT BERLIN, DC: Which means you're able to have this wonderful time together the way you planned it and the reason why you chose to do it sooner than later.

AIMEE CARRERO: Yeah. What is it like for milk to come in? That's a first-time experience for you. It was actually like so, it was such a bright spot in, you know, the last few days that have been full of bright spots, but also full of a lot of other things. And I woke up and I came out to the living room and my husband was already like, he had breakfast ready and I took a smoothie and I was like drinking the smoothie and I looked down and I was like, oh no, I spilled my smoothie on my chest. And I was like, oh wait, no, maybe that's milk. And, you know, it was really funny. He took a picture and sent it to like the doulas and the lactation consultant came yesterday and that was like perfect timing. And so, you know, I don't know if it'll ever be

AIMEE CARRERO: like a hundred percent, you know, breast milk. You know, she had to supplement obviously six days with formula and I'm so grateful that I had that option. I never thought it would be important to me to breastfeed or to pump or to give her milk for my body, but after that birth experience, it's kind of like, okay, my body is doing something, you know, and it's doing something right and it's supposed to, and maybe it's a little bit late because of the circumstances, but it happened and I can feed her with that even if it's just like putting it into her formula or whatever, like just supplementing and that makes me feel really good.

DR. ELLIOT BERLIN, DC: Also, let's not forget your body took a sperm and an egg and made a human being out of it.

AIMEE CARRERO: Yeah, that's true. That's true, I forget about that part.

DR. ELLIOT BERLIN, DC: I mean, it's pretty mind blowingly amazing. Your body's done a lot of good, a lot of right and continues to do so. How is the physical recovery around the incision?

AIMEE CARRERO: I wasn't prepared at all, like literally, I didn't have a wedge pillow and stuff like that. I had all the perineal stuff ready to go, but I didn't have a belly binder or anything like that, so it was kind of a mad rush to get that stuff and it's been harder. What's been hard really is not being able to be as present physically as I thought I would be, like springing up in the middle of the night. I mean, I don't know if people are springing up, if you have a second degree tear, they may not be springing up either, but I thought I would just jump up in the middle of the night and grab a bottle and do this and my husband has been doing 80% of the work. I think now as I start to feel better, it's starting to even out a little bit more,

AIMEE CARRERO: but I have to say, a lot of people prepared me fully hate my spouse for a while in the postpartum and it's been the complete opposite for me because I just see him bleary eyed in the middle of the night getting up, doing his best and I'm so grateful. I'm falling in love with him all over again.

DR. ELLIOT BERLIN, DC: Aw, I don't know him at all, but he seems so sweet and supportive.

AIMEE CARRERO: Yeah, he really is.

DR. ELLIOT BERLIN, DC: I'm falling in love with him too.

AIMEE CARRERO: Yeah, it's been great. The incision field was stapled, which was odd. Somebody had mentioned how odd it was that it was a staple situation, that it was kind of old school. So they took my staples down and now I have these little stickers for two weeks and then I'll start with silicone patches and stuff like that, but it's hard to cough and sneeze and stuff. You just never think of that, but we're doing it. That's kind of been the least of it, the physical.

DR. ELLIOT BERLIN, DC: Are you doing anything for self care, mind, body, spirit, anything?

AIMEE CARRERO: Yeah, that's a good question. I am actually right after this going to a cranial sacral therapist, which I don't even really know what that is, but somebody brought it up to me the other day as something that could be really healing. I think I need something somatic, like body work. I'm sure that talk therapy would be very helpful too, but this feels like such a thing that is in my body that's stored there, because my mind can make all the sense about it. Hey, you did the best you could with what you had. This was just how it shook out. For all intents and purposes, you came home with a very healthy baby and a healthy body and the mind might need a little work, but you're doing okay. That's a positive story. I can say that in my head,

AIMEE CARRERO: but my body feels something really different and it's triggered by weird things. I haven't unpacked my hospital bag because I just can't bring myself to. I mean, it's a challenge, but it's a challenge that makes sense. Yeah, yeah. If you can recommend any kind of work, self-care stuff, I'm very open to it. I wish I was in town.

DR. ELLIOT BERLIN, DC: All the things I would do if you were here, but I could probably find you resources for them on the East Coast as well.

AIMEE CARRERO: That'd be great.

DR. ELLIOT BERLIN, DC: We did some craniosacral therapy during your energy session. Okay, good. And all that work you was doing on your head and neck, and you did kind of get very, very relaxed during it. So craniosacral is part structural and part energetic and your nervous system responded well, like to the extent that you were in fight or flight, you came down and that's the goal. That would be very helpful right now. If you're here, we use therapeutic lasers, cold laser for cesarean recovery, but I'm sure there's people that we can find over there if you wanted to do that. Yoga, meditation, just some time for you to spend a little time alone. Those are all things that could be helpful. Talk therapy could be helpful,

DR. ELLIOT BERLIN, DC: especially there are transitional therapists that just work with the transition around having had the baby.

AIMEE CARRERO: Oh, that would be so helpful, I think. Yeah, and I also have this great hypnosis therapist in LA that can do Zoom. And after I had pregnancy loss was like one of the most helpful things that I did. So that would be like a really nice, it's a good reminder for sure, yeah. I remember when we did some of that energy work, you mentioned something about the heart energy and you were like, don't be afraid to let that out. Don't be afraid to feel those scary big feelings, the love and all that stuff. And so it's really funny that now you bring up that you see that kind of overflowing and maybe it needed this experience.

DR. ELLIOT BERLIN, DC: Yeah, so if we're gonna share your heart chakra was very full and rich then, just really big, but guarded, closed off, somewhat not able to reach the intended recipient.

AIMEE CARRERO: Yeah, yeah, definitely. It feels like it's popped open.

DR. ELLIOT BERLIN, DC: Yeah, yeah.

AIMEE CARRERO: There's a lot of love flowing. Yeah, absolutely, I'm really grateful for that. And I remember you saying something about her just being happy to be there. I was like, any insights on what she feels? And you were just like, she's just happy to be here. She's really grateful for this experience. And I never forgot that. And even during the birth experience, I was like, this is her birthday. I want to raise a daughter that is tenacious and doesn't give up and tries really hard. And that is exactly the daughter I have. Even when the lactation consultant came, she was like, wow, she's not getting frustrated at all even though she's got a couple tides in her mouth. She was like, she's a fighter, she's working for it.

AIMEE CARRERO: And one of the decisions I made, the main decision for the C-section was just, she'd been working for so long, for so hard that I just wanted to bring a little more ease into her life. Even if it meant having a rough experience myself, hopefully for her, she could just rest after.

DR. ELLIOT BERLIN, DC: That's often the sign of a mama, and certainly in your case. All right, Amy, I really, congratulations again. I'm so grateful that you came and shared this raw story. I think

with your game, I would love to talk to you again. Down the road a month or so, see how you're feeling then, how your reflections are then, and also maybe you'll have more answers from your doctors then about some of the things that actually happened. In the meantime, where can we find you online?

AIMEE CARRERO: On the old Instagram, I feel like it's a relic of the past at this point, but Instagram, I had Amy Carrero. I posted some cute photos of our hospital departure and I'll try to keep the baby stuff to a minimum, but it's hard. They're so cute and they change every day. So you just want to document stuff, but yeah, that's it.

DR. ELLIOT BERLIN, DC: Awesome. Thanks for sharing and at home, thanks for listening to the Informed Pregnancy podcast. For more pregnancy and parenting information, just like this, visit us online at informedpregnancy.com. I got a whole lot.

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