



Medicine Stories Podcast

Episode 76 with Rachelle Garcia Seliga

Nature's Design: Honoring the Physiological Truths of Childbearing

February 26, 2021

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(Excerpt from today's show by Rachelle)

What does the physiologic design say? What is required for ultimate healing for a postpartum mother – and not just ultimate healing for her body, but for the baby that she's growing through her breast milk?

So when we start looking at all these things, we can really get out of opinion, and we just get into simple, natural truth, right? What is required to grow thriving human life?

(Intro music: acoustic guitar folk song, "Wild Eyes" by Mariee Sioux)

[Intro]

[0:00:32]

Amber: Hi friends. Welcome back to the *Medicine Stories* podcast, where we are remembering what it is to be human upon the earth. This is Episode 76. I'm Amber Magnolia Hill, and today I am speaking again with Rachelle Garcia Seliga.

In this interview, as in the last one, we're exploring the question: how do we support thriving life on earth through the pathway of maternal health?

The last episode was [Episode 61](#), entitled [Revillaging: Maternal, Cultural, and Planetary Wellness Are One](#). You guys loved it. It kind of went crazy on my social media, and so I'm thrilled to have Rachelle back.

You know, our culture is really set up to fail new families and parents, and we pathologize the postpartum period, which overlooks the fact that it's our social structures that are the cause of the immense emotional and psychological pain that most postpartum mothers feel.

Rachelle Garcia Seliga is a mother, wife, and midwife who has spent the past 19 years working with women and families in service to woman-centered, family-centered birth, health, and life. She is deeply invested in the revitalization of community living as the most important medicine of our times. All of her work is dedicated to midwifing a cultural shift, honoring our innate wisdom, personal authority, and the sanctity of life.

Coming up is Rachelle's [Innate Postpartum Care Certification Online Training](#). If you're interested at all, the early bird registration is February 26 — this is 2021 — through March 2, so only a few days to sign up to get the \$300 discount of that early bird registration. After that regular registration period closes March 7 at Midnight, California time. So if you're listening to this the day it comes out, you've got like a week, a week and a half, to sign up if you're interested.

If this is calling to you — as I know it is to so many people who listen to this podcast — on Patreon, we also have an extra \$100 off coupon code. So that will be good through the whole registration period. Their \$300 off early bird ends on March 2, though. It's at patreon.com/medicinstories there for patrons at the two-dollar a month level. Thank you. I love you.

[0:03:23]

Amber: Whew, I think we talked last time Rachelle was on about how the postpartum period, like, really never ends. It doesn't end — you're changed forever. You're changed forever. And for me, my little one is four and a half, and it's just all... I still feel so in it and especially in these COVID times.

So I'm just feeling like this conversation and Rachelle's work with Innate Traditions is more relevant than ever, because even those of us who maybe felt like we were kind of out of the woods or that we were doing okay with mothering and being postpartum, the last year has kind of changed everything, right? Like, parenting is harder than ever.

This is what I was also trying to address on the most recent episode with Akilah Richards, all about unschooling, and trying to navigate families through the crisis schooling that we're all trying to figure out — just such unprecedented times.

And I love how Rachelle really frames this as a time of repair. We were all born into this time of repair, and that is our work, and that is her work, and that is what folks are doing when they choose to study with Rachelle, who has been one of my most important teachers.

One final thought before we jump into this is: you know, Rachelle talks about — and I've talked about on this podcast plenty of times — looking to nature instead of to the human mind for solutions to problems. And I think it's easy for some folks to sort of dismiss that or think that, “Oh, that's only for, like, rich people or white people,” or “Nature, ugh, like, it's so quaint. We don't have time for that kind of bullshit right now in these times,” you know.

But another way that I frame that and look at that is, it's just looking to life. It's looking to evolution. It's looking to that impulse that has brought life to the point that it's at right now. Billions of years,

billions of years of evolution in this universe, has created the most beautiful, abundant planet and thriving life forms, and it's only the human mind that's fucking that up. And so when we say looking to nature, we can just as easily say: look to life, look to the evolutionary impulse, look to the intelligence of creation, when we are trying to navigate these waters and figure out the right path forward.

So, thank you for being here. I feel like this is such an important conversation. Again, so grateful to Rachelle. So let's dive right in.

[0:06:16]

Amber: Oh, actually wait two more things:

First, is that we have a new website, [mythicmedicine.love](https://mythicmedicine.com): same URL, brand new website. It's beautiful. It's much easier to navigate. The podcast finally has a home that is worthy of it. So please do check it out.

And thank you so much to Naya Amelia of [Dream Speak Design](https://dreamspeakdesign.com), for putting together my dream website, and Juniper Lindquist of [Juniper Lindquist Design](https://juniperlindquistdesign.com), for creating the incredible homepage banner. Go check out the homepage banner, you guys. Juniper also designed the logo for this podcast, and she designs our medicine labels, which are all fantastic. But somehow, this banner, like, blows them all out of the water.

And secondly, I want to clarify a little bit about the coupon code, and just make sure for, I know, the small amount of you who will take this training, but want to make sure that you all save as much money as possible.

So you can use the \$100 off coupon code that's just for my listeners, which is patreon.com/medicinstories with the \$300 early bird registration as long as you do it by March 2, and then you'll save \$400. Okay, just want to make sure you got that in mind if this is calling to you at all.

Okay, now let's really dive in.

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(Transitional music: acoustic guitar folk song, "Wild Eyes" by Mariee Sioux)

[Interview Begins]

[0:07:50]

Rachelle: Hi.

Amber: Hey Rachelle. Welcome back!

Rachelle: Thanks for having me, Amber. I'm glad to be back with you again.

Amber: Yeah, the last time you were on, there's like different metrics by which I can measure the success of a particular episode, and yours was by far the most, like, reposted in Stories and posted in Stories of people being like "Ah! This episode: you have to listen to her show!" So I've always always had in mind that I would invite you back.

And then a very dear friend of mine is currently doing your course and just loving it. And so I'm hearing about you all the time. And she's just in tears, telling me how amazing you are, and how amazing the class is, and how life changing it's been for her. So another reason why I knew I'd have you back.

Rachelle: Well, thank you for having me back.

[0:08:40]

Amber: Yeah, I think... Okay. Okay, okay, okay. Okay, let's start with...

So I took your... It actually ended up being, like a two-hour long course on physiologic baby care, which was amazing. And one of the things that really blew my mind was this social entanglement aspect of our autonomic nervous system: I did not know this at all, and this feels like something I would know because of all the things I'm interested in and, like, read and learn about all the time, but this blew my mind.

So can you tell us more about that?

Rachelle: So it's the social engagement aspect of the autonomic nervous system.

So there's three main branches — for those who are going to be listening, who are, like, big in the somatic therapy world, you know, I am by no means a specialist in this area, but I know enough of what I know from this aspect of maternal health.

So we have three branches of our autonomic nervous system, and most of the time, people think that we just have to write the sympathetic and parasympathetic. And they always get kind of oversimplified as the sympathetic is "fight or flight," and the parasympathetic is "rest and digest. But that's just two branches, and that is just talking about an aspect.

And there's three branches, and there's two sides to each branch, okay. So the way that I simplify it is that we have a response when we feel safe, and we have a response when we don't feel safe, right?

And so the parasympathetic branch of the nervous system, when we feel safe, it is this "rest and digest." It is chilling out, it's meditating. It is, you know, dropping in, getting grounded, all these kinds of things. Like that would be a parasympathetic branch of the autonomic nervous system response, but we have to feel safe, right? It's conditional when we feel safe.

[0:10:35]

Rachelle: And when we don't feel safe, a parasympathetic response would be checking out, disassociation, depression, and feigning death, right? It's like the deer in the headlight, can't move, freeze kind of thing.

So the same thing for the sympathetic branch, right? The sympathetic branch, absolutely — the stress response, or if we don't feel safe — it's fight or flight, right, to meet the situation at hand. But when we do feel safe, the expression of that branch of the nervous system is like recreational play. Like you're playing, you are wrestling with someone, you're doing active dancing — that is also sympathetic expression of the autonomic nervous system.

And then the third branch — that less people know about, but is becoming more known — is the social engagement branch of the autonomic nervous system. And when we don't feel safe, that's like, you know, if you were in a big room, and you heard a really loud noise, right, the first thing you're going to do is like, look at someone next to you to be like, “What was that?” or you're going to grab your child close to you, and be like, “Come here,” right? So that's when we don't feel safe.

That's like, you know, when there's emergencies, like natural disasters that happen, it's like emergency teamwork, that is social engagement response: when we don't feel safe, when there's a threat, right, when we feel a danger.

But then the expression of the social engagement nervous system, when we do feel safe, is everything really relative to eye contact, to vocal expression, to being heard, to loving touch. It's like, physically, it's everything from our heart, above, right?

And so it's our senses, and it's how we engage. So it's a mother gazing at her baby. It's when you come into the presence of someone you love, and you look at them in the eyes, and you see their facial expressions, right?

[0:12:33]

Rachelle: That's another really important thing of the social engagement system is all of the facial expressions we make. And what's true is that, cross-culturally, facial expressions for our main emotional expressions are the same, okay?

It doesn't matter where we come from, or in what context we grew up, the expressions of joy, of disgust, of anger, of sadness, these kinds of things, they all show up the same in our facial expressions.

Gestures are culturally-specific, but facial expressions are not, right. And so we're in constant communication with each other through these facial expressions we make and how we are connecting through our senses, and it's a really important aspect of our humanity, actually.

So that's the social engagement system, and I talk about it a lot in relation to maternal health, because so much of how babies learn — especially in that first year of life — is through their reading of our face, right? So, like, even if we never spoke, they are being programmed, let's say, or maybe another better word would be like entrained: they are being taught through observing us.

So they're watching: what are our facial expressions saying? What kind of sound are they hearing from us? What is the vibration, the energetic output of our heart? Okay, that's all social engagement, and that's how our babies are primarily learning.

[0:14:13]

Amber: And that is so real: the energetic output of the heart. That's like a truly measurable thing – in case anyone listening thinks you're speaking metaphorically.

Rachelle: I'm speaking quite literally. Yeah.

Amber: What is how many? How many times stronger is the electromagnetic field of the heart than the brain? It's some huge number.

Rachelle: It's at least 10. I don't know. I've heard between 10 and 100. So, like, it's way stronger than the brain. Mm hmm.

Amber: Yeah, so your work is, like, so huge. It's just so foundational, talking about maternal health, and infant health, and the health of babies, and yet, it's become so politicized in our modern world to talk about basic physiological truth. And I really appreciate this phrase I've seen you use a lot which is that “our physiologic design is the inarguable truth.”

So let me just read your words here, okay, and then we can then I'll just let you kind of, like, dive into whatever is calling to you:

A postpartum mother feels sleep deprived, but she/we are unwilling to face the physiologic truth that in order for her to sleep well, community support is required.

A postpartum mother feels rageful but she/we are unwilling to face the physiologic truth that growing human life on the inside and outside of our body requires specific nutrient intake that is animal-based.

A postpartum mother feels depressed, but she/we are unwilling to face the physiologic truth that interruption in the process of labor and birth has consequences.

A postpartum mother feels her uterus prolapsing into her vagina, but she/we are unwilling to face the physiologic truth that an extended resting period is essential for birth.

May we get out of our morality and into the physiologic truth of our bodies.

What our human bodies require to thrive on is not opinion: it is physiologic truth. What postpartum mothers need to both survive and thrive is rooted in their physiologic design. All we need to do is honor that design.

Rachelle: Yeah, that's kind of (*Rachelle laughs*) – I'm like, “Yes! Exactly.” – that's kind of like the crux of the whole thing, you know, and so for me...

Amber: You're like, “Oh, right on about that.”

Rachelle: Yeah, totally (*both laugh*).

I'm gonna do a talk coming up soon, and I'm calling it something along the lines of “Innate Physiologic Design, Not Conditioned Morality” in the childbearing continuum, because I mean, all of us carry our conditions, right, our programs from growing up in a modern way of life, which most of us are, if we're listening to a podcast, and, you know, involved in internet land, and the like.

And so much of what we have learned — from school, from the collective, from our families, from our cultures — is not based in truth. You know, it's not based in truth. And we latch on to these ideas. And we're also so acculturated to always turn our, you know, our knowings over to “experts.”

But when you start digging into this whole concept of experts, like, who the hell are the experts? You know, I don't care if it's a woman, or man, or whoever the hell it is. It's like humans are not the experts in anything, you know? Nature is the expert.

And so if we just turn our attention to nature, and look at nature as our ultimate teacher, we just, I mean, it's really quite simple, you know? And so, yeah, like, all of that, that you read them, I'm like, “Yes, exactly,” you know.

[0:18:01]

Rachelle: And the part that I come back to often is food — which I know is like a big, touchy subject in the world of many people, you know. And I always talk about this when I'm teaching my class, like, I did not ever use to touch the topic of food in my twenties, when I was doing midwifery, because everyone was like so uptight and so much dogma with their food. And I was like, “I don't know. I'm not gonna even go there,” you know.

And I saw women giving birth who lived on McDonald's and Coca Cola, and women giving birth who lived on street tacos. And I was like, “Well, guess it doesn't really matter because the babies all look okay, and birth is going good. So I'm not going to touch food with a ten foot pole.” But as I got into developing innate postpartum care, I'm like, “I really need to touch food,” you know. And I'm just using this as one example of all that you named, because it's just what came up to my awareness.

But because this gets into the thing of like, our moral conditioning, right, which we all have so much relative to food, but I'll see things going around the internet as memes or as posts, you know, or even even as, like products that women are now putting out, you know. It's like, “postpartum balls,” okay, like energy balls. And these energy balls are made with like coconut oil, and raw nuts, and all these things that someone has an idea that that would be a great thing for a postpartum mother, but what the hell is that idea based in?

Okay, or, you know, you'll see pictures floating around the internet of like, this postpartum mom being served this big spread of food in bed. So I'm like, okay, this is good. The collective moving in the right direction: feed the postpartum mother in bed. Yes, touche. But she has, like, these plates of salad and fresh fruit, and I'm like, what is that based in?

You know, everyone has these ideas of what they think appropriate food is for the postpartum mothers, but based in what is that, right?

[0:20:04]

Rachelle: So, like I go to the next level. And so when I talk about food, I'm not talking about, like, my opinion about food, right?

When I'm teaching, I talk about: what does the physiologic design say? What is required for ultimate healing for a postpartum mother — and not just ultimate healing for her body, but for the baby that she's growing through her breast milk?

So when we start looking at all these things, we can really get out of opinion, and we just get into simple natural truth, right? What is required to grow thriving human life? And when it's relative to the food conversation — specifically, in the childbearing continuum, right, because we need to eat differently, depending on the stage of life that we're in — like what we need to eat when we're growing human life, whether inside of our body, or outside of our body through our breast milk, is not the same thing that we need to eat as like a postmenopausal woman, for example, right.

But just in that little period of time, we need to eat food that's going to help heal our bodies after giving birth. We need to eat food that's helping our bodies shift from gestation to lactation. We need to eat food that is helping to build up our iron stores after giving birth. We need to eat enough fats and food, appropriate foods, that are going to give to our baby what they need, because quality of breast milk is not the same — it's contingent upon what we put in our bodies. And then we have to look at what is the purpose of the breast milk that our baby is receiving, right?

And when you look at all those things, it really is just a design; it's not an opinion. It's like how do we grow the facial bones, optimally, of a baby so that that baby can be a nose breather and not a mouth breather for the whole of their life? And that is really contingent largely upon what mother's intake of food is, right?

So anyways, that's how I approach all these things. It's really that we have to have the capacity to get out of our conditioned morality, question our own programming as to where are we getting this information from in the first place, and don't look to a human to give us information but look to nature, in terms of what nature's design is to grow thriving human life for many generations out.

Not that “This is what, you know, people I know have done for the last year, and therefore must be good,” okay, but look at the people who have grown and birthed thriving life for many, many, many generations. And then we're going to have some insight into what actually worked for healthy human development, you know.

Amber: Yeah, lived on that for many generations, such as, like, all of our ancestors until very, very recently.

Rachelle: Yeah, exactly.

[0:23:01]

Amber: I don't know if you know my story of being a vegan during my first pregnancy and birth, fourteen and a half years ago.

And I've told this story before on the podcast, especially in Episode 20, when I interviewed my herb teacher, Kami McBride, for the first time, because it was at a lunch break when I was seven months postpartum at that herbal class, when she sat down next to me and looked at me and was like, "You're vegan, aren't you?"

And I was like, "Yeah," you know, like, all proud and self-righteous.

And she's like, "I can tell, and I can tell it's not working for you. You are a breastfeeding mother, like this... You're not getting the nutrients you need, and I can see it in your body and on your face."

And like this deep part of me inside was like, "Oh my God, thank you," you know, "thank you for seeing me and telling me this," because I fucking was so deeply craving animal fats and protein again.

And I made a huge 180. That's when I found, like, traditional nutrition, and it made such a difference. I was so rail thin at that time, and exhausted, and just not doing very well. And it was really hard for me to change my dogma around that. It was really hard, but oh my gosh, like, I'm so grateful that I did. And I love that you don't shy away from this topic.

I have a friend, another herb teacher who has also been on the podcast before, and she does an amazing, like, year-long herbal apprenticeship. And she doesn't even let people in if they're vegan, unless they're willing to, like, listen and probably change, you know, because she's like, "I'm sorry, it just, it literally doesn't work for your physiologic design. And if you're gonna step up, and be the human that you were meant to be, and like fulfill the destiny that brought you here, that all your ancestors lived to bring you here, then you have to, like, be nourishing yourself in the way that you're meant to be nourished."

[0:25:04]

Rachelle: Totally. Yeah, and, you know, I don't think there's like a one-size-fit-all thing for anybody, you know. But I do know that when I'm, like narrow in the conversation for the childbearing continuum, there are...

It's like in the same way that all women — no matter what culture they come from, no matter what place on Earth their ancestors come from — all women need the same kind of care in the postpartum time, right? There's a physiologic design to that.

And there's a physiologic design, in terms of what kind of input does a pregnant mother need to optimally grow her baby in the womb, right, and birth her baby, and do all this without depleting herself, right? Because the design is that our bodies will always put everything to our babies first: that's the design.

Our babies are our seeds, right, like a plant. And so this life wants to continue. It's like the prayer of the continuation of life. And so all of our energy will go to the baby.

And so what that means, on a really physical level, is that your baby might be just fine, right? But what is it doing to you — and not just to you as the mother in the short term, right, as like a 20 year

old giving birth, right? But what about you in the long term, as you go through your menopausal years? And what about when you're in your seventies and eighties and like that, in terms of what we're doing at that time? And so that's how I think about it, you know.

[0:26:31]

Rachelle: My husband, he's the fifth baby that his mom had. He was the last child his mom had, and he was born in her early thirties. And after he was born, she lost all of her teeth — because our body will work like that. It's like you don't have enough calcium mineral input from your food, so then our body is going to suck it out of our own bones, right, to give it to our babies to grow them.

And a big thing that we talk about in my training is — and I don't know why this is not just said in this kind of language. I always do this. So anyone who listens to this who has taken my class, they're just gonna laugh because I say it like this in class. And I say it like this on purpose, because no one will forget it —but our babies grow their brains in utero through our brain. Like, they literally suck off fat from our brain to grow their brain.

So they're siphoning off our brain when they're in our wombs. So it's like (*Rachelle slurps*) — this is a sound effect I do so that people will get it. The omega-3 fatty acids, right, of DHA, and EPA, go from our brains to our babies. And I think it's something like seven grams of fat pass each day from the brain through the placenta to the baby in the third trimester of pregnancy. So women's brains actually shrink during pregnancy, because babies are sucking our brains off.

Okay, then our brains regrow in the postpartum time, right, as they're getting restructured. As we're learning how to mother this new baby, then our brains grow. And then what we need to know is that... So our brains get sucked off for our babies to grow their brains in utero, then when we breastfeed our babies (*Rachelle slurps*), they're growing their brains, still, from our brain, while they're nursing. Like the omega-3 fatty acids of our brain are going through our breast milk to them, as they're nursing at our breast.

[0:28:32]

Rachelle: Okay, fine. That's great — that's the design.

But what happens when a mother is not putting back into her body omega-3 fatty acids with nutrient dense food, right — which is like eggs and pasture-raised meats and/or pasture-raised dairy foods, or, you know, cod liver oil, all the ways that you can get omega threes into the body?

What happens when a mother is not getting replenished with everything that her baby's sucking off? And then you're, you know, nursing your baby for two or three years, and you're a vegan? Well, what does that look like? You know?

And so how that looks like, in the short term, is that looks like depression, that looks like you have no fucking energy. It looks like you just don't feel well, right? And that's the short term, but what does that look like in the long term?

And the way that that looks like, in the long term, okay, so then what if you have 2, 3, 4, 5 babies, and you have not ever actually refilled your need — just specifically in this we're focusing on the omega threes, okay — what does that look like in the long term?

And what they're finding now that that looks like in the long term is it's cognitive decline. So dementia, Alzheimer's: it's losing our cognitive capacities. So what I see happening in the same way that, you know, postpartum moms feeling really shitty in the postpartum time, it's so common that it's become normalized. Like, "Well, it's normal. She just had a baby, and so this is just how it is."

[0:30:07]

Rachelle: We're doing the same things with aging, right? It's like, "Oh well, of course, that, you know, she has dementia," or "Of course, she has Alzheimer's, because she's getting old." But it's like, that's not normal. It's common, so it's getting normalized.

But just because we get older, doesn't mean we need to have cognitive decline. And so much of that cognitive decline is relative to what we've been doing with our dietary intake, in this case, for the years prior.

So yeah, I mean, I saw this video that someone was posting on internet land, you know, and it was of this ballerina, who was, like, now in a wheelchair, and I don't know, you know, she's in her 80s. You saw that, right — who has Alzheimer's, and she, and they were talking about, "Well, it's so beautiful, because she has Alzheimer's." And they put on music that she had danced to as a young ballerina, right? And her body was remembering, right? So it's this implicit memory of how the body remembers, even when the mind doesn't.

And I was like, "Okay, well, I appreciate that. That's beautiful." But I'm like, what about the fact that she probably actually also starved herself for a vast majority of her career as a prima ballerina, and probably ate no fat, and probably the reason that she has Alzheimers now is because she was starved for the vast majority of her adult life?

Like people don't make these connections. And these are things that are, like, taboo, even to say. And, certainly, someone who's listening is probably going to feel offended, because it's so common now for these mental degenerative conditions as people age.

But we have to look at what people are eating and understand that just in this part of nutrition — I mean, we're not even talking about all the other freakin' things that you've read in that post I made — but nutritional deficiencies are intergenerational. Okay, they're intergenerational. It's like they call this the three generation footprint. So what actually is going on for your grandmother impacts our health today. So it's three generations, at least, of how nutrition impacts us.

So those kinds of things I do feel really strongly about, like the whole veganism thing, especially in the childbearing continuum, I'm like, based on what? Based upon whose ancestors? Yeah, no, none. I mean, none. No one's ancestors were vegan. And that's a hard one for people to wrap their minds around, you know.

Every time I teach, there's at least a handful of women freaking out, you know. And again, I didn't use to get into this stuff when I was in my 20s and doing midwifery stuff, because I was like, "Oh, I'm not gonna go there." But now I'm like, I'm gonna go there, you know, because I'm tracking and

invested in the health of the children, you know, and the health of the mothers and the health of the future generations. And we have to go there.

[0:33:15]

Amber: I've heard some people refer to dementia and Alzheimer's as type three diabetes, because they are making that connection. And I can say, personally, for my grandmother who died, had been in Alzheimer's for the last 10 years of her life, that I saw it was very much related to sugar. That was just like watching it before my own eyes, even before I heard anything about this.

So it's something — I mean, we could just talk about so many aspects of this forever, but I want to be sure to talk about something else related to this, and I'm nervous because people are going to be offended, for sure, with what I'm about to say. But it so relates to what we're talking about and physiologic design.

And so that is how, you know, back in the day, maybe like in the seventies, these women, these activists, were coming forward and saying, “Hey, like we know, we have the science and the ancestral traditions that now tell us that breast milk is the best nutrition for babies. So, you know, we really want to spread the word, and like ‘breast is best,’ and let's make sure that mothers know this.”

And so then we get into, like, now times, and everyone is so easily triggered. People very easily fall into shame, whether they're actually being shamed or not purposely by someone else, that we have this, like, backlash to that called “Fed is best,” which is trying to be inclusive and make sure that formula-feeding moms don't feel bad about themselves. And like, I get that. No one wants new moms to feel bad, for sure. But it's umm, it's not true. You know, what is physiologically true is that breast is best.

And so, like it really worries me when I see facts get muddled because we want to make sure no one has their feelings hurt. Or one example is a friend of mine on Instagram did a post on exactly what I'm saying right now like, “Actually, y'all breast is best. And we have to stop with this insanity.” And there was a lot of comments of women being like, “You know what? I tried everything to breastfeed my child, and I couldn't. So you're shaming me. I bent over backwards to breastfeed my child, I did everything.”

And like, my comment was purely like, and why did you bend over backwards? And why did you try everything? And oh, because you know that breast is best, because you knew that. You know that, and everyone knows that. And like, it's okay, that you couldn't, you know. It's okay. Formula-feeding is better than not feeding at all, and breastfeeding is best.

[0:35:50]

Rachelle: Yeah, I mean, I feel like we live in a time where there's such profound lack of emotional and spiritual maturation. I mean, that's what that is. And so everybody, instead of just, like, taking responsibility for their own feelings, everyone wants to point their fingers at someone else and tell you it's your fault, that they feel bad, because of whatever. And we talk about this, too, in my class. And this is in so many ways, right? It's like this also with birth stories.

So that if you talk to women who have had amazing birth experiences, right, and whatever their version of amazing is — maybe they had an undisturbed birth, maybe they felt ecstasy, maybe they were orgasmic — they feel like they can't share it, right? They can't share their story, whether with friends, privately or publicly, you know, in their social media things, or whatever, because, you know, there's so much backlash, that “you're shaming me, because I didn't have this experience, and so that's inappropriate for you to share, because you're making me feel bad.”

And I'm just like, that's the emotional emotional maturation, honestly, of like, a five year old. I mean, sometimes I've talked about these things in front of my daughter, you know, and I'll say, “That's the emotional maturation of a 10 year old,” and she's like, “Wait a second, because you can. Like, no way,” because she even is more mature than that, you know.

So it is truth: breast is best. And until very recently in human history, if you couldn't breastfeed your baby, for whatever reason, then your friend, or your auntie is going to breastfeed your baby. That's how babies live. They live through our breast milk.

So all of this stuff with formula and these conversations and the difficulty to breastfeed and stuff, it's like, I get the feelings, right. I mean, our feelings are real, and our feelings are valid. Like, okay, you did want to breastfeed, and you couldn't. Or you did want to have a certain kind of birth, and it didn't go like that.

I mean, however we feel about that, that's real, and that's valid, and it's important that we honor that, and it's important that we process that, but that doesn't negate physiologic truth. And truth is truth, is truth, is truth, and that breast is best, because that's our design. There is nothing man made that will ever become a substitute for breast milk. There won't.

[0:38:15]

Rachelle: And so, I mean, I don't, I would not, like, make posts like that publicly, because I know the kind of reaction, I know the level of like emotional maturation out there and lack of. So I'll talk about things like that in my private forums, you know, but it's just a sad thing that there's adults who are alive in the bodies of 30 and 40 year olds who haven't really surpassed the maturity of an adolescence.

Amber: Yeah.

Rachelle: And that infiltrates most everything at this time.

Amber: Definitely. Yeah. When I was laying in bed last night thinking like, “Am I gonna bring that up tomorrow with Rachelle?” I had the same thought. Like it's just so emotionally immature to not be able to separate that statement from your own feeling and reaction of being shamed and being victimized, which like, (*Amber laughs*) just seems like most people just love to feel shamed and victimized today — on internet, at least.

And then I was like, oh, and Rachelle talks about that, too — like eldering and truly stepping into adulthood. And I love that you talk... It's like, that's language I tend to use a lot, too, but also some people find that very triggering, like, “Oh, you're saying I'm a child.” And I'm like, oh, I'm just trying

to like — how do I language this better? — that we kind of just need to up level in our emotional intelligence, maturity, understanding?

Rachelle: Totally. I mean, you know, it doesn't really matter at this juncture in the collective what you say or what you do. It's like someone's going to become offended, right?

So how I think about it is like we all might as well be real with ourselves and speak our truth, because someone's gonna get pissed off anyways. So at least when people get pissed off, at least you're speaking your truth, and you're being real and integral with yourself, you know what I mean? Because it's not possible to not offend or piss someone off.

And I just really see it, that there's a lot of... It's like a spiritual sickness is how I think about it. And so yes, like emotional and spiritual lack of maturity, but foundationally, it's spiritual sickness, because we all should be maturing in our emotionality, in our mental capacity, in our spiritual capacity as our physical body grows, right? That's normal, like trajectory of life. And where we're not, that's our work to do, right.

So again, it's not that something's wrong with someone. I mean, this is happening because many of us lack parents, lack mentors, lack role models to usher us through this, but as these things come into our conscious awareness, then it's our responsibility to take care of.

And so the really simple way to know is like whatever it is that triggers us, it's not about that person, it's about us. Like, I can't be triggered if I don't have something to work on. So, you know, what's going to be triggering for me may not be triggering for you, and it's going to be triggering for me, because that's my shit to work on in the same way something may trigger you, and it's like, nothing for me, right?

So I just look at it, whatever I'm getting triggered by by someone else, I have work to do with that. I look at that like and go, "Wow. Okay." And if someone's getting triggered by something I say, what is it that they have to look at, you know? And that's taking responsibility for ourselves. That's self-responsibility, that's getting out of projection, that's getting out of victimization, and it's dealing with our own shit, so that we can grow up.

And I know it sounds harsh, but it is kind of harsh, but it's also just how it is.

Amber: Yeah. Yeah. Growing into maturity is challenging.

[0:42:02]

Rachelle: Yeah. And I think, you know, just what also what you said, it's like, there is also this collective, cultural addiction to pain and suffering. It's like glorification of our suffering, you know, instead of joy. It's like, how many people actually know how to orient towards joy, and how to feel joy and feel good?

And, you know, when you start getting into this, I mean, we start just tracking our own patterns of seeing things, it's like we're all acculturated in the modern world to see things always through a

negative lens, you know. To be able to see things through a positive lens, is not what this collective way of life is about, right? So that's also the work.

And so many people who actually feel good and feel joyful, feel bad or feel guilty to feel good or to feel joyful, because it's like, "Who am I to feel good when all of this shit is going on?" And it's like, who are we not to? Like, if anything is going to shift the current trajectory of this planet is for all of us to feel good and to be in our joy, you know. It's not going to be through all of us feeling shitty. Surely, you know, it's about getting into our joy. And I think that we have to check ourselves in that, you know.

Like, I am on break right now from teaching, and in the past month I've just had to check in with myself, because I have a lot of work, like a lot. And you know, when you have your own business, and you have your own work, it's not like it ever is done, right. It's not like I ever finish a day and I'm like, "Oh, good, I did everything I needed to do." It's like not like that (*Rachelle laughs*).

I just have to put these artificial limits where it's like that's all you can do for today. But it's this drive of like, there's more, and there's more, and there's more, and I have to stop. And I'm stopping right now, you know, this is my time off, and being like, "Why am I doing this?"

Why am I doing everything I'm doing? Am I martyring myself for the cause? You know, like, "I'm going to sacrifice myself at the altar of the cause!" No, that's not why I'm doing this. That's insane, you know. And I'm taking this time to re-anchor myself, that I'm doing this for joy; like I'm doing this because of my love of life. And that's what I want my work to be an expression of: joy and love of life; like not martyrdom, not sacrificing myself for the cause, you know what I mean? And in that same way, it's tracking ourselves in victimization and negativity, and not taking responsibility for how we feel, and for blaming others for what's going on in our life.

So how do we pull that all in? How do we take responsibility? How do we reorient towards joy? I mean, these are the things that, to me, are foundational, you know, to myself on this planet, and then in my work with others.

[0:45:00]

Amber: Yeah, I was really touched about the way you were talking about how people are afraid to share their positive birthing stories. And it makes me think about how I've been very slowly working on a memoir about my mom, who was the best mom in the world and died unexpectedly in 2015. And sometimes that comes up for me like this guilt of like, are people even going to be able to handle reading about how great my mom was (*Amber laughs*), like, without hating me, or being deeply triggered because they didn't have that?

But then being like, no, this is like a beautiful, amazing thing that I want to share, that I want to channel out into the world, so that people know what's possible. And also, when you're reading someone's experience like that, like you're feeling the love.

Rachelle: Totally.

Amber: Not just sharing it with people.

Rachelle: And it's so important, right, because it's so important that we're sharing those beautiful stories. Because that's the thing, it's like, we're comfortable to share our shitty stories, and then we're uncomfortable to share the good ones. And that gives us a lot of information about where we're at, collectively, right?

So, yes, awesome. I'm super excited that you're writing that about your mom, and I love hearing people's stories.

And I can, you know, I had a really challenging birth experience, and it does not trigger me to hear that someone else had a really beautiful birth experience, I can be like, "Oh, I'm so grateful," and I can really, literally, feel gratitude in my body for their beautiful birth experience because I know that when something beautiful happens for one person, it affects the collective.

So I'm like, "I feel so good inside of my body to know this alteration to the collective that's happened because of this exalting experience," you know? And could I have felt that, you know, when I was two months postpartum? Maybe not, but I do my work so that I can, you know, and that's what we all need to do, right?

It's like, we need to be able to hear the stories of joy and of beauty, and of all the things that are going right and going well, and to be able to receive those things so that they can imprint on us, too. Because for all of the people who didn't have a mother experience like you have, that story, that beauty, can imprint upon people so that they kind of have a template or a felt sense of "Well, how does that actually even feel like?" And that's amazing, you know.

Amber: Yeah, and one of the stories I want to share, that I'll just touch on briefly here, is that my mother's mother's mother was not that kind of mother, my great grandmother. She had, she birthed 17 children, 12 of whom lived past infancy. She did not have the capacity, really, to love her children in that way.

And so my grandma grew up being like, "What is this? Like why doesn't my mom love me? What's going on?" And she consciously chose to love her own children in a way that hadn't been modeled for and that she didn't really know how to do. But she was just like, "Well, I'm changing the story, and I'm going to do it." And because she did that, and she raised my mom, my mom just became this pure being of love. And now I'm passing that on to my daughters.

Rachelle: Yeah totally. It's so beautiful.

[0:48:23]

Amber: So, you know, we, the one thing we keep touching on here is community and how interrelated we all are. And even going back to, you know, for the women who did need to formula feed, who might still be in guilt about that, or just, you know, knowing it wasn't ideal, I love how you brought up that their babies would have received breast milk in the past if we were living in a communal society, still, the way we are meant to do.

And so even though someone might be triggered initially by a lot of the things that we're talking about today, truly, it's not their fault. It is, like, society's fault. It's the way everything is set up. And can I read your words again?

Rachelle: Mh hmm.

Amber: Okay.

Rachelle: I'm like, "What did I say?" (*Rachelle laughs*)

Amber: This is so good. It's about the terrain because I mean, this just, you know, really helped me immediately place all of these things in a metaphor that really works for me.

So our environment, our terrain, is what shapes us, builds us, creates us.

My approach to postpartum care, maternal health is exactly this: the problem is not the mother's. The postpartum anxiety, the postpartum depression, the postpartum rage — these are the symptoms. The problem is the terrain, the environment of the mothers. And the environment — which is the lack of community and lack of support — is toxic for mothers.

When the terrain is tended in a nurturing way, the symptomatic expression of pathology disappears in the mother's. Likewise, when children have bad behavior, it is incoherent to focus on the child's bad behavior without taking into context the environment of the child. Are the parents arguing? Is the child overwhelmed? How is the child's sleep and diet? What is going on in that child's terrain?

When it comes to health or ill health within our bodies, this, too, is contingent upon our terrain. The terrain of our bodies is relative to the kind of food we eat, the kind of water we drink, the chemicals we are exposed to. Yes, it is also relative to our past, unhealed traumas, our felt sense of safety, our belief systems about life, our sense of belonging, and our social support. Our terrain is everything when it comes to our health. It is not just about what bacteria or viruses we are exposed to.

My prayer for us all at this time, and from this time forward, is that we create life-exalting environments for ourselves in remembrance that we are our environment, we are our terrain.

Are you like, "Uh huh, yeah?"

Rachelle: Yep. (*both laugh*)

Amber: Yeah, me too. So that's just so validating, and normalizing.

Rachelle: Yeah, and so I think in everything, you know, whatever our current situation is, it's like, it's both/and I feel like. Oftentimes people, and especially mothers, get stuck in either/or, you know, and it's usually both/and and not either/or. So if we, you know, have a really shitty birth experience,

whether the shitty birth experience was because we were in a hospital environment, or whether it was because we were with shitty midwives, it's like there's a part of that that really is not our fault.

We're working within institutions that are deranged and dysfunctional, and we're working with a lot of people, quite honestly, who are deranged and dysfunctional also, because of the collectively that we've grown up in, right? So in that way, we can say, "Well, this is not our fault." But at the same time, we can say, "And this is our fault," because we brought this into our reality, right? We chose this care provider, we chose this midwife, we chose this pathway. So it's both/and, and I think it's important for us to not lose sight of either.

It's like how are we victim to a system that doesn't respect life? And how are we complicit in the choices that we're making? So it's taking responsibility for our lives, and at the same time, understanding that we are working, and we are living, in a time of repair, you know.

So whether we're talking about and working with individuals who are not meeting us in the way that we need to be met, or working with institutions that are not meeting us in the way that we need to be met, it's like there's a way that we can take up responsibility for our choices and a way that we don't. So it's both/and, and not either/or. And I feel like that's important, especially for mothers who are listening, you know, postpartum mothers, in this really sensitive timeframe of life, especially, to understand that.

Amber: I love that framework so much. I try to keep that in mind all the time, the both/and. That is kind of another symptom of what internet culture has done to everyone, is that people think in such black and white extremes and forget all the nuance that's in between, and forget that two things that seem maybe opposite can actually both be true at the same time and in the same place.

Rachelle: Yeah, that's quite insane.

[0:53:36]

Amber: So my friend, who is doing your course, she's been trying to get pregnant for years. And she did recently get pregnant, and she said that.

Rachelle: Oh yeah, I remember.

Amber: Yeah, and that you said, like, that actually happens a lot for women who are taking this class. I love that.

Rachelle: Totally, there's always like — whether I teach online or if I teach in person — there is something, there is something in the alchemy of women coming together, that many women end up pregnant, and I learned this for myself, too, actually. Like the first time I was ever pregnant was in this group of women, you know, and there's just... like it's fertile grounds. Women come together and create fertile ground.

So if you're wanting to get pregnant, it's a great time, and if you're not wanting to get pregnant, then it's a great time to be aware of that as well, you know.

Amber: Yeah, I just love, truly, the alchemy of women coming together to exalt life, which is your work, and so it makes perfect sense to me that that could be the outcome of that, and it makes me miss being a part of groups like that coming together. And I'm happy that things like this are still happening — if only online for now.

Rachelle: Yeah, I mean, I, you know, I wasn't ever teaching online until like 2018, I think, because when I first started maybe — I think 2018 — and I mean, I was really judgy about online stuff before I was doing it. And I really started doing it at that time, because I had been traveling to teach. And I got back, actually, after teaching in Sebastopol, California in 2018, and I just crashed hard. I knew it wasn't from the teaching aspect, because I love that and that actually fuels me, but it's the traveling. And yeah, the traveling really, that just was not working for me.

And so as I was like lying there, just in my shithole in that time. I was in this conversation with God, really, and I was like, "Oh my God, I cannot do this anymore." And I was like, "I don't know what to do, because I'm our family's sole financial provider, and I know I can do this," you know, "I know, like, I need to cancel the classes that I have planned to teach."

And I was getting all this direction of like, "Yeah, that's the way. Cancel that, and do this, and then bring your class online." And I'm in this conversation, and I'm like, "I can't bring my class online. That's crazy. Like, this can never work online." It's like, "Yeah, bring your class online. That's what you have to do," and I was in such an internal debate, you know.

And then I did, and I brought my class online, and it's been amazing. It's been absolutely amazing. And it's amazing, like, I teach live, so I'm not doing pre-recorded things. And, you know, I would say that usually about half the class attends live. So we have like, anywhere from 50 to 100 women, typically, on a call, and everyone's all around the whole planet. And to think that we're connecting at the same time, but like, in different times — so someone could be in the call, who's in Australia, who's actually in the next day, for example, you know — that we're in the same time, in different times, connecting with the same intention, and the same focus, for the same purpose, I'm like, that is pretty cool, actually.

And now, like the potency of it is the same, if not more than when I'm teaching live, because of the extension of what we're doing.

Amber: Yeah, I think maybe collectively we've all been pleasantly surprised at how what can actually happen over Zoom.

Rachelle: Totally.

Amber: Like connection does happen.

[0:57:23]

Amber: Okay, I'm going to read one more thing from you, because it just kind of ties everything up and transitions us into what I want to do at the end here. I wasn't going to do, but I was just kind of reading it and I'm like, no, it's too good! You're one of those guests who like, when I'm doing the

research, I'm like, "Oh, I need to touch on that. I got to bring that in, that quote also," and then I end up with like pages and pages.

The vast majority of us come from fractured lineages. Yes, because of colonization of the past 500 years, and/but also from traumas and genocides that happened much further into the past.

The vast majority of us did not grow up with secure attachments and with adults who could accurately see us and accurately reflect back to us who we are. The vast majority of us, engaging with these social media posts ...

– took this off Instagram.

... went to public schools where we were belittled, where we put our life energy forth, to fit in, where we were not ushered into our womanhood or manhood from our girlhood or boyhood.

To acknowledge all of these things is not to judge all these things, nor the circumstances, nor the people of our lives. And/but we must clearly see these things to understand that collectively, we have these repairs to make, and that collectively, we have missed, been deprived of, skipped over important developmental transitions in life.

When we bring repair to these developmental transitions in life, we come more and more into mature adulthood. And this is what humanity is in dire need of: adults who are actually mature adults, not just people who are in older bodies, because when adults are mature adults, they make, we make, clear, healthy decisions that exalt all of creation.

This piece around maturation, adulthood, young eldership, and eldership is a cornerstone of the Innate Postpartum Care certification training.

So sorry, I hope that wasn't too awkward that I read your words. I normally don't, but they're so good. Like, I want people to hear these words!

I invited you on to have this conversation and really hoping that we could help encourage people to take the postpartum training certification. It just sounds so incredible. And I feel like you are such an important teacher for these times. You give me hope. You really, like really deeply, give me hope.

So please, when does it start? And just tell us more about it.

[0:59:45]

Rachelle: So it's Innate Postpartum Care certification training, and I'm going to teach it just one time this year. You know, like, I feel that this body of work is this live being that I caretake, and I kind of follow its thread, you know. I'm like holding it and caretaking it, and I'm following it.

And for the past like five years — yeah, for the past five years, I've taught this training multiple times a year. And really, always, you know, it started initially as a four-day training, then it became

five, and then it was six, and then it was seven in-person. And then it started as a six month training.

And this year, I turned it into a nine-month training, because what it needs is more time and more space because it's a lot, you know. And when I was teaching in person, I was teaching what it took me six months to do online in five to seven days, and it's just insane. And so I want to create more space with it, because it is so important.

And really what it is, it's a maternal health care training, right, that I created initially as like a secondary training for birth and healthcare professionals, because unless people are coming into caretaking positions from a traditional medicine route, right — like traditional Chinese medicine or traditional Ayurvedic medicine or traditional Mexican medicine, like a traditional medicine route, — will have a focus on postpartum wellness, but anybody else who's coming into maternal health care, so medical doctors or nurses or mental health professionals, or even chiropractors and like this, anyone who's coming in to focus on the postpartum time, only learns about the postpartum period through a lens of pathology, like that's what you do. You learn about pathology detection and pathology treatment.

[1:01:42]

Rachelle: But how can you create, maintain, sustain postpartum wellness, if you have no foundation, no teachings in postpartum wellness, and you can't, you know. And so to me, I get so freakin' sick and annoyed of all of these people, especially in the mental health professions, perinatal mental health, with this perpetual focus on postpartum pathology. It's like no shit, there's so much postpartum pathology, but there's also really easy remediation to that.

Okay, like, really quite simple in terms of coming back to nature, basics. It's not basics in terms of what it requires in terms of our reorientation to life, but basic as in accessible, affordable, and super effective, right? So I created this class to be a pathway to education for healthcare providers that was oriented towards wellness: how do we create postpartum wellness, right?

And really, you know, because people always ask me, “Well, I haven't started my work yet, but can I take your class?” And really, like my “requirement,” like in quotes, right, for whoever is going to take this class is that there's a desire, a dedication, and impulse to participate in the creation of thriving life on Earth, through a pathway of maternal health, right, because that's what this is.

It's like, how do we support thriving life on Earth, through the pathway of maternal health? That's what we're doing together. So if someone feels that then they're most welcome to take it.

Amber: Just gonna jump in right there and say, I'm not going to be a postpartum doula or like working with women postpartum, but I'm seriously considering taking it just because of what you just said, just like, yeah, feeding life and feeding life through the lens of like, mother-baby.

Rachelle: Yeah, exactly. So that's what it is. And so the whole training, right — and “training” in quotation marks, too, because it's not really a training — it's like this teaching-sharing lodge. This is how it feels. It feels like we're doing this cosmic teaching lodge. And for some people, they're gonna hear that and think that sounds like a bunch of woowoo horseshit.

But like, when I'm able to connect into the potentiality of what we're doing through time and space with this focus on the mother-baby dyad as the core and central to thriving life on Earth, I'm like, this is the freaking cosmic teaching lodge, you know. That's where I can go with it. That's what it is.

[1:04:07]

Rachelle: And it's inside out work, right? Because what the focus of this class is, is that, you know, in all of our respective indigenous ways of life and all of our respective ancestry, when we would have been in positions of “authority” or power within our traditional cultural context, it would have been because A) we're born into that role, right, or B) our community saw us in that way. And so then we were ushered into roles, whether it's midwife or healer, or whatever it is, right.

And now in the modern world, it's pretty much anyone who can afford to or has the resources to take a training can be whatever the hell they want to be, right. So there's a lot of health care providers in these roles who completely lack integrity. And integrity is like thinking, speaking, acting all one way, okay? That's how I think of integrity. We have a thought, that thought we support with our speech, and that speech, we support with our action — integrity.

And so really what that means for care providers is that you're doing the work, too, right? You're not just talking about like a bunch of ideas you have as theory, but like in practice, you're doing it in your life. And when you're doing it like that, you're humble because you're in it, too, you know. You're not on some pedestal, you're not in some superior/inferior role, kind of, “I'm a health care provider, and somehow you're less than me, because I know more than you.” Like, you're not in that because you're engaged in the work, too. And when you're engaged in the work, you know that it's damn hard. And so it keeps you humble, and it keeps you real.

So a big part of, like, the fire under my ass and the creation of Innate Training and why I work with healthcare providers largely, is because I want to help not only in the caretaking of the mother-baby dyad, as central to thriving life, but also in the restoration of integrity back into care providing professions, right. Because — and this loops back in perfectly to how we started the conversation.

It's like when you understand the autonomic nervous system, as a baseline, simple, really simple way of understanding it, healing can only happen if you feel safe.

So automatically, if you don't feel safe, it's impossible to heal. It doesn't matter how skilled the doctor, how skilled the midwife, how skilled, the, you know, ceremonial facilitator. It doesn't matter because if you don't feel safe, your body will not do physiologically what's required in order to heal, which is open, relax, and like that.

[1:06:48]

Rachelle: So, for everybody listening, you know, and for me and you, it's like, how many times have you gone to someone to seek care, and you feel belittled, you feel disempowered, you walk out of a space feeling less than who you are, you feel like shit. I mean, this is so many people, especially women, have these experiences with care providers, right. And if we leave the presence of a care provider, whether it's an allopathic doctor or a traditional ceremonial person, and feel anything less than our godlike self, something is really off.

So care providers are holding a really specific charge of how do you create a field of safety for the people who are coming into your space, or you're into their space, at their most vulnerable times? How do you create a field of safety? And how do you support them so that you can reflect their godlike self, so that they leave your space feeling better and more exalted than when they first came in?

And to be able to do that, we have to do the inside work, right? So the whole training is inside out work. It's not like a bunch of theory, that I'm teaching everyone. I'm not, it's not like I'm talking, and then I'm like, "Memorize this stuff, and let's all go mentally regurgitate the stuff out in the world." It's like: let's do this work. Let's get into it, and like, get into our wounds. And then let's put some healing salve on those wounds so that they can start to heal and regenerate. And let us grow up in here together, so that we can actually be offering care-providing as care providers.

Because what I see and what I track is that those who call themselves care providers, but are in this hierarchical kind of thing, or this thing of belittling people, or in this thing of somehow they're superior because they know x, y, and z, that is not care providing. Like that is sickness-providing or I can call it "death providing" or "sickness perpetuation providing," but that's not health care.

Health care is that you're caring for the health and wellness of someone so that you're supporting them to evolve. So all of Innate Training is inside out work.

[1:09:24]

Rachelle: How do we actually do that? Right.

And we do that through doing the work internally so that we know what's up, we know what our triggers are, we know what needs attention, we tend to it, we're engaged in it so that we remember what it actually costs to be engaged in our healing work, in terms of the emotional, mental, spiritual aspects of it, so that then we can offer that kind of care to the women and families that we're serving.

Because truly, there is no better tool, you know, no better skill we can have, than how do we create a field of safety. Because if someone feels safe in your presence, and you can accurately see them and accurately reflect back to them who they are, that is the foundation for healing. And healing happens.

Amber: That sounds amazing. And you get to do it all in community.

Rachelle: Yes. So we start March 17. And we're going to go through in December. So it's going to be a nine month training. It's like a gestational period. And I'm really excited because I'm going to bring in guest teachers this year. I've done a little bit of that in the past, but I just haven't had a lot of time, like spaciousness, but now I do. So I'm going to bring in guest teachers to share, and we just have more time and more space to like, really get into things together.

Amber: Nice. And is it a once a week call?

Rachelle: Once a week on Wednesdays, and so it will be, you know, most Wednesdays. We'll have, you know, a Wednesday break here and there throughout the nine months. And they're all live, and

classes are between two to three hours. And then it's all videoed, right, and stored in our online platform.

And then we do co counselling partnerships in Innate Training, and we also do mentorship calls. And there's also questions and answer sessions, and then also like a community forum. So most women who take the training feel like they're really held by the community.

Amber: Yeah, I know that's been my friend's experience.

[1:11:29]

Amber: And actually, I'm wondering if I might ask for your help with something, ask for your advice on something, because my friend I know asked this on my behalf, but kept me anonymous in your forum, and you responded, but it just popped into my mind again, that I think this could help a lot of moms out there right now.

So Nixie, she's four, and in the last few months, she has just started chewing the shit out of her fingers. It's not her fingernails, and she doesn't have pinworms. And it's like, they're almost constantly in her mouth. And I've posted online in forums, and I've just had so many women and friends in real life tell me "My kid is doing that, too, like the exact same thing right now."

And I mean, clearly, it seems like some sort of anxiety thing. But when I look at it, I'm like, we're not that anxious but I know everything's weird right now. And you know, we're like, "No, we still can't go to the library. Yes, you have to put this mask on right now. No, we can't see that friend," you know?

But I would love to hear, through your lens, what you think.

Rachelle: Totally. I mean, I just think about, like, if that were my daughter, you know, what would I think? And like, what would I do? And the first thing I think of that I would do is I mean, I have a dear friend who's an elder midwife and a homeopathist, and I would probably turn to homeopathy for that, you know, because especially if you've heard that a lot of children are doing that now. I feel like they're probably picking up on stuff in the collective, and I would turn to homeopathy. Homeopathy has been so effective for my family and I.

Last January, one morning our daughter woke up, and, you know, she had gone to bed fine. She woke up one morning and she didn't feel well. It was clear, you know? Maybe she had, like, kind of a fever. You know, I was like, okay, just we're gonna hang out, we'll chill out today.

And then she was like, "I can't move my legs," she says, right? And I was like, what? And so then I got — you know, I'm fine with fevers and, you know, whatever, you know — but I was like, what? And she's like, "I can't move my legs, mom." So then I start tripping out, you know. I'm like, start repertorizing all these horrible diseases that could make her not able to feel her legs. And I was like, is it spinal meningitis? I, you know, I started going to this whole thing.

So I'd call this friend of mine, homeopathist, and I'm just like, "Oh, no!" right. And you know, and she's helping me, too, to like, rule out all possible emergency things— like, do I actually need to

bring her to the emergency room? And then, you know, we're working through things, and we're like, okay, no.

And then she says to me, "How are you and Juan doing?" me and my husband, you know? And I was like, the hell's I have to do with anything, you know, I'm in this crisis with my daughter. Anyways, what came out of it, the short of the long, was like me and my husband had not been good, you know. And, you know, when you have kids, it's like time can just keep going on. And it's not like high impact bad. It's like low grade bad, you know, and we had been in like, a low grade bad for a lot of weeks, you know?

And so through the conversation, essentially, me and my husband gotten a homeopathic remedy, not my daughter, okay. And by the time it turned into, like, I had a consultation with her, and then he had a consultation with her, and by the time we were done just having the consultation with her and hashing all that out, and that, you know, she's going to put our remedies in the mail — we haven't even started taking our remedies — then our daughter was fine and could get up and move her legs then, you know?

Amber: Wow.

Rachelle: They're so little. They pick up on things in the environment, like our home environments and the outside environment. And for me, you know, I know not everybody resonates with homeopathy, but for stuff that we've had to deal with in our family, it really works, you know. And so that's the first place I would turn when I hear that.

[1:15:29]

Amber: Yeah, totally. Thank you.

We've had some amazing, amazing experiences with homeopathy as well. And that's reminding me that we do, we did have a consultation, and we have a constitutional remedy for Nixie, which has always been amazing, and like worked immediately if she's having sleep problems or anything. So thank you.

Let me circle back. So the first, like, week or so that this podcast is out, there's going to be a \$300 discount for your course. And then we're also going to be giving \$100 coupon.

Rachelle: So there's an early bird special, yeah, for the first week that registration opens. So registration is set to open February 26, and it's a \$300 discount off of, you know, the regular price. And then I'm gonna leave it to you. We're going to send you a coupon code, Amber, and I was thinking you would put it for your Patreon listeners, you know, however, you're going to do that. So those who listen to the podcasts, will get that from you.

Amber: Okay, yeah, thank you so much! I just love being a part of getting more people to learn from you.

Oh, and just thank you so much Rachelle. I really can't put into words how much I value you.

Rachelle: Thank you. Thank you for all your work.

Amber: For all the mamas, all the babies, all the humans out there just trying to... I like how you frame it as doing the repair work.

Rachelle: We're in the time of repair.

Amber: Yeah, not easy, but we're here. So let's keep moving forward together.

Rachelle: Yes.

—

(Transitional outro music)

[Outro]

[1:17:15]

Amber: Yeah. Hey, so a little spontaneous surprise outro here:

First of all, of course, the link to learn more about the training is in the show notes. Second of all, if you at all were intrigued or picked up on, because you have a personal connection to mouth breathing versus nose breathing, or anyone in your life does, I highly recommend the book [Breath by James Nestor](#). It is a yellow cover. It's very easy to remember the title: *Breath*.

It blew my mind. I might invite him on the podcast, I just don't have enough time at all for like 90% of the people I would like to speak to on the show, but I couldn't put that book down. We all breathe, so I've just like, everyone would be vitally interested in it. To me, it's like almost the same level as water or maternal health, like, you know, just basic, basic human shit. So that's a great book.

But really, especially, if you have, like, a mouth breather in your life, it is so fascinating the difference in health between mouth and nose breathers, and you can change it if you're a mouth breather, or someone you know is.

And Rachelle brought that up, because it's different for a baby nursing out of breast versus drinking from a bottle, as far as how the bones of the face develop. And so, of course, not every bottle fed baby is going to become a mouth breather, but it is more common. And so that's why that got brought up, in case you had no idea where that came from.

And on that note, I just wanted to touch one more time on the formula feeding, breastfeeding conversation, and say that these "lactivists" in the 70s were reacting against formula company's aggressive marketing campaigns. And for decades, for decades, they had been telling women that formula is actually superior to your breast milk, like "Your breast milk is kind of gross," and "Breastfeeding is like super gross and inappropriate," and "Come on, join the industrial age. Like wake up and be a modern woman and put your breasts away and stop feeding your babies what they have been evolutionarily designed to eat." So it was, like, it was brave of them to do that, and

it was radical, and they were speaking the truth. And that's one of the reasons it just, like, weirds me out so much to see the tide turn against that physiological truth.

I also wanted to impart, in case this is not something that you had heard or known about before, I think this is one of the most like important things I've ever learned, and certainly should be known by everyone raising a baby, which is that for anyone involved in this conversation around how we feed babies, not only does breast milk have the perfect balance of nutrients to grow an infant Homo sapien, but also that nutrients in the breast milk change in the moment as the baby's nursing. The baby's saliva gets absorbed through the areola, and that gives the mother's body information about the state of the baby's body.

So the mother's body could get information that "Oh, baby's getting a little low on vitamin D." The mother's body pulls that vitamin D out of her own bones and body, puts it into the breast milk so the baby gets it. Or "Oh, there's like a viral infection taking over. There's new virus in this body that wasn't here before. It wasn't here last time you nursed a couple hours ago. Okay." Then the body, mother's body, immediately starts mounting a nutritional defense that's going to go through the breast milk into the baby to help fight off that viral infection. Clearly, this is something that formula cannot do. That is just a physiological biological truth.

And again, I want to say, if you had no choice but to Formula feed, if you did not have that circle of sisters and friends and aunties to nurse your baby for you — which, who does? Who does? No one does — then, of course, you made the right choice by formula feeding. Of course you did. And oh gosh, it's just such a fraught conversation, and it doesn't need to be, and it is because we're lacking community care and community support.

So for the millionth time, thank you, Rachelle. Thank you everyone who's working to revillage, revillage motherhood, revillage human life and love you all. See you next time.

—

[Conclusion]

(Transitional exit music)

[1:22:08]

Amber: Thank you for taking these Medicine Stories in. I hope they inspire you to keep walking the mythic path of your own unfolding self. I love sharing information and will always put any relevant links in the show notes. You can find past episodes, my blog, handmade herbal medicines, and a lot more at [MythicMedicine.love](https://www.mythicmedicine.com). We've got reishi, lion's mane, elderberry, mugwort, yarrow, redwood, body oils, an amazing sleep medicine, heart medicine, earth essences, so much more. More than I can list there. [MythicMedicine.love](https://www.mythicmedicine.com).

While you're there, check out my quiz "[Which Healing Herb is your Spirit Medicine?](#)" It's fun and lighthearted, but the results are really in-depth and designed to bring you into closer alignment with both the medicine you are in need of and the medicine that you already carry that you can bring to others.

If you love this show, please consider supporting my work at Patreon.com/MedicineStories. It is so worth your while. There are dozens and dozens of killer rewards there, and I've been told by many folks that it's the best Patreon out there. We've got e-books, downloadable PDFs, bonus interviews, guided meditations, giveaways, resource guides, links to online learning, and behind-the-scenes stuff and just so much more. The best of it is available at the two-dollar a month level. Thank you.

And please subscribe in whatever app you use, just click that little subscribe button and review on iTunes. It's so helpful, and if you do that you just may be featured in a listener spotlight in the future.

The music that opens and closes the show is Mariee Sioux. It's from her beautiful song "Wild Eyes." Thank you, Mariee.

And thanks to you all. I look forward to next time!