

By Kimberly Seals Allers,
Founder, Irth

Birth with



A Mini-Manual to
Pregnancy and Childbirth
for Black People



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Welcome!

If you're reading this, you are likely about to enter a new journey in motherhood or parenting. I'm honored to be with you! My name is Kimberly Seals Allers and I'm the founder of the Irth app. Irth is the first community-driven review and rating platform for Black and brown women and birthing people, designed as a tool for us to inform and protect each and to create transparency and public accountability in the medical system. Together our experiences have power!



I created Irth because I wish I had it when I gave birth.

When I had my first child, I was a single mother and in graduate school completing a rigorous fellowship at Columbia University. I asked work colleagues for recommendations, checked in with other local mom blogs and listservs, and read all of those “best hospitals” lists in magazines. I researched, checked and cross-checked. I walked into the very same hospital that so many had raved about and walked out feeling disrespected, dismissed and traumatized. In retrospect, those blogs, lists and magazines surveyed and served white women. I, on the other hand, was an unwed Black woman on student insurance—and that was exactly how I was treated. My experience was nothing close to their experience. I never forgot that lesson.

The truth is, people are not being treated the same way even at the same place. Every year, the Listening to Mothers national childbearing survey shows that Black and Latina women over-report perceptions of poor treatment due to race, ethnicity, cultural background or language. Yet, until now there was no way for us to know how other women of color were reviewed a maternity or pediatric physician or birthing hospital.



My babies for The Mocha Manual photo shoot in 2006



My babies for The Big Letdown photo shoot in 2016

And while I did not have anything to help me choose a provider based on who I am and according to what my community reported, you can!

You can birth with Irth.

Using this resource book is an important first step.

Unfortunately, Black women are still suffering under the worst birth outcomes in the nation. In addition, the unconscionably high Black maternal mortality rates continue but at least are now part of the national dialogue. While we better educate ourselves on how to advocate for ourselves in hospital systems (read on!!), learn more about doulas, homebirth midwives and childbirth centers (Read on! Read on!), we must continue to lean on our community of Black and brown birthing people so we can save ourselves!

Studies prove that black women have better birth outcomes when doulas and midwives are present. We also have better birth experiences at childbirth centers. Whether you choose to birth at a center, or hospital or at home—we got you!

We must tell our own stories, shared our experiences and not the let the media simply broadcast the narrative of our death and despair. We have power—our collective consumer power to choose providers with good reviews and generate data about our lived experiences to hold the medical system accountable. Ultimately, we can save ourselves by sharing our knowledge, our trusted resources, and our stories.

I hope Irth will continue to a trusted resource and companion on your pregnancy and motherhood journey as you share your prenatal, birthing, postpartum and pediatric reviews of care (we stand for Black babies too!) with others. We do not have to be afraid of the statistics. We have solutions (we always have!) and we have each other. We can birth with Irth. Together, we can!

In motherhood, **Kimberly**



@iamKSealsAllers



@iamKSealsAllers

@theirthapp



<https://www.facebook.com/iamKSealsAllers/>



You're Pregnant! Congratulations!

So here you are, beautiful Black woman pregnant with child. Get ready for the most exhilarating, exciting, exhausting experience of motherhood that starts with pregnancy. For most of us, this baby-making business has become more challenging given what we now know about the impact of institutional racism on maternity care and how the unconscious bias of healthcare professionals affects the care black women receive. We hear far too many stories of Black women's concerns and pains being dismissed, so you need to learn how to advocate for yourself. Then there's the work we have to do as Black women. Far too often, we are busy taking care of others—husbands, partners, children, employers, family and friends—and neglect our own care. We push ourselves even though we are tired or the perennial “sick and tired” or in dire need of some “Me” time. Even in song and poem, our literary light bearers from Nina Simone to Maya Angelous have referred to our ability to make a way out of no way. This is part of our cultural legacy and pride. But doing the “Strong Black Woman” thing during pregnancy can be harmful. These are behaviors that we must address and abandon in pregnancy.

Your job for the next nine months is to do your personal best to bring a healthy child into the world. Pregnancy is a crucial time to focus on yourself and the life growing inside of you. Learn the art of surrender. Take off the cape and the boots and allow yourself to be a whole woman, with the right to experience a full suite of emotions including vulnerability, anxiety and excitement.

Start building your support team, which can include friends and family, along with professionals such as a birth doula or postpartum doula. We are our sister's keeper and Irth is here to make sure you have everything you need for your journey into motherhood.

First Trimester: 10 Very Important Things

1 You're likely to feel sick or nauseated. Eighty-five percent of women have some sort of nausea and vomiting, caused by the increase in hormone levels, and an even higher percentage feel fatigued. Despite the nickname "morning sickness," please be clear that you can be sick any time of day. The good news is that for most women it clears up by 12-14 weeks.

2 Don't stress about your diet. Eat what you can and when you can, but if certain foods don't sound good to you, it's ok to avoid them. Focus on getting nutritious food and proper hydration for your body.

3 Some bleeding is normal. But call your provider ASAP if you experience some bleeding to have them assess.

4 You may not be showing yet, but some people have a sixth sense for pregnancy. Even if you take efforts to conceal your pregnancy, there may be people who pick up on your body's subconscious cues that you're pregnant. No matter who guesses what, it's up to you and your partner to decide when to tell people.

5 You don't have to tell your employer right away. If you need additional workplace protections--which you're legally entitled to--you may want to tell your human resources team, but you also are under no obligation to disclose a pregnancy. This is true if you're applying for a job as well as if you're currently working.

6 Every pregnancy is different. If this is your second or third time being pregnant, it can feel very different from the first time.



7 Many prenatal appointments don't begin until you are 8-10 weeks along. At that point, the providers can check for a heartbeat and confirm your due date.

8 Remember that the number of weeks along you are in your pregnancy starts with the first day of your last menstrual period. Many women are 4-5 weeks along before they receive a positive pregnancy test. If you want to check the time of conception, it's likely around the two week mark from when you last ovulated.

9 Does your morning sickness seem severe, or are you having trouble staying hydrated? About three percent of women have extreme symptoms due to hyperemesis gravidarum. If this may be you, seek medical attention as this is a serious condition.

10 There are some treatments for morning sickness, including Vitamin B-6 supplements, Unisom, sleep aids, or anti-nausea medications. Talk to your medical provider before trying a new medication.

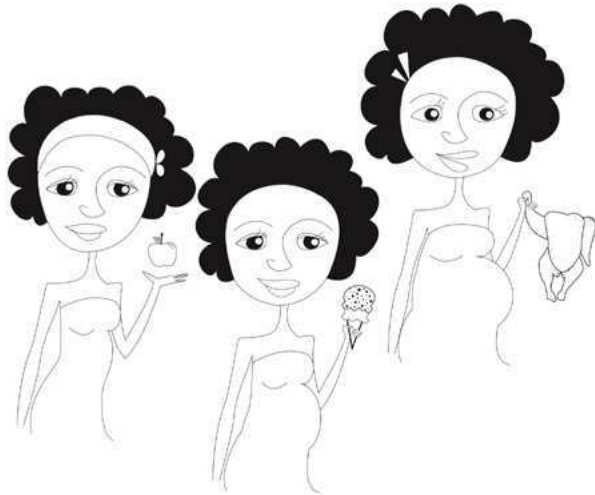
For Single Mamas

If you don't want to go to doctor appointments or childbirth classes alone, ask a relative or supportive friend to come with you. Then becomes even more important as "pregnancy brain" sets in and you need someone else to help remember what the doctor said. Now is a good time to identify the people you want closest to you through the labor and newborn phase.



Second Trimester: 10 Very Important Things

- 1** The second trimester begins around 13 weeks and ends around 28 weeks when the third trimester begins.
- 2** No pregnancy is easy, but many moms say the second trimester is the easiest of the three: morning sickness should be cleared up and you'll get some energy back!
- 3** Get ready for body changes. The second trimester is when the baby bump starts to show and skin can begin stretching. (Don't forget to moisturize!!) This is also when many women switch to maternity clothes and will start receiving comments from strangers about their pregnancy.
- 4** Some parents can find out the sex of their baby with a chromosomal blood test in the first trimester, but other parents will wait until the 20 week anatomy scan to learn if they are having a boy or a girl.
- 5** You may start feeling like your old self in the sex department. With heightened hormones and new sensitivities, pregnancy sex can be a brand new experience. Do enjoy! With your new curves and girth, sex can be a little awkward and clumsy, but as they say, practice makes perfect!
- 6** Up to date on vaccinations? During the second trimester, you'll likely receive a TDAP (tetanus, diphtheria and pertussis) vaccination.



7 The second trimester is when you will be screened for gestational diabetes. For most women diagnosed with gestational diabetes, the condition clears up after giving birth.

8 Pretty soon you'll start feeling the baby kick! Most women feel the first kicks, which can feel like butterflies or gas at first, around month four, though second and third time moms often feel kicks a bit earlier.

9 Babies can begin to hear you during the second trimester, and they'll learn to recognize the voices around you too.

10 Even though most of morning sickness clears up by the second trimester, there are other physical [Cuadro de texto]symptoms that can cause some discomfort, including ankle and leg swelling, sensitive gums (so don't be alarmed to see more blood than usual when you floss) and round ligament pain, which is an ache in the lower abdomen.

For Single Mamas

With new costs expected once a baby is here, the second trimester is the ideal time to get your finances and budget in order, especially if you're managing on a single income.

About Doulas & Midwives

What Every Black Woman Needs to Know

Doulas are birth workers who assist mothers before, during and after-birth. Doulas are not medical professionals but they receive professional training in childbirth and a certification to work with doctors and midwives to address the physical, emotional and mental needs of the mom. A doula can help educate you on your birth options, serve as your advocate at the doctor or hospital, prepare you for newborn care or help you with relaxation and mindfulness techniques. In other words, doulas are amazing!!

Doulas had become a resource of well-off white women because they are often not covered by insurance —things are SLOWLY changing—but now because of their proven benefit to birth outcomes for black women, many community-based doulas are funded to work in black communities.

Birth doulas:

Birth doulas work with moms to be before, during and after labor. A doula is there to support the mother and if needed can assist with navigating the health care system, accessing resources, helping with prenatal nutrition and providing other support. Doulas are critical advocates to help protect women from doctors who may push unnecessary interventions or dismiss concerns—known concerns among black women.

Postpartum Doulas:

Postpartum doulas focus specifically on the period right after birth, assisting with recovery, breastfeeding and infant bonding and health. Many birth doulas also transition into postpartum doula work. Doulas are typically not covered by insurance and can cost up to \$3,000. There are a few states, including New York, Minnesota and Oregon, that have experimental programs covering doula costs through Medicaid.

Full Spectrum Doulas:

Full spectrum doulas work within the full spectrum of reproductive or parenting experiences including fertility, miscarriage and loss, abortion, surrogacy and adoption. Doulas can provide education, information, physical and emotional support for all of these experiences.

Midwife:

If you choose to opt out of the hospital setting, your baby can be delivered by a licensed midwife. Midwives are highly trained birth professionals and historically midwives delivered babies at home before birth somehow became a medical event that required a hospital. Outside of the U.S. midwives still deliver most babies, even at the hospital, unless there is a high risk pregnancy. Some hospitals here now have midwifery practices within the hospital. There are different types of midwives. Certified nurse midwives (CNM) are specialized registered nurses who can deliver babies at home or at a birthing center or hospital. Midwifery laws vary by state. Visit the Midwives Alliance of North America's website at MANA.org to learn more.

Other Resources:

National Black Doulas Association: <https://blackdoulas.org/>; Nationwide black doula directory.

Black Women Birthing Justice: www.BlackWomenBirthingJustice.org

Third Trimester:

10 Very Important Things

1

Your third trimester begins around week 28 and ends when the baby is born. The third trimester can come with body aches--back aches, sore breasts, fatigue. It's also the biggest in terms of weight gain for most women.

2

Due dates are usually given based on 40 weeks after the first day of your last period, but a baby born after 37 weeks gestation is also considered full term.

3

You can have contractions that don't lead to labor. Braxton-Hicks contractions are your body's way of "practicing" contracting the uterus, but they do not mean you're in labor. Labor contractions may begin in similar ways, but they get stronger and more consistent, while Braxton-Hicks contractions fade.

4

Thinking about having a baby shower? These typically take place in the third trimester. Many new mothers create registries and then a baby shower is a time that they receive gifts to stock the nursery and get ready for a baby. If a doula is not in your budget, consider "crowd sourcing" it and adding it to your registry where guests can contribute \$50 or \$100 per person to help cover the cost.

5

Many labor and delivery hospitals offer tours so that women can know what to expect when delivering. Consider going on a tour, or at least spend the time knowing how to get to the hospital, especially if it's in a part of town you or your partner are less familiar with. Ask how many lactation consultants are on staff and at what time. Find out the hospital's C-section rate and ask the black maternal mortality rate. Ask what is the formula supplementation rate and is it different for black and brown women than white women.



6

What do you know about breastfeeding? Wondering what labor might be like? The third trimester is the ideal time to take classes or meet with providers about what to expect for breastfeeding and childbirth. Particularly for breastfeeding moms, seeking out a support group like your local La Leche League or BabyCafe USA ahead of having a baby can ensure you have a group of people in place to support you as questions come up. Facebook pages such as Black Women Do Breastfeed and Black Mothers Breastfeeding Association are great resources. On Instagram, check out Black Girls Breastfeeding Club and their website has a national directory of breastfeeding support groups for black mothers.

7

Start thinking about your child's pediatrician. Many hospitals want to confirm that you have a pediatrician appointment set up before you leave. When looking for a pediatrician, be sure to ask where the doctor received his/her breastfeeding education or if they have an in-office lactation consultant.

8

Buy a car seat and learn to install it. Many organizations offer free car seat installation events through Safe Kids USA where certified experts will make sure your car seat is installed properly. Hospitals may also require you to bring the car seat inside (many car seats detach from the base) to show you can take the baby safely home upon discharge.

9

Start thinking about post-delivery support. If someone offers to organize a community effort to bring meals, or wants to throw a baby shower, realize that raising a child does take a village and it can be worth accepting help from others--even if you're a person who typically does everything herself.

10

If you have other children, consider books or conversations about what it means to have a new sibling at home. It is also a good time to line up childcare arrangements for when you're in the hospital for delivery and for when you're home with a newborn, or back at work.

Going to the Hospital & Delivery:

10 Things to Know

1

Think you might be in labor? Call your doctor right away. Don't worry about calling if it's a false alarm, this happens all the time. Better to be prepared if it's the real deal!

2

Look into delivering at a hospital or birthing center that has the "Baby Friendly" designation. The staff at these hospitals have gone through extra training and encourage rooming-in with your baby after delivery to promote optimal infant feeding. The staff will also be able to answer more detailed questions about breastfeeding and recovery.

3

Please note that you always have the right to fire your doctor if you feel he or she is not respecting your wishes (regardless of their skin color!) " Many of us, especially black and brown folks, we see doctors as gatekeepers and purveyors of wisdom around medicine and our bodies, when that's simply not true. We are the experts of our own bodies and we are enlisting them to make sure we come out of this alive and healthy," says doula Elizabeth Perez of www.RootandSpark.com doula services (IG: @rootandspark)

4

Many women request epidurals which are a regional anesthesia administered through their back to numb the sensation of childbirth. Over 50 percent of women who give birth in a hospital use an epidural for pain relief. The risks associated with epidurals are minimal, though some women report headaches or a drop in blood pressure.

5

One of the most important things immediately after delivery is spending time skin-to-skin with your baby. This is calming for both you and the baby and helps stabilize the baby's temperature and breathing. Tell your medical provider you want skin-to-skin with your baby right away.

6

Skin-to-skin time also signals to your body that your baby is here and it's time to start producing breast milk.

7

If for any reason skin-to-skin immediately after delivery needs to be delayed (for a medical issue), pick back up as soon as you and your baby are back together.

8

No matter what kind of labor you're hoping to have (natural, epidural, etc.), recognize that labor is unpredictable and the birth you want may not be the one you have.

9

No matter what kind of delivery you have, the most important thing is a healthy mother and baby. If you're struggling with how you feel about your labor and delivery experience, consider speaking with a professional about it, as many women have found this helpful.

For Single Mamas

Stock up on supplies before you go to the hospital. This way when you get home, you'll have diapers and wipes waiting for you and can avoid the midnight runs to Target.

Expecting the Unexpected: The Realities of Birthing While Black

#RealTalk: The fact of the matter is, regardless of income or education, black women are statistically more likely to have a low birthweight or pre-term baby. Our babies are often born too small, too sick or too soon.

Sometimes, despite your best efforts, good nutrition and mindfulness—things don't go according to plan. Black women are also more likely to have a C-section and are more likely to be offered formula supplementation in the hospital. These are the realities.

Therefore, while we are going in fully prepared for a full-term baby and a vaginal delivery, we also have to do some scenario mapping about the other potential outcomes. What if you go into labor early? What if you have a C-section? What if your baby is born preterm or low birthweight and has to go into the neonatal intensive care unit (NICU)? What are the questions you need to ask the doctor or how will care be different for you and your baby? How do these birth outcomes impact breastfeeding? These are important questions to ask a childbirth educator or your doula.

Inform yourself about all the potential birth outcomes not just your ideal one! You got this!

The Fourth Trimester: Your First 30 Days After Baby

1

In many cultures, new mothers take 30 or 40 days to rest and recuperate following childbirth. While the exact time you take to rest may vary, keep in mind that your body went through a major change and needs time to recuperate. Our society likes to act as if birth is a non-event, but you just grew a human!!! Give yourself a minute. And you need rest, hydration, and good nutrition!

2

It takes a village to raise a child, and it takes a community to support a new mother. Consider asking for support and take what is offered—whether it be an offer to bring by a meal or to watch older children or pick up groceries. This allows you to focus on your baby, and a healthy mother is what is best for a healthy baby.

3

Know when to set limits on visitors too. You need rest, and some visitors take more energy than you can expend.

4

It took nine months to put all the weight on and it can take nine months (or more) to take that weight off. Don't get too fixated on the scale, your body has been through a lot and needs time to heal. Don't let those Instagram photos give you a false sense of reality—one of the greatest things you can do is accept that body is different but still beautiful rather than obsessing about the “old” body.

5

Hormones are a major force at work here. Expect a lot of mood swings and emotional shifts. But if you're feeling depressed or anxious, seek out medical attention ASAP. Eighty-five percent of women will experience some sort of postpartum blues, during which they feel fine one minute and emotionally fraught the next. Severe postpartum mood disorders are treatable. Please know that post partum depression can also include anger.

6

Breastfeeding is amazing and good for mothers and babies alike. But it's not always instinctual. You may need help with your latch and it can be stressful to worry about if your baby is being fed enough in

the early days. If breastfeeding is one of your goals, seek out women who can help you, including lactation consultants and breastfeeding support groups. Apps such as iBreastfeed and pumpspotting can help you get lactation support or find places to pump or nurse on your phone.

7

The internet is a double edged sword. There are some wonderful, supportive online communities, like Mocha Manual, My Brown Baby and Mama Glow which can be very helpful in navigating postpartum issues and caring for a newborn. But be careful of using Google to solve all your problems, the internet may not always have the right answer for you, so be sure to find women you trust that can be your go-to guides when you have questions.

8

Know your rights at work. The United States is the only industrialized country without paid maternity leave, but a lot of states are working to change that. Check if your state has paid maternity leave. If you've been at your job for over a year and your company has more than 50 people within a 75 mile radius, you are eligible for up to 12 weeks of unpaid leave under the Family and Medical Leave Act (FMLA). Even though FMLA is unpaid, it still protects your job and your benefits (like health insurance).

9

Four states currently offer some form of paid family leave: California, New Jersey, Rhode Island, and New York. Other states, including Washington, Massachusetts and the District of Columbia, are in the process of adding paid family leave.

10

Many state legislators are actively debating bringing some sort of paid leave, so if you want to see this happen where you live, consider giving your state rep a call to let them know how you feel!

For Single Mamas

Find your community! There are online resources and social media groups for single moms, and your journey and challenges may be different from friends that are in traditional couples. Surround yourself with stories of successful single parenting!

Real Talk: What A Black Women Can Expect At The Hospital

I would not be doing my sisterly duty if I did not properly prepare you for the hospital experience. I don't mean about what's in your packed bag or how you will inhale and exhale, I am talking about the experience of giving birth in a hospital for too many black women. Studies—yes studies!—prove that doctors think black women have a high pain tolerance and often ignore our complaints. We are also quickly stereotyped as the “angry black woman” so even legitimate anxiety or upset is dismissed as an “attitude.”

Remember, even our superstar mama, Serena Williams, had a near death experience after childbirth because she was dismissed by nurses who ignored her pain and concerns. If a multi-millionaire, G.O.A.T athlete can't get respectful care—and might I add, she is there with her millionaire white husband—then you might be thinking what can the rest of us expect?

Well, that is a good question and preparation is the best answer. Also, noting that this is why doulas are so important because they advocate for you. They have also likely attended a delivery at your hospital and may be familiar with policies and staff.

- Learn what are the questions you need to ask first when being told that you need a C-section.
- Start off nicely: Use phrases like, “can we try?” or “do you think we could work on this together?” or even “I understand, but this is what I really want. How can we make it happen?” Talk about “shared decision-making” being the goal.
- Think of how others, either your partner or relative, can help advocate for you.
- Familiarize yourself with the patient's bill of rights at the hospital and refer to it repeatedly as needed. Find out before hand if the hospital has a patient liaison (or similar) and have their name and phone number handy. Learn the names of department heads so you can ask for them by name or name drop as needed.
- If you have asked for a diagnostic test or other measure and you are refused by a doctor or nurse, ask to have it noted in your records that the request was denied.
- Ultimately, do not be afraid to speak up. Our fear of being stereotyped often silences us from making an appropriate ruckus when needed.

Doula Talk:

About inductions and unnecessary interventions

If someone is in labor and their labor “stalls” and they’ve been doing this for a long, long time and other stuff begins to pop up (fever, swelling, etc) or their babies heart rate dips and doesn’t come back up fast enough more than once, then giving birth by cesarean should be a conversation with their provider. It shouldn’t be “rushed.” True emergency cesareans, there is no conversation to be had. I think that’s the difference. Where as with inductions, I urge clients to talk about reasons for them prenatally with their care provider. Many providers have “policies” around how long they’ll allow their patients to be pregnant. If a family finds this information ahead of time, then they won’t be surprised towards the end of their pregnancy when it is likely providers find something “wrong.” Here, too, induction should be a conversation. Is this a medical necessity? What’s the benefit, risk to this induction? Could we try something else, some alternative therapy?

A pregnant person should ask themselves how do they feel about being induced (what’s your gut telling you?) and then after all of that assessing and information exchange, coming to the middle with their provider. For water breaking, my doula partner, Yael Borensztein wrote an awesome article that highlights everything one should know about water breaking.

Elizabeth Perez (expectingwonder.com)

IG: @expectingwonder

Black Women & Postpartum Depression

Mood disorders are biological illnesses that involve changes in brain chemicals. And since pregnancy hormones can affect brain chemicals directly related to depression and anxiety, pregnant women can be, in some cases, more susceptible. Studies show 1 in 7 moms will experience postpartum depression.

The bigger problem with depression as it relates to Black women is that symptoms closely resemble what we call life. We have often convinced ourselves that feeling sad, overwhelmed, lonely or just “sick and tired” are part and parcel of being a Black woman. Or that we are “strong” enough to handle anything. There is a stigma about mental health in our community. We often believe that we just need to pray, trust in the Lord or have a drink. Or we may just call it a “funk” or a “little down.” Therefore, our depression often goes undiagnosed.

Yet Black women face an increased risk of mental health issues post-birth. While 20 percent of women display symptoms of perinatal mood or anxiety disorder (PMAD), like anxiety, depression, and obsessive-compulsive disorder, the figure goes to 44 percent for Black women, compared to 31 percent for white women.

Postpartum depression is real, as is pregnancy depression. Society’s perceptions of the “happy new moms” may also contribute to negative feelings of guilt and anxiety. The most important thing is to get help early and recognize that any prolonged feeling of sadness may need professional



help. Talk to your doctor or a friend. The Postpartum Stress Center (www.postpartumstress.com) has a helpful questionnaire if you are uncertain of the signs. If you feel embarrassed, call an anonymous hotline or your employer's Employee Assistance Program. Check out orgs more suited for people of color such as the National Alliance on Mental Illness and Black Women Birthing Justice.

Postpartum Support International Helpline:

800-944-4773 or Text 503-894-9453

National Alliance on Mental Illness www.nami.org

Therapy for Black Girls www.therapyforblackgirls.com

Black Women Birthing Justice www.blackwomenbirthingjustice.com

Feeding Your Baby: About Breastfeeding

Breastfeeding is critically important in our community. For over 40 years, our rates of breastfeeding have significantly lagged white women—that means our babies aren’t getting the most nutritious and healthiest “first food” which impacts infant health outcomes. That also means black women are missing out on the health benefits of breastfeeding which includes a reduced risk of several cancers.

We have a strong history of breastfeeding—however during slavery we were stopped from breastfeeding our own babies to breastfeed the babies of the slave owners (Yes, they knew it was good stuff and wanted it for their own offspring!). This led to a terrible disruption of our feeding practices and the maternal bond that happens during nursing. Over the years, without many job opportunities, we became wet nurses to white women. And this continued our forced disconnection from breastfeeding —the biological norm for infant feeding. It is time that we reclaim our traditions and do our best to give our babies the best “first food” God made—breast milk. Please learn more about breastfeeding in the black community online and on social media, including the national Black Breastfeeding Week from August 25-31st every year —we are doing it!!!

- 1** Breastfeeding has amazing benefits for mothers and babies alike. Breastmilk is the ideal nutritional food for your baby. The act of breastfeeding produces antibodies your child needs and protects them against diseases.
- 2** For mothers, breastfeeding releases prolactin and oxytocin, two feel good hormones that help you bond with your child.
- 3** Breastfeeding has also been found to reduce rates of breast and ovarian cancer, type 2 diabetes, and high blood pressure and high cholesterol in women.

4

For babies, breastfeeding is the ideal nutrition for them, and can lower the risk of asthma and allergies, and lead to fewer cases of ear infections and diarrhea.

5

Babies are born with an instinct to root, or make the sucking motion with their mouth. But even healthy, full term babies may need some help to latch properly onto the breast. If breastfeeding is painful or uncomfortable, seek out a lactation consultant.

6

Many babies develop a small blister on their lip from breastfeeding, but this does not hurt them or cause any discomfort. It's actually a sign that breastfeeding is going well!

7

If you give birth at a hospital or birthing center with the Baby-friendly designation, many of the staff and nurses will be familiar with best practices for breastfeeding, so ask questions and have them examine your baby's latch to provide feedback.

8

Be prepared to feel hungry and to eat more. Your body will need 300-500 additional calories, and be sure to stay hydrated as breastmilk also requires a lot of water. 10. Moms struggling with postpartum mood disorders can still breastfeed, even while taking medication. Talk to your medical provider about your options, but many medications are compatible with breastfeeding. Breastfeeding is also shown to lower the risk of postpartum mood disorders too.

For Single Mamas

Meet with a lactation consultant before delivery. Make the connections for breastfeeding support before the baby arrives and it will be much easier to ask for help if and when you need it.

Real Talk: 10 Other Things No One Ever Tells You

1

Labor isn't done when the baby is out. Mothers still have to pass the placenta out, and breastfeeding can cause more contractions as the uterus gets smaller in size. Also, mothers of multiple children report that the post-labor uterine contractions get even more painful with each successive delivery!

2

Your baby will drop weight. After they are born, newborns lose weight by peeing out excess fluid. This is expected, though within two weeks the baby should be past their birth weight. This is something to monitor closely with your pediatrician.

3

Emptying your bladder and your first bowel movements after labor can be painful. Stool softeners can help, and the bladder pain will subside as your body heals, but be prepared. Also, the hospital usually requires a pee and a poop before discharge.

4

Get ready for maxi pads. For 4-6 weeks after you give birth, you'll have vaginal bleeding as the uterus goes back to its regular size, and no tampons or menstrual cups are allowed.

5

Hold off on having intercourse for at least six weeks. There are other ways to pleasure your partner, but intercourse is off limits for six weeks or until you get the all clear from your doctor at your postpartum visit.

6

Your body will change. About two thirds of pregnant women get diastasis recti, where the stomach muscles split and their stomach bulges out a bit after pregnancy. This is even more common for women after their second pregnancy. If this is something that bothers you, there are exercises that can help strengthen the muscles.

7

Your pelvic floor will be different. Some women will leak urine while pregnant, and sometimes after pregnancy and labor. Tell your medical provider about this and consider looking into physical therapy to strengthen your pelvic floor. Even a few minutes of kegel exercises a day can make a significant difference.

8

Recovery from a C- section can take longer than a recovery from a vaginal birth, but both present their own unique complications. C-section moms may have limits on how much they can lift, and they must be mindful of their abdomen stitches which can be sore. Doing too much can rupture internal stitches and cause other damage that can lead to infection. Take it easy mama!! Vaginal births often require stitches too, and it can be hard to maneuver on steps or use the bathroom while healing.

9

Something will be hard. Whether it's recovery, stitches, breastfeeding, sleep deprivation, or managing family expectations, know that something will be hard in those first few weeks, so go easy on yourself and allow time to recover. Resist the urge to "do something" —mothering is important work!!! Also, learn to say yes to offers of help. A baby does best with a mom who has enough rest and nourishment, and raising a child truly takes a village, especially in that immediate postpartum phase!

10

Give your uterus some credit, a woman's uterus expands to more than 500 times its normal size over the course of a pregnancy. It will take some time to return to normal.

Your Skin & Hair Fix!

In case you haven't got the message yet, pregnancy is all about hormonal changes and those can wreak havoc on your hair, skin and nails. Here's a round up of expert advice:

Acne: Definitely the hormones. Ask your doctor if ok to use a prescription or over the counter benzoyl peroxide or salicylic acid. Both of these comes in cleansers, gels or lotions and are typically applied twice daily and take about six weeks for results.

“Mask” of pregnancy: Melanoma is a pregnancy by-product characterized by light or dark brown patches on the forehead, cheeks, nose or lower part of the face. Sunscreen should be your new best friend. Apply an SPF 45 daily and reapply in the afternoon.

Facial Hair: Hair growth really takes off during pregnancy. Unfortunately that may also include facial hair—and it has an official name hirsutism. You can usually wax, shave, pluck or thread it safely during pregnancy.

Hair Relaxers: Are they safe? There is no evidence that chemicals from hair relaxers or coloring has any effect on a developing fetus. Some doctors recommend avoiding these processes in the first trimester when developing organs are most vulnerable. Note that your hair texture may change. During pregnancy I also avoided high-traffic times, when the fumes and sprays leave a visible haze in the salon—inhaling all that can't be good for anybody!



A Closing Word to All Birthing Queens:

This is one of the most amazing times of your life!

We do not believe and, in fact, we categorically reject the racist media narrative that says our children are worth-less— when in fact, we are raising Kings and Queens. You are birthing our future! We do not believe the media's racist narrative that says we are not nurturing parents who love our children. We are our sister's keeper. Our ongoing work to eliminate racism and bias in maternity and infant care will prevail.

But we must be vigilant and aware—and most importantly we must lean on each other for support, information, referrals and resources more than ever before.

But do not be afraid. Fear has been a tool used to control our communities since slavery. Since then fear has also been used to control women in childbirth and beyond.

Be informed. Be empowered. Be blessed. You can (and will!) have a fabulous pregnancy and a beautiful birth, especially if you Birth With irth.



In motherhood, **Kimberly**

Resources & More Information

More Books by Kimberly Seals Allers:

  @iamKSealsAllers

www.KimberlySealsAllers.com

The Big Letdown: How Medicine, Big Business, and Feminism Undermine Breastfeeding

The Mocha Manual to a Fabulous Pregnancy (St. Martin's Press)

The Mocha Manual to Turning Your Passion into Profit: How to Find and Grow Your Side Hustle in Any Economy (Amistad/HarperCollins)

The Mocha Manual to Military Life: A Savvy Guide for Wives, Girlfriends, and Female Service Members (Amistad/HarperCollins)

Other Resources:

Black Mamas Matter Alliance | Black Maternal Health Week

www.BlackMamasMatter.org

IG: @BlackMamasMatter

Featured in the New York Times:

Protecting Your Birth: A Guide for Black Mothers

<https://www.nytimes.com/article/black-mothers-birth.html>

National Birth Equity Collaborative

www.birthequity.org

Doulas

DONA International

<https://www.dona.org/>

@donaintl

The Birth Co.

<https://thebirthco.com/>

<https://www.facebook.com/shetaralsmith>

Birthmark Doulas NOLA

<https://www.birthmarkdoulas.com/>

@birthmarkdoulas

Metropolitan Doulas DMV

<https://metropolitandoulas.com/>

@metropolitandoulas

Mama Glow NYC

<https://mamaglow.com/>

@mamaglow

Welcome Home SAC Midwifery Services

<https://www.welcomehomesac.org/>

@welcomehomedoulas

Nova Birth Partners

<https://www.novabirthpartners.com/>

@novabirth

Sista Midwife Productions

<https://www.sistamidwife.com/>

@sistamidwife

Black Breastfeeding Organizations



BLACK
BREASTFEEDING
WEEK
AUGUST 25-31

Black Breastfeeding Week

[www. BlackBreastfeedingWeek.org](http://www.BlackBreastfeedingWeek.org)

[Facebook.com/BlackBreastfeedingWeek](https://www.facebook.com/BlackBreastfeedingWeek)

Instagram: @BlkBFingWeek

Golden Journey Empowerment

<https://www.facebook.com/gjebreastfeeding/>
@golden_journey_empowerment

BMBFA/Black Mothers Breastfeeding Association

<https://blackmothersbreastfeeding.org/>
@bmbfa

Michigan Breastfeeding Network

<https://mibreastfeeding.org/>
@mibfnetwork

Breastfeeding Center for Greater Washington

<https://www.breastfeedingcenter.org/>
@breastfeedingcenter

ROSE (Reaching Our Sisters Everywhere)

www.breastfeedingrose.org

Midwives

Black Midwives Alliance

www.BlackMidwivesAlliance.org
IG: BlackMidwivesAlliance

Southern Birth Justice

IG: @southerbirthjustice
www.southernbirthjustice.com

Common Sense Childbirth | Jennie Joseph

@iamjenniejoseph

Childbirth Centers

American Association of Birth Centers

www.birthcenters.org

The Birthing Place, Houston Texas

www.thebirthingplace.com

IG: @thebirthingplace

Birth Center of New Jersey

www.birthcenternj.com

IG:@birthcenterofnewjersey

Brooklyn Birthing Center

www.BrooklynBirthingCenter.com

IG: @brooklynbirthingcenter

Birth & Beyond SAC

<https://www.birthandbeyond.info/wp/ourservices/>

@BirthandBeyond.CT

Podcast resources

Birthright: A podcast about joy and healing in Black birth with Kimberly Seals Allers

www.thebirthrightpodcast.com

Natal

<https://www.natalstories.com/listen>

@natalstories

Birth Stories in Color

<https://www.birthstoriesincolor.com/>
@birthstoriesincolor

Dem Black Mamas

<https://demblackmamas.com/>
@demblackmamaspodcast

Cover Design By Jessica Lynn Design
www.thebrandingbarbyjld.com

Illustrations by Raina Tinker | @RainaTink

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