Chapter 19

The Fire Is Already Burning

Sacred Truth: The fire was never missing. It was waiting to be tended. The work did not begin here. But it can be carried forward here.

You have walked through something most people never name.

You have seen how postpartum care was lost—not accidentally, but systematically. How the village collapsed, how continuity was replaced with clearance, how sacred became clinical, how mothers were told to heal alone in a timeline that made no physiological sense.

You have seen the myths that keep women sick. The six-week lie. The normalization of depletion. The pathologizing of signals. The pressure to bounce back while the body is still rebuilding itself from the inside out.

You have seen what real care looks like. Not the fantasy version. The grounded one. The kind rooted in physiology, anchored in relationship, sustained through distribution rather than heroism.

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And if you are reading this, you already know something else. You know what it feels like when care is missing. You know what it costs to survive postpartum without being supported through it. You know the rage that comes when you realize it didn't have to be this way.

And you know the grief that follows—grief for what you lost, grief for what others are still losing, grief for the gap between what is and what should have been.

That knowing is not a burden. It is clarity. And clarity, even when it comes late, is never wasted.

Because what you see now cannot be unseen. And what you understand now changes what you will accept going forward—for yourself, for the people you care about, for the mothers and providers still moving through systems that were never designed to hold them.

This chapter is not here to give you more work. It is here to show you what is already happening. What has always been happening. And what becomes possible when enough people stop waiting for the system to change and start building something that works.

The revolution is not coming. It is here.

And it does not need you to start it. It needs you to see it. And tend it.

The Work That's Already Happening

The system has not changed. Insurance still covers six weeks. Providers are still fragmented across specialties. Mothers are still discharged before their bodies have finished healing. Policy still lags decades behind what science already knows.

But care is changing anyway. Not everywhere. Not all at once. But it is changing.

In Minnesota, a family medicine physician realized something was wrong. Three patients in two months—all postpartum, all struggling with what looked like depression, all with "normal" labs.

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She took a course on postpartum nutrition and learned to look beyond the standard complete blood count (CBC). When she started checking ferritin and full thyroid panels, she found severe iron depletion in two of the three women and subclinical hypothyroidism in the other. Their symptoms resolved with repletion and treatment—not antidepressants. She shared her protocol with her clinic. Within a year, they were all screening differently. Twenty-three mothers were caught before they crashed.

In Uganda, a community health worker in a rural district noticed mothers weren't returning for their six-week checkups. When she asked why, they told her, "There's no one to watch the other children. There's no money for transport. And when I go, they only check the baby." So she started walking to them instead. Bringing iron supplements. Teaching danger signs. Connecting mothers to each other. Creating circles where women could speak openly about bleeding, pain, exhaustion. In 18 months, postpartum hemorrhage deaths in her district dropped by half—not because the hospital changed, but because someone refused to let distance be a death sentence.

In Australia, a midwife in Melbourne built a six-month postpartum program inside her group practice. Insurance wouldn't cover it. The hospital said it wasn't necessary. She did it anyway—structuring visits at day 3, week 1, week 3, week 6, week 12, and month 6. Tracking iron, thyroid, mood, and pelvic floor across the full arc. Her clients' outcomes were so dramatically better—lower depression rates, higher breastfeeding continuation, faster physical recovery—that other midwives started asking how she did it. Now four practices in her region offer the same model. They don't call it experimental anymore. They call it standard care.

In a suburban Atlanta living room, five mothers meet every Tuesday evening. It started when one woman said in a Facebook group, "I'm not okay. And I don't think I'm supposed to be yet." Two others messaged her. They met for coffee. Then they met again. Now they rotate bringing dinner. They hold each other's babies while the other showers or naps. They text at 2 a.m.—not

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with advice, but with *I'm awake too. You're not alone.* They do not perform wellness. They witness each other. Six months in, they are still meeting. Two more women have joined. None of them are doing this alone anymore.

In Kenya, a women's cooperative in Nairobi noticed mothers returning to work at two weeks were collapsing from exhaustion and anemia. The cooperative pooled resources to extend paid leave to three months—not because the government mandated it, but because watching women fall apart was intolerable. They hired a rotating cook to bring warm meals to new mothers. They arranged childcare swaps. When other cooperatives saw the results—lower turnover, higher productivity, mothers who stayed healthy—they adopted the model. Change spread because someone proved it was possible.

In Portland, Oregon, a pelvic floor therapist noticed a pattern. Mothers referred at six months postpartum weren't just weak—they were exhausted at a cellular level. Their tissues weren't responding to strengthening protocols. Their recovery plateaued. She began asking questions that stretched beyond her scope: "Are you eating enough to rebuild tissue? How many uninterrupted hours of sleep are you getting? Has anyone looked at your inflammatory markers? Your protein intake? Your mineral status?" In one case, the issue wasn't structural failure but systemic depletion. The body lacked the substrate to repair. Once nutrition, sleep, and collaborative medical follow-up were integrated into the treatment plan, progress accelerated. The exercises hadn't been wrong. The foundation had been missing. She started writing notes to referring physicians—not accusatory, but connective. "I'm seeing tissue fatigue that may be metabolic, not mechanical." One OB responded. Others followed. Conversations expanded. Referrals came earlier. Communication tightened. Care stopped being siloed because one clinician refused to treat the pelvis as separate from the body it belonged to.

In a Brooklyn kitchen, a grandmother cooks for her daughter every day for 40 days. Soup. Stew. Bone broth. Warm, mineral-rich

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food her own mother made for her. Her daughter's friend visits and asks, "How are you managing so well?" The daughter answers, "My mom won't let me do anything except rest and feed the baby." The friend goes home and calls her own mother. "Can you help me like this?" The mother remembers. She shows up. The practice spreads—not because it's trendy, but because it works.

At a state capitol, an obstetrician testifies for the third year in a row. She brings stories, data, testimony from mothers who fell through the gap. She explains that extending Medicaid to 12 months was a start—not a solution. Coverage does not guarantee continuity. A benefit does not build infrastructure. A longer timeline does not fix fragmented care. She explains why reimbursement structures still incentivize crisis over prevention. Why pelvic floor therapy remains inaccessible. Why nutritional counseling is inconsistently covered. Why mental health is reimbursed only once it fits a diagnostic code. The bill does not pass. She will come back. Because policy without structure is a promise without scaffolding. And this is not optional work. This is the work.

In Dallas, a doula rewrites her contracts. Instead of ending care at six weeks, she builds a six-month arc into her model—scheduled check-ins, structured support, and clear expectations for both family and provider. Not because postpartum magically becomes easy after 40 days, and not because she is willing to work for free, but because she understands that the real unraveling often begins once the early adrenaline fades. She prices it accordingly. She explains the physiology. She sets boundaries. She defines her role—not as childcare, but as maternal care inside a longer recovery. One client tells another. A prenatal class fills. Another doula sees the outcomes and rethinks her own structure. The model spreads—not as martyrdom, but as sustainable care.

This is not institutional permission. This is care happening because people refused to let the system's limitations define what is possible.

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And where it is not happening, the consequences are measurable. Maternal depression becomes chronic illness. Chronic inflammation becomes autoimmune disease. Pelvic floor injury becomes lifelong dysfunction. Isolation becomes intergenerational trauma. The cost of neglect does not disappear. It compounds. The system absorbs it in emergency rooms, psychiatric units, broken partnerships, and bodies that never fully recover. This is not a sentimental issue. It is a public health one.

And it is spreading. Not through mandates. Not through policy alone. Through relationship. Through persistence. Through the refusal to accept that this is just how it is.

Because mothers who are actually supported do not just survive—they remember. And they make sure the next woman does not have to fight as hard. Because providers who finally understand what was missing do not go back to practicing the old way. Because once you see the gap, you cannot unsee it. And once you know what is possible, you cannot pretend it is not.

The stories you just read are not inspiration; they are evidence. Evidence that postpartum care can change even when the system refuses. Evidence that the timeline is wrong, the training is incomplete, the handoffs are too thin. Evidence that mothers do not need more grit—they need more structure. Evidence that when someone stays, the body responds.

And if you felt something rise in you while reading these stories—hope, grief, anger, longing—that is not you being dramatic. That is your nervous system recognizing truth.

Because these stories carry a double reality at once: Care is being rebuilt. And mothers are still falling through the gap every day.

Both are true.

Change does not arrive after the system is ready. It arrives while the old model is still in place. It arrives while mothers are still told they are fine. It arrives because the outcomes no longer make sense. And once that shift begins, it does not reverse.

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What You're Responsible For

So before I tell you what to do, I want to name what is actually being asked of you.

Not to fix postpartum care. Not to carry the whole arc of reform. Not to become the village by yourself.

What is being asked is smaller—and deeper:

- To stop participating in the lie that postpartum ends quickly
- To stop calling common suffering normal
- To stop handing mothers a checklist when what they need is a thread
- To become someone who can recognize what is happening in front of you—and respond in a way that does not abandon it

That response looks different depending on who you are.

If you are a mother, tending the fire does not mean adding another project to your already-full hands. It means refusing to disappear inside your own recovery. It means letting your needs count as real. It means learning enough to protect yourself inside systems that were not built to hear you.

If you are a partner, friend, or family member, it means understanding that postpartum support is not a "help if you need anything" moment. It is practical infrastructure. It is food. Sleep. Childcare. Presence that returns after the newness wears off.

If you are a provider, it means acknowledging what training left out without collapsing into shame. It means asking different questions, ordering different labs, staying in the story long enough to see patterns, and refusing to let fragmentation be the default. And it means knowing that the training you didn't receive is available now—that what was left out of your education does not have to stay missing. Providers in more than 55 countries have found their way to this framework. You can too.

If you are an administrator, educator, policymaker, or advocate, it means recognizing that postpartum care is not a private matter.

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It is population health. It is workforce stability. It is mental health prevention. It is generational well-being. The costs of neglect don't disappear—they simply land in emergency rooms, psychiatric units, foster systems, and intergenerational trauma.

And for all of us, it means learning to tolerate the discomfort of seeing clearly. Because once you see this, you cannot unsee it.

You will notice the way a mother laughs too brightly at her six-week visit.

You will notice the way "normal labs" are used as a closing statement instead of an opening question.

You will notice the way support floods in for two weeks and then evaporates right as the nervous system starts to fray.

You will notice the gap. And if you're honest, you will feel the urge to look away—because the gap is not small. Because the gap is not your fault. Because the gap is bigger than any single person.

So let me be very clear: You are not responsible for closing it alone.

What you are responsible for—what is within reach—is refusing to pretend it isn't there.

This is how change actually happens: not through one heroic overhaul, but through enough people making the same small refusal:

- Refusing to discharge a mother from care simply because the calendar says she should be done
- Refusing to call depletion a mood disorder without checking the body first
- Refusing to let "support" stay abstract when the body needs logistics
- Refusing to let a mother become the connective tissue of her own care

That refusal is the beginning of tending. And tending needs structure, or it becomes overwhelm.

The model will change. It always does. Medicine shifts when outcomes become undeniable. Culture shifts when enough people

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quietly refuse to comply with what no longer makes sense. The only question is whether we accelerate that shift—or continue absorbing its cost in the bodies of mothers. Change is not waiting for permission. It is already underway. The work now is whether we participate in it.

So here is a simple way to hold your part without collapsing under it within three threads:

- **Thread one: Physiology.** What does her body need to rebuild? What is missing? What is being demanded? What should be assessed rather than normalized?
- **Thread two: Continuity.** Who is tracking her across time? Who is holding the thread so she doesn't have to start over at every appointment, every referral, every crisis point?
- **Thread three: Community.** Who is sharing the load? Who is bringing food, holding the baby, taking the toddler, sitting beside her long enough for her nervous system to stand down?

If any one of these threads is missing, the body compensates—and compensation is expensive.

When all three are present, the body does what it was designed to do: repair, integrate, become.

That is the work. Not everything. Just this: protecting the conditions. And yes—this will ask something of you.

It will ask you to be specific instead of polite.

To offer something real instead of "let me know."

To follow up when everyone assumes she's fine.

To name what you see, even when the system wants you to minimize it.

To stay in the story long enough to matter.

This is not about saving mothers. It is about stopping the quiet abandonment we have learned to call normal.

So now, when I tell you how to tend the fire, I am not handing you a to-do list. I am giving you a way to hold your part with clarity so you can act without burning yourself down.

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And if you want the practical tools—the visit schedules, the team-building templates, the assessment lists, the lab guidelines—you'll find them at PostpartumU.com/thebook. You do not have to invent this from scratch.

How to Tend the Fire

These are not exceptions. They are examples. And examples are instructions for people paying attention.

You are not responsible for rebuilding the entire system. You are responsible for refusing to pretend the current one is sufficient.

Do not wait for institutions to revise protocols before you revise your own lens. Incomplete training is not a permanent condition. Education exists. Seek it.

Build continuity into the agreement. Do not rely on unpaid labor to carry what structure refuses to hold. Presence must be designed if it is to last.

Refuse professional silos that fragment the body. When something does not make sense, widen the circle. Ask another question. Send the note.

Build something small and consistent rather than waiting for something perfect. A weekly gathering. A rotating meal. A shared night shift. Rhythm changes physiology.

Keep speaking even when policy moves slowly. Systems rarely change because they are convinced. They change because someone refuses to be quiet.

And remember what the body already knows. Warmth. Nourishment. Relief. Witness. These are not luxuries. They are infrastructure.

This is how you tend the fire.

You learn what was left out. You ask the real question instead of the polite one. You coordinate instead of fragment. You build the circle and keep it small and keep it showing up. You offer something specific instead of saying *let me know*. You stay past the newness.

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You trust the signals even when the system dismisses them. You use whatever influence you have—in a practice, in a hospital, in a living room, in a policy hearing—and you refuse to stay quiet.

And you share what you learn. Not to perform expertise. Not to fix anyone. But because the woman behind you needs to hear that she is not imagining it. That her body is not broken. That what she is feeling is real. One mother telling the truth in a room can shift the atmosphere for everyone in it. One provider sharing a protocol can change how an entire clinic practices. Knowledge does not hoard well. It spreads when it is given away.

You do not have to do all of it. You do not have to do any of it perfectly. You do not have to carry the whole arc of change.

You need one choice. And then another. And another after that.

That is how fire spreads. Not through one massive ignition. But through small, steady tending. One person learns. One person stays. One person asks a different question. One circle forms. One policy shifts. One mother is held instead of abandoned.

And slowly, the conditions change. Not because the system decided to care. But because enough people refused to wait for it.

And if you're feeling the weight of this—if you're wondering how anyone can hold it—good. That means you're seeing clearly. And seeing clearly is where the work begins.

So here is what this means.

If you are a mother, your recovery is not a footnote. Stay in it. Ask for more. Learn what your body needs and insist that it counts.

If you are a provider, your training was incomplete—not through your fault, but by design. Fill the gaps. Get the right training. Stay past six weeks. Track the full arc.

If you hold influence anywhere in this system—in a clinic, a classroom, a policy room, a kitchen—use it. Quietly (or loudly). Persistently. Refuse the timeline that harms the very people it claims to serve.

You do not have to carry all of it. But you do have to stop pretending it is fine.

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When I was postpartum with my first baby, I knew everything about the science of birth. I had studied the physiology, the stages of labor, how the body worked. I thought that if I could just master the process, I could control the outcome. I would be prepared. Safe. Informed.

My midwife told me gently, "You know so much . . . and yet you've never seen it." She was right. I had never witnessed a birth. Not truly. And I had never seen postpartum.

So I stumbled through it. I bled alone. I cried in the dark. I spiraled into depression and anxiety in a body that no longer felt like mine. I kept wondering why I wasn't okay. Why, after all my preparation, I still felt so profoundly lost.

It wasn't until years later—after healing and unraveling and finally learning to listen—that I understood what my midwife had tried to tell me: I had known everything about the science of birthing life. But I had forgotten the sacredness of postpartum.

I had never seen it. So I walked through it alone.

What I know now is that I was never broken. The system was. And every mother who has felt this way—who has wondered if she's failing at something other women do naturally—is not failing. She is healing inside conditions that were never designed to hold her.

That is what this book is. Not a verdict on what went wrong. A map back to what was always true.

The body has always known how to heal. The mother has always known what she needed. The community has always known how to hold her. What was lost was not the knowledge. It was the conditions that allowed the knowledge to be trusted.

And those conditions are being restored.

In Minnesota and Mumbai and Melbourne. In Uganda and Ohio and Nairobi. In living rooms in Atlanta, kitchens in Brooklyn, clinics in Portland, cooperatives in Kenya, online classrooms teaching providers across 55 countries.

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In every provider who learns what training left out. In every mother who refuses to perform recovery while breaking. In every circle that gathers to feed, to witness, to hold.

The fire is already burning. It does not need you to start it. It needs you to tend it.

And now that you have seen it—you will.

What We Are Rebuilding

Imagine a world where postpartum is honored as a rite of passage, not a liability. Where mothers are fed, rested, witnessed, and held across the fullness of their becoming. Where providers are trained in the physiology they need to see the whole woman. Where the village isn't something we have to rebuild from scratch—because it never collapsed in the first place.

That world is not a fantasy. It is what our bodies have always expected. What every traditional culture once provided. What the research now confirms works.

And it is being rebuilt. One mother, one provider, one circle, one choice at a time.

A mother, whole.

A baby, safe in a nervous system that remembers what peace feels like.

A lineage, healed.

What we remember changes what we accept.

What we refuse changes what survives.

And what we build now becomes the standard our daughters inherit.

The body remembers. And now, so do we.

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