

Is This Normal?

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A tear escaped from the corner of her eye and slid down her cheek; she looked at me imploringly and asked, “Is it normal for me to feel this way?” As a family medicine physician practicing obstetrics, I had provided prenatal care for Natalia, and today she presented with her husband for her 2-month-old daughter’s well-child check. The child lay on the exam table, reaching up toward her father as he smiled back. I had just finished answering their questions about growth and development when I took a moment to ask Natalia how she was doing. She shared with me the internal struggle she had been experiencing as she attempted to process the events of her delivery, prompting the tears to well in her eyes.

As I gave her space to speak, Natalia tried to unpack her conflicting emotions, hoping I could assuage her concern that there was something terribly wrong with her. She shared about arriving in the hospital with strong contractions, a written copy of her labor plan carefully tucked in her bag—having outlined what her husband should do during contractions, which songs should be playing as she pushed, how long she wanted the baby to be skin-to-skin after delivery. As the contraction pain became stronger, she now shared, she had begun to wrestle with the question of whether she should abandon her plan for natural labor and consider an epidural. She had pushed for more than 3 hours, demonstrating her strength of character by trying every position her team recommended, and eventually getting an epidural. When the team had finally recommended a C-section, she had agreed, trusting that her team was acting in the best interests of her and her baby.

But now she was questioning everything. Had she pushed hard enough? Had she given up too soon? Was a C-section really the only option? She described the feeling of losing control that overwhelmed her ability to think logically. Every day she relived the birth, her regrets entangling with the joy of holding her new daughter. Natalia’s gaze locked with mine, entrusting me to help unravel her thinking so that she could move forward.

My eyes stayed focused on hers as, in my mind, I returned to the birth of my own first child. I relived my encounter in the same hospital, where I too had experienced 3 hours of pushing, a primary C-section, and the lingering questions of whether I had given up too soon. The exhaustion of pushing again flooded over me, as well as the sinking feeling in my gut as I signed the OR consent, wondering whether I had truly tried hard enough. I felt again the tightening in my chest while I waited on the operating table to hear my child’s first cry, worrying that it was taking too long. I also felt the warmth of joy flood over me again, just as it had when they finally placed my son in my arms. In the immediate aftermath of my own experience, I had spent many hours trying to unravel my feelings of guilt from the elation of my experience as a new mother. Brought back to the present by Natalia’s searching eyes, I tried to fill the space by saying, quietly, “I’ve felt that way too.” In response, I saw on her face a flicker of reassurance, which grew stronger as we talked about the challenges of the postpartum experience.

As I reflect on the similarities between our stories, I recognize the common theme of the loss of control that is often experienced by women/birthing people during the labor and delivery process. In my own practice, I aim to empower postpartum patients by providing space for them to reflect on their delivery, both during their scheduled postpartum visits and when I see them for their child’s care. My conversation with Natalia was the start of many more to come in a journey she and I are continuing together. After that well-child check, we scheduled a separate appointment to review her labor course and answer questions about the medical decisions made during Natalia’s delivery.

During her daughter's subsequent appointments, we not only reviewed growth charts and developmental milestones, but we discussed Natalia's well-being too. Natalia readily welcomed the opportunity to share how both she and her daughter were doing.

Natalia's story also highlights the benefits of dyadic care, a skill well-aligned with the mission of family medicine. Focusing on the mother/birthing person and child dyad emphasizes what many mothers/birthing people come to understand—that a mother/birth person's health is inexplicably linked to the health of their child and family. My understanding of how to deliver effective dyadic care continues to evolve through my work with the IMPLICIT network (<https://www.fmec.net/implicit>), a regional maternal child health learning collaborative that focuses on quality improvement projects to improve the lives of infants and their families. The IMPLICIT network developed the Interconception Care (ICC) model, which incorporates questions to screen mothers/birthing people during their children's well-child visits for risks factors that can impact future pregnancies, specifically tobacco use, multivitamin use, the presence of depression, and any desire for information regarding family planning. When appropriate, the provider can offer brief interventions during the well-child encounter. Reviewing the ICC questions with Natalia during her daughter's 2-month well-child visit opened the door for the crucial conversation that significantly strengthened our patient-physician relationship.

As I have continued to engage with Natalia's family, we have begun discussing plans for another pregnancy. Connecting during the interconception period has allowed us to discuss prenatal vitamins and how to optimize her medical conditions as well as provided space for Natalia to share fears about her future delivery. Caring for this dyad—and in fact, this family—has helped reinforce in me a sense of wholeness, that as a physician I can look a tearful new mother/birthing person in the eye and say, "This is normal and hard. And I will be here with you every step of the way."

NOTE

Names used in this story were changed to protect the privacy of the patients.

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