

Anne Nicholson Weber: [00:00](#)

This is episode 10, and I'm really glad you're here. Our topic today is planning for the postpartum period. What can you do now when you're pregnant, to set yourself up to flourish in the fourth trimester? It's an important topic, and I hope you'll join us to learn more.

Welcome to the Birth Guide Chicago podcast, conversations about building your circle of support. In the childbearing year. We connect you with experts in our area who can help you conceive, stay healthy during pregnancy, have a safe and satisfying birth, and embrace the joys and challenges of becoming a new family. I'm your host, Anne Nicholson Weber, and the founder of BirthGuideChicago.com, where every month, thousands of Chicago area families find relationship-centered care, from conception through the postpartum period.

Anne Nicholson Weber: [00:58](#)

My guests today are four Chicago area providers who support families in the postpartum period. They are Meghan Doyle, who is the CEO of Partum Health, which is an interdisciplinary perinatal support practice in Chicago; Emily Heilman, who is a therapist specializing in perinatal mental health and the founder of Flourish Counseling and Wellness; Rebecca Nguyen, who's the co-owner of Chicago Family Picnic, which is a center offering classes, doula services, and networking for expectant and new families; and Anna Rodney, who is the founder and owner of Chicago Family Doulas, which offers classes and labor and postpartum doula services. Welcome all four of you, and thank you so much for joining me. We're going to be talking about planning to flourish in the fourth trimester. So we're thinking about it from the point of view of -- you're pregnant and what can you do before you give birth to set yourself up for a happy and flourishing fourth trimester. So I think a place to start might be, what are some of the challenges of the early postpartum period that tend to blindside families? What are things that kind of come as a surprise and that families may be less well prepared for? And maybe Meghan, you'll just kick us off on that.

Meghan Doyle: [02:20](#)

Yeah, great. And thank you so much, Anne, for having us all, and I love the way that you teed up the question, how do you prepare when you're pregnant for, you know, a great postpartum experience? Because I think, exactly as you mentioned, this blindsiding that can happen is partially when we don't emphasize the preparation. We actually just had this happen -- you know, it does routinely -- but today a message from a parent whom we engaged with during her pregnancy, starting with lactation support. And it's that first visit to the pediatrician. You know, oftentimes that tends to be the first real check, where parents are getting this understanding of, how is

baby getting back to birth weight. So that's often a milestone I know we talk about with families, understanding and preparing that when you go to that visit, yes, your baby might be adorable and you know, you're going to get lots of hands on guidance from your pediatrician, but you may also hear, Hey, baby's not gaining weight at the rate that we want. And oftentimes that can be one of those really shocking feelings for families that has a whole emotional component to it as well. You know, you want to think at that point, everyone's excited, you've got all the adrenaline, and then you hear this thing that makes you feel like, oh my God, we're starving the baby. Right? Um, so that's a very specific instance, but I think is really emblematic of just some of the lack of information and mental preparation that parents often feel going into that very early postpartum period.

Anne Nicholson Weber: [03:56](#)

Well, so that's a great one to start with, just as an example. And Meghan, what could a family do during pregnancy that might help them be prepared for that eventuality?

Meghan Doyle: [04:07](#)

Yeah, so I think luckily for us in this instance, it's a family that did see one of our IBCLCs during her prenatal period. So I think she knew going into it that often, that climb back to birth weight is something that can take some time and some real effort. And then because of the way we work, she was able to send us a message and say, Hey, you know, turns out I had my follow-up visit scheduled for next week, but I'd love to move it up based on what we heard from the pediatrician. And so I think whether it's with Partum or someone else, what we really try to emphasize for folks is trying to establish care during your prenatal period so that it's as simple as following up and saying, Hey, can we shift my appointment around? What's really, really tough is when the first time you're thinking about finding a provider, knowing if they're in network with your insurance, finding an appointment, and you're doing that when you're in this stressful moment of thinking about, you know, how do I get my baby, back to birth weight in the next forty eight, seventy two hours, right?

Meghan Doyle: [05:10](#)

So in that instance, I think, and that's what we really encourage folks to do, is to try to set up those prenatal visits so that you establish care and so that it's easy for you to flex and, you know, move things up, move things around based on how your postpartum period is going.

Anne Nicholson Weber: [05:26](#)

So in that example, having a relationship with the lactation counselor, if you're planning to breastfeed, before you even give birth would kind of ease things. Anna, I'm just going to go kind of down the screen as I see you all. What would you add to that

question about what are some of the issues that can come as a surprise for which families aren't always prepared?

Anna Rodney: 05:50

Yeah, I would say feeding is definitely one of them. I think a lot of families don't realize how frequently they have to feed their baby and what that means for their sleep <laugh>. And we are usually supporting a lot of families in immediate need because they just did not realize how exhausted they will be. I think you hear it, but it's one of those things that unless you have lived it, I don't know if everyone believes how intense it is. And then I just am always, always a big proponent of taking childbirth classes to get a realistic understanding of what's normal and setting up realistic expectations for yourself and for the partner. And it's really hard to do that. You know, I agree with Meghan, like having those connections established is important, but even before that, people have to, families have to realize what is needed, and they don't necessarily have that understanding unless they've really have close friends and family members that have lived through this and they've walked alongside them. But even then, I think there's still this piece of most people that think, yeah, it won't be like that for me, <laugh> until it is like that for them and then they're scrambling.

Anne Nicholson Weber: 07:21

Well, so childbirth education classes, which can give family some inkling of what's coming. And then what can they be doing based on that information to deal, for instance, with sleeplessness?

Anna Rodney: 07:37

Yeah, absolutely. I mean, I think what Meghan said, preparing, getting in contact with a postpartum doula. And actually one thing I like to talk to families about is, what type of help do you need and who actually will do that, right? I think a lot of times we just think, oh, you know, my mom will help, or my sister will help. And when we break it down, we're like, okay, are they a helper? When they come over now, are they willing to cook? Are they willing to clean? Are they willing to help you with laundry or are they, you know, a friend to you? You know? So I think in our classes we like to break that down, but we also ask families to really have those discussions with each other and have that honest back and forth about, okay, so your mom is coming to visit, will she be helpful? Like, realistically, is that going to be helpful? And if not, then they might have to hire somebody who is there to be helpful, like a postpartum doula or, you know, if they have other little ones, a nanny for their other kiddos, something. But yeah, be willing to ask for help, be willing to look at what their life is like and going to be like, and where the gaps in care are and the gaps where they might need help beyond what they have available.

Anne Nicholson Weber: [09:05](#)

And how long, Anna, do you think of that postpartum period as being, when you're setting up this kind of support, both from family and perhaps from professionals, how far out would you suggest that a family tries to plan?

Anna Rodney: [09:20](#)

Yeah, that's a good question. I do think every family's a little bit different. I always look at it in terms of transitions, you know, like that first little bit home, actually the first transition being in the hospital with a new baby and then getting home with that new baby and then partner going back to work, that's a big transition. And then when, you know, when the birth parent goes back to work, that's another transition. So I do think every family's unique, and some families need a lot of sleep for various reasons. Some families need extra help. Maybe they have other kiddos at home. Maybe it's, this is all very new to them and they need some information and more guidance and support in that way. So I could say it's the first three to four months, but some families, they really adjust in a couple weeks. Some families, it takes them a little bit longer. I think families have to look at their support systems in place if they have a lot of family helping and friends helping, there's just, there's a lot of factors to consider.

Anne Nicholson Weber: [10:31](#)

And I was very interested, Anna, I'm glad that you brought up family. Because the way this podcast is set up, we're obviously talking about practitioners, about professionals and experts who can help, but obviously you begin with your own personal network. But I also loved it that you pointed out that people may not necessarily be realistic or your family and friends may not be realistic about what they're actually able to offer. And I'd be interested if anybody else wanted to talk a little bit about those conversations. Like, how do you say to your mother-in-law, so are you really going to be helpful <laugh>, or you just going to want to hold the baby and be a guest? Does any of you have any suggestions about how to tee those conversations up? Rebecca?

Rebecca Nguyen: [11:14](#)

I love what Anna was saying about people being helpful versus, you know, coming over to hang out and hold the baby. We definitely talk a lot with clients and students about making a plan for your postpartum period, not just for the birth. So I think a lot of times parents have their heads really focused on the birth of their baby, what they're expecting, kind of how they visualize that experience and then get home and are very blindsided and very surprised at how, how hard it is. And I think right, we have a lot of professionals that can support, but if we're starting with family, having a plan of what kinds of things might you be asking for help with. And simple, you can start

really easy with like, who's going to do your laundry, where are your meals coming from?

Rebecca Nguyen: 12:04

Who's doing dishes, who's cleaning your house, right? If mom's feeding baby -- breastfeeding or bottle feeding -- it takes all day. <laugh> often and the feedings are very close together, so partner can't do it all either. So we definitely need to sign people up for that. And I think having it listed out, or even like on a refrigerator or somewhere where someone that's visiting can see, 'Hey, this is what we're going to need' even before baby arrives. So that you're really planning ahead, like, you are going to be here this week, these are some things we anticipate we might need help with. And asking at that time.

Anne Nicholson Weber: 12:47

And Rebecca, you also offer kind of networking groups, I guess -- parent support groups. How early in a family's new life as parents are those groups likely to become helpful? And obviously that's not people who are going to do your laundry, but I'm just interested more in the social support that those can offer.

Rebecca Nguyen: 13:10

For sure. And social support can be really helpful just in building your community, your village, and also just having the comradery of like, 'I know this is hard, but this is pretty normal to feel that way.' So we offer a mom and baby group and then also a partner support group. And so, you know, it depends, it's kind of similar to Anna's answer earlier that every family's different. I've had moms there with two week old babies, usually those are second time moms. But I would say between two and four months is a typical time when parents are comfortable getting out of the house. It's a good time to practice taking your baby, getting them in the car seat, getting them in the car, bundling them up, if you're nursing, nursing in public, if you have a fussy baby, practicing comforting your baby in public, in a safe place where you're not feeling . . . I don't know what . . . judged, or that people are watching.

Anne Nicholson Weber: 14:10

That's all really helpful to me as I'm thinking about this issue. So we've kind of talked about informal support from family and friends. We've talked about having a relationship with a lactation consultant if you're planning to breastfeed, and ideally doing that before birth. And then of course doula support, postpartum doula support where you actually have a person coming in and doing those tasks, who also happens to be very knowledgeable about newborns and the postpartum state of the mother. I think now about physical recovery and mental health postpartum. And Emily, I'm going to kick it to you to talk about mental health as a counselor. What are some of the

things -- are there things you can do during pregnancy that are going to impact how well you navigate postpartum from a mental health perspective?

Emily Heilman: [15:03](#)

Yes, absolutely. And one of the things that I'm loving that we're all talking about is this sense of, uh, preparation, prevention, right? Like, looking ahead. I think for so many of us, I'm hearing that we would love to be able to capture and work with a family during that pregnancy period prior to them going into postpartum. We can really make sure they have all the wraparound services that they need. And for us at Flourish, really focusing on perinatal mental health, that's the key as well. So many of our birthing persons and their partners and families have preexisting mental health challenges they're navigating through and managing. They have preexisting trauma histories. And all of this is prior to even going into a birth and postpartum experience. So we really do a lot of outreach to different practices and practitioners to be able to have clients come prior to so we can create that plan and have them have those supports.

Emily Heilman: [16:02](#)

And there are a lot of preventative measures that we can take that can help clients to feel supported during that postpartum period. So one of those is definitely getting connected with a therapist prior to, so they can talk about all those upcoming adjustments, create a fourth trimester plan. I heard you mention that too, Rebecca. That's something really great, I think, just to have at home. But also making a plan for their mental health. So if they do have a preexisting mental health history or a mental health issue that they are managing, we want to be able to make sure they have those supports in place. So therapy, medication management, if that's something that feels helpful to them, social supports, doula services, lactation, we want to have all of that, you know, in place. And then we want to really be able to make a very conscious plan during that postpartum period so that people are feeling supported in that transition. They're getting the sleep, which is a tremendous protective factor for our mental health. They're having that social support, and they're connected to all of the professionals that they need to really, you know, feel supported during that time.

Anne Nicholson Weber: [17:15](#)

So talking about preventive mental wellness, which I love as a concept, I think it's maybe unusual in the kind of ethos. We think of mental health intervention as something you do when things start to go wrong. But also, focusing not necessarily only on a population who have had prior mental health issues, so that they kind of know they might be at risk -- are there, are

there things that a family can do preventatively that aren't about therapy, that aren't about having had prior trauma necessarily?

Emily Heilman: 17:53

Sure. Um, yeah, I think for a lot of our families, even if they're not connected to therapy prior to, and let's say they have a perinatal mood and anxiety disorder that shows up during that postpartum period you know, getting connected to like group therapy where they're feeling support in that way, or couples or individual, right? So even if, again, like they don't have a prior history, there is still. you know, quite a high incidence of perinatal anxiety disorders. And what we found is that there are protective factors that are in place, right? So that is having social support. Making sure that you have a medical team, whatever that looks like for you, that's in place. Um, but really so much of it is about prevention, as we know during that fourth trimester, things can go awry very quickly if people aren't feeling supported. And so having, you know, awareness of that I think is really helpful.

Anne Nicholson Weber: 18:56

So I'm assuming the opposite of support is isolation, or maybe that's not the only opposite <laugh> of support. Uh, could you talk to that just a bit? Like what does support mean?

Emily Heilman: 19:07

So yeah, I think definitely having your village, whatever that looks like for you, right? Um, when we are socially isolated and we're not feeling supported, we don't feel like our experience is normalized, right? Like even having mom and baby groups is really helpful because we're connecting with other people who are going through similar lived experiences, we automatically feel less alone, right? We're, we're saying some of the same things, we're having some of the same struggles, we're experiencing the same joys and awes of, you know, of new parenthood. We're all experiencing those identity shifts together. So I think definitely being connected, whatever that looks like for that individual or partnership or family might be unique to them. It might be their faith community that feels like a tremendous support for them. So it's really tapping into what works for that individual or family.

Meghan Doyle: 20:00

I was just going to add, I think one of the things that maybe ties together what we talked about around visitors and help and knowing what you need and the mental health piece that we, you know, really encourage families to think about is like, do a little bit of that introspection and ask yourself really, honestly, like, what scares you about this shift, right? How am I going to feel when it's 4:00 AM, I'm exhausted and my partner and I are looking at each other and we can't figure out, you know, what to

do to calm baby down? And kind of knowing where you have spots that are going to be really important for you. So whether it's maintaining connection to your friends, whether it's more alone time -- not alone with an infant, but <laugh> actually alone. Whether it's, hey, if I don't eat right, like that's going to drive me to a really negative place.

Meghan Doyle: 20:58

So if you start to really hone in on what some of those really challenging aspects of this transition might be for you, you know, that's kind of a precursor to thinking about, is it therapy? Is it friend groups? Is it mom and me? Right? And you, you do have to take the time, I think, to do that and sort of step back from not only the joy, fun, excitement part of pregnancy, but couple that with, 'Hey, what are, what do I think is going to be really hard for me? And then how do I build support systems, whether it's professional or family or friends or even virtual, you know, groups that can help me sort of mitigate those things that I anticipate are going to be particularly hard for me.'

Anne Nicholson Weber: 21:46

Yeah. I think one piece of this in my generation was childbirth education class groups, and that created like a little peer group of, you know, women who were all delivering at the same time and whose babies were then going to kind of grow along together. My impression is, and I don't know if this is true, but Rebecca and Anna, my impression is that childbirth education isn't as central in people's consciousness as something they really just do as part of the rite of passage. Is that correct? Is that a change?

Anna Rodney: 22:21

I would say yes, in some ways. I don't know if you feel this also Rebecca, but we used to offer like sessions. So a class that was like four sessions long that had the birth component, bringing home baby, breastfeeding. And what we found is that no one signed up for those. But I think it would be in those session classes where you build that connection week after week. And so we ended up just breaking apart our classes because people would commit to doing, you know, three separate classes, even if they're taking the same classes, you know, or the same 12 hours of content, they'd rather do it 'I'm signing up for this one class and then this one class.' And you're right. I mean, it's not necessarily that continuation of the same families in that class. Is that what you're seeing also, Rebecca?

Rebecca Nguyen: 23:24

Well, yeah, we offer kind of both, in that we offer a five week long class as well as a weekend class. And I mean, I would say, we run them every couple of months and we do get people signing up for the five week sessions. And I do see that people who sign up for those, they maintain friendships with one



another and they're the ones that come back for the fourth trimester reunion workshop that we host. And those are the ones that come maybe to the new parent groups, either the dad group or the mom group. You know, I do think also with there being a lot of online options from other organizations too, that sometimes people are like, 'oh, I can get all the information from this online version.'

Rebecca Nguyen: 24:14

And that definitely takes you away from any community. Because I think those are, you know, ones that are like, go at your own pace. Honestly, I took a 12 week long childbirth class with my husband, which he agreed to. And I'm still friends with some of those people, you know, 14 years later. So I do think that it's a great place to just start building your community. And I definitely do have people who want that five week class and are very disappointed if, for whatever reason, they can't get into the five week group and they have to take a weekend. 'cause they: recognize the importance of that.

Anne Nicholson Weber: 24:52

So that's another tip if you're someone who is attracted to that idea, sign up early! And understanding that childbirth classes aren't just about information. So Rebecca, I think you -- and well, all of you probably have referred to partners. And we do, I think, tend to focus so much on the birthing person, the mother, and perhaps neglect the importance of caring for and supporting the partner who has such a central role in then supporting the mother. So I'm interested if any of you have any thoughts about what -- and, again, now we're talking about before birth -- are there things that partners can be doing or families can be doing for partners to help them make this transition? Anybody want to pick that one up?

Anna Rodney: 25:46

Definitely classes. <laugh> I'm always shocked at how many families ask, 'oh, should my husband or should my partner come to this childbirth class too?' And it's like, yes, absolutely. This is for both of you. So Rebecca's nodding her head <laugh>, right Rebecca?

Rebecca Nguyen: 26:07

Even a breastfeeding class. I have so many people ask if their partner is supposed to come. And all I can say is, the more your partner knows, the more supportive they're going to be of your journey, however it kind of unfolds. Another thing that I think is important, and Meghan alluded to this a little earlier, is thinking about your own self. Like where are your strengths and where are your struggles? Um, so one of the things I think is important for partners to ask themselves is, how good are you at asking for help? How good are you at reaching out when you're struggling? Do you feel like you have to fix everything or can you get help

from other places? And then, where are you going to get that help from? So that they feel like they're kind of the manager or kind of keeping that sacred space within your home. How are you also then going to get the help that you guys need without you feeling the burden of everything? Yeah.

Anne Nicholson Weber: [27:06](#)

And that to me also is an important point about supporting birth. I feel that we put an awful lot on partners in supporting birth. So anyway, just an awareness that support for the partner is support for both of you. <laugh>. Um, Emily, is there anything you want to add about partners?

Emily Heilman: [27:26](#)

Yeah, I think I agree with each of you. Involving the partner as much as possible is really essential to moving through this journey as a family and for everyone to feel supported. And I think also we have a lot of couples who will come to us either during pregnancy or the postpartum period or raising young children. And as we know, during that period it can be incredibly stressful on the relationship. And so whatever struggles are already preexisting, again, are likely to become more of a struggle, right? You're really going to see those highlighted during those times of intense stress, breakdown in communication. So really knowing a lot about your relational dynamics and what areas might be challenging for you and how you can kind of shore those up a bit, to just talk openly about some of that and how you're going to navigate through them, you know, as a partnership,

Meghan Doyle: [28:26](#)

I think it's also important for partners to be aware that mental health challenges are not only something that birthing people experience, right? We know from the data, which I'm sure no one would say is overstated, that we've got one in five birthing people who experience some kind of anxiety and mood disorder related to their perinatal period. And the numbers for partners are, I believe, about one in 10. And so, you know, that means that this huge transition, it doesn't only affect . . . of course, it does have a different way that it impacts the person who's physically going through the pregnancy and everything, but there are plenty of partners who really struggle with this transition and with their mental health. And I think that's something that's important for both partners and birthing people to understand. Because again, it goes to like, how do you think about putting the right support system in place?

Anne Nicholson Weber: [29:25](#)

You know, I was thinking that it's quite typical to have counseling before getting married. That's a kind of a recognized conventional thing, but I don't think there's any equivalent before birth. And it suddenly strikes me that that's so odd, that

that would be such a natural niche to have. And I guess childbirth classes do that to a degree, but not in an individual couple-dynamic kind of way. So Emily, maybe you should start that <laugh>.

Emily Heilman

We, yes, we are trying to get there. <laugh>.

Anne Nicholson Weber

So we haven't talked as much about physical recovery and planning for physical recovery. Obviously for a mother who's just given birth, there are a lot of changes in the body and a lot of things to adjust to and to recover from. And maybe Meghan, you can talk about some of that. I know that you have PT as part of your offering, right?

Meghan Doyle: 30:19

Yeah. And physical therapy is, you know, one of the areas of our practice, and part of why we believe it's so important is because we know the data around incidents of things like pelvic floor dysfunction is incredibly high. You know, I'm someone who grew up with moms and aunts who would say, 'oh, I, you know, I don't like to run. I had a bunch of babies.' And I always thought, what's that about? Um, so something we're trying to certainly change, you know, for parents today and going forward, you know, we work with a group of physical therapists who are all trained in pelvic health. Not that physical recovery is exclusive to pelvic floor dysfunction or the pelvic floor. There are other physical challenges with back pain and diastasis recti and other things that a PT can help you with.

Meghan Doyle: 31:08

But I think to stay on theme, one of the things we, again, encourage is for people to see a PT during their pregnancy. It can be helpful of course if you're experiencing back pain or sciatica or anything along those lines, but it's also really helpful for understanding your baseline and getting some support and preparation for how to practice things like 360 breathing, which can be really, really helpful. How to understand both the lengthening and contracting of your pelvic floor, which are super important during, you know, delivery. And then it sets you up for a recovery where you kind of know how to do those very gentle movements really early postpartum. And because we know there is a high incidence of pelvic floor dysfunction, prolapse, other things, again, you've got that care established and you can go back and, and see your PT and begin to work on reestablishing your core strength and healing anything that may, you know, be out of place or functioning suboptimally after your pregnancy and after your delivery. So it's not only PTs. Oftentimes if somebody, you know, is really into fitness, you may also work with a corrective exercise specialist. But we certainly, you know, try to ensure that people are aware of and have

access to physical therapy as one critical way to prepare for and recover from from birth.

Anne Nicholson Weber: [32:37](#)

And that was a perfect tee-up to the question I was going to ask next, because although we said we wanted to focus on planning and pregnancy for the postpartum period because families can be so focused on birth, I also don't want to ignore childbirth as a huge part of the setup for the postpartum period. And so maybe Rebecca and then Anna, you could talk a little bit about what is important for a family to understand about birth and the uncertainties of birth as they try to prepare for the postpartum period?

Rebecca Nguyen: [33:14](#)

Yeah. As we like to say, right, you never know the birth you're going to get. And while we also like to say that your body will know how to respond, there's a lot of unknowns. So whether it's some trauma that happens during the birth or the length of your birth or the length of pushing or positions you were in, or even, you know, postpartum hemorrhaging or things that are very unexpected but happen somewhat quickly, all of that can affect you physically and emotionally afterwards, right? And I like to also say, right, you took nine months to build this baby, you're not going to bounce back in six weeks. Which I think some people have this notion, <laugh>, this may be reported by some people out there, that six weeks is the threshold of when you're ready for like, everything, right?

Rebecca Nguyen: [34:07](#)

And it's usually not. And so taking it slow, giving yourself a lot of time to do everything right. So Meghan, you were talking about people who are really into fitness. I get a lot of questions of, like, when will I be able to run again or when will I be able to move my body? And I love the act of like, well, let's learn how to breathe using your stomach first, right? Like those really simple things. And for very active people, that feels really hard. And then, right, whether it's a vaginal birth or a surgical birth, there's just a lot of healing that goes into healing <laugh> from birth. And so taking your time. I often say if you're going to go for a walk in the first few weeks, walk around your block because you're going to realize that you can't go as far as you thought. And, you know, then your partner has to go get the car and come pick you up because you're not making it home. So just be going really easy, I think is one of the biggest things.

Anne Nicholson Weber: [35:11](#)

Yeah. Anna, what do you want to add to that?

Anna Rodney: [35:15](#)

Yeah, I absolutely agree. I think most families prepare to have an uncomplicated easy birth. I would say a majority of families I talk with, they say, 'oh, you know, it'll be a day long or six hours. I

talked with my doctor, they're thinking I'm going to have the baby in the next couple of days and it's going to be smooth, and so I'll need support starting tomorrow.' And I'm like, well, you know, even if you get induced tomorrow, you probably won't be home for a few days. Like, I think there's a lot of unrealistic expectations out there. And yeah, I agree with Rebecca that you prepare for the best possible situation, but things with birth are often unpredictable and birth can be much longer than someone would anticipate. It can be much harder, it can be surgical. When they didn't plan for that, there could be a lot more recovery time.

Anna Rodney:

36:26

I always think, just plan to recover from your birth no matter what. Like, even if it goes super smoothly, you still have a recovery time and you still need to be prepared for that. So yeah, I think as much as possible getting a realistic expectation of if it goes in this direction. We always say, have a plan A, B, C, and D, and what will you need in those circumstances? And also you know, what Meghan was saying earlier about getting to know what you will need, I think that's so accurate. Like you know, what you said about what is the opposite of support, like isolation. I feel like we see so many families who feel isolated even with 10 people around them, right? People doesn't equate to comfort or community. If they're not . . .if they feel like they are not being helped or heard, they can still feel unsupported. So really having those big conversations of what this might look like and how this may feel and what you need for recovery and how can you be gentle on yourself and, and set yourself up for not being disappointed in your body, <laugh> as best as possible. I think that's so important. And yeah, I sometimes think athletes are really hard on themselves. I've had so many athletes want to -- and they do it sometimes-- they start speed walking within a week, and it's just not helpful to recovery, physical recovery anyways.

Meghan Doyle:

38:19

Yeah, I mean, one of the things when we started Partum Health, we looked of course at maternal mortality data and maternal morbidity data -- which, if you've been following the news, you know, here in the US we lag all of our peer nations. Which really just is the data that says, we're not doing what we need to do to take care of birthing people and families. And so we thought, okay, well let's take a look around the world and see what other countries are doing, who are achieving better health outcomes. And so many of the things actually, you'd be surprised how little data there is even to support some of these just cultural norms, right? In some of the Nordic countries, having kind of the equivalent of a postpartum doula is something that's available to everyone. Certainly doing physical therapy, or physio as they

say, you know, in countries like France, is sort of part of your standard of care.

Meghan Doyle: 39:19

So there are a lot of things that, both in terms of the cultural norms, you know -- Asian, a lot of especially East Asian cultures, thinking about postpartum hotels or centers, or not really getting up or bathing for those first, you know, 30 to 40 days -- really symbolizes this idea of rest and recovery that we are all, you know, preaching, right? So it is something that I think is helpful for people here in the US to get a sense for what happens around the world, because it may sort of change your expectations for how quickly you need to be back up and at 'em and out to brunch and whatever else you envision, you know, happening in your postpartum period. And I think over time we are changing those norms, right? Whether it's happening person to person or generationally or even policy-wise, right? We're seeing things like Medicaid coverage for doula care really starting to take hold. So I'm hopeful that we'll continue to learn from our friends around the world and that that will make its way both into the policy, the coverage, the access, and some of the cultural types of events and milestones that you mentioned too,

Anna Rodney: 40:33

Which is the amazing thing about the US. It's so eclectic, but it's also, there's not really a norm set, right? So even how long somebody gets for maternity leave, that's not set by a culture. Or whether or not somebody's going to have support of their extended family, that's not set by the US culture. It's more the family's culture. So I, I was lucky, I grew up in a big Italian family where my family stayed with me postpartum. I moved in with my mom for six weeks with my first, I didn't have to cook or clean. My mom took care of me. And then every morning at 5:00 AM I brought my daughter down and she took care of my daughter. And then when I had my second and third, we didn't move into her home with all of them, but they were over the entire day -- my sisters, my mom -- and they cooked and they took care of my other kiddos, and I didn't have to do anything really other than feed my baby and just recover. Yeah. And just sit on the rocking chair and talk to them. So I recognize how unique that is and that in certain cultures in America, that still exists, but overall, it's just not very common . . . and not everyone wants their family around them or has that luxury to have their family around them.

Anne Nicholson Weber: 42:08

But then how do you . . . being aware of that and recognizing it as a gap and consciously figuring out how you can fill that gap. I was very struck by an account -- I think it was just a Facebook post -- it was a family, well it was a woman whose friends and

sister and mother, instead of giving her a shower, gathered very near her birth date, cleaned her house, cooked food for the freezer you know, got everything organized with the diapers and so on. And that sounded to me like such a lovely, and superior, honestly, way of supporting a family rather than just stuff. And I'm going to put in a little plug here for BeHerVillage, which is, I think a brilliant business, which allows families, instead of giving a lot of stuff, to donate resources to allow a family to hire a postpartum doula or to connect with the PT in pregnancy, or to kind of have some couples counseling during pregnancy.

Anne Nicholson Weber: [43:13](#)

All those things that we're talking about as substitutes for the deep and rich network of personal connections that we often are lacking in modern life. We've talked a lot about families seeking out resources and specifically expertise and professional resources, but obviously not am every family's in a position to pay for, you know, PT and counseling in pregnancy and kind of prophylactic counseling particularly, and postpartum doulas and birth doulas. So I'm interested if anybody has thoughts about families who have less resources, uh, financial resources to throw at these problems. What are some of the strategies and, and particular challenges that they face?

Emily Heilman: [44:00](#)

Yeah, I think that a really important part of all of this is that most families are going to encounter some kind of struggle throughout their journey, and also families who may have less resources or are not as connected to maybe social networks or their community, that their support might look a little bit different. And so how we as providers can also work to get creative with that and also connect our families to resources when they may not have the financial means to do so. So I can speak to what Flourish is doing for that, and then also what I know about Chicago and what we're doing as a community to work with our families. And so here at Flourish, we provide pro bono and low sliding scale therapy services, so individual couples, families and groups. Um, and we've done that through our graduate internship program.

Emily Heilman: [45:01](#)

We can also do that for our clinicians at our practice to be able to provide those services to families that may not otherwise be able to afford those services. And it's also something we're really committed to doing in 2024, is looking into grants and contracts, that we can contract with other organizations to be able to provide their families and clients with supports, again specialized supports with regards to perinatal mental health support, if they may not be able to afford those. But we think we have some great organizations in Chicago. Chicago Volunteer

Doulas is one of those that will provide pro bono or low cost, sliding scale doula support services during birth and to postpartum families. And of course there's larger social service organizations that will connect those families to supports as well. But it's something we're very thoughtful about as a practice.

Anne Nicholson Weber: [46:02](#)

Yeah, I'm so glad that you offered some information about that because I think it is easy when we're having conversations like this to fail to take into account that families face very different kinds of challenges depending on their financial situation. But also not to assume that having less in the way of money necessarily means that you don't have very rich resources, because as we've talked about, personal relationships, close families extended families, good friend networks can -- can maybe even, and ideally do -- provide that support in addition to, or instead of expert support. So I'm really glad you highlighted those resources, Emily. Um, okay. I think we've covered the ground and more, so is there anything that I haven't asked about that any of you feels is really important to mention before we close?

Meghan Doyle: [46:55](#)

There's one thing that . . . I know we've talked a lot about planning and preparation. Um, I'll just add the last part is flexibility and knowing that you can have an amazing plan, right? You can have my list and my freezer meals and, and sometimes things aren't going to go the way that you anticipate, right? So one of the things that we try to think about is, yes, have a plan, have an approach, but recognize that you don't know exactly what you're going to need or how you're going to need it. And so knowing who is the person in your life that's going to, like, if things go totally off the rails, like who are you going to call? Right? Or being okay with saying, Hey, this is what I plan to do, but that's actually not what I need right in this moment. So I know it sounds maybe a little counterintuitive since all we've been talking about preparation and planning, but sometimes you gotta throw that plan out the window and like, just take stock of what you need. And if, if you've got that support system and you can communicate to them like, this is where I am, you know, everyone's going to understand. It's like you just have to have that mentality and hopefully the village in place to support you if things don't go the way you expect.

Rebecca Nguyen: [48:14](#)

And a great reminder to the rest of us who are supporting birthing people to check in and just say, 'what do you need? How can I help?' You know, so that if it is a situation where the person didn't know or it went off the rails, or it's just different than what they expected, they still have that support.



Anne Nicholson Weber: [48:36](#)

Yeah, that's a great point.

Anna Rodney: [48:38](#)

You are a new person after you have a baby. And so you don't necessarily know how you're going to feel. You can plan for what you think you want to do while you're expecting, but yeah, some of those plans go out the window because you change <laugh> pretty quickly.

Anne Nicholson Weber: [48:57](#)

What I think to sort of sum up the lesson, it's that what preparation looks like is not necessarily kind of cast in stone, step by step. What it really is, is laying the groundwork for relationships and those relationships then you can turn to with whatever situation you ultimately find yourself in. Well, thank you all so much for joining us to talk about this. I think there've been some really thoughtful points made about navigating this transition and recognizing the enormity of it. Thank you very much.

Anna Rodney: [49:35](#)

Thank you so much.

Rebecca Nguyen: [49:37](#)

Likewise.