

Fourth Trimester Podcast

Episode 45: 'Pregnant With the Stars' Writer Renée Cramer on How Celebrity Image Plays Into the Psyche of Modern Parents

Sarah Trott: [00:00:05] My name is Sarah Trott. I'm a new mama to a baby girl and this podcast is all about postpartum care for the few months following birth, the time period also known as the Fourth Trimester. My postpartum doula, Esther Gallagher, is my co-host. She's a mother, grandmother, perinatal educator, birth and postpartum care provider. I've benefited hugely from her support. All parents can benefit from the wisdom and support that a postpartum Doula provides. Fourth trimester care is about the practical, emotional and social support parents and baby require, and importantly, helps set the tone for the lifelong journey of parenting.

When I first became pregnant, I had never heard of postpartum Doulas, let alone knew what they did. So much of the training and preparation that expecting parents do is focused on the birth and newborn care. Once a baby is born, often the first interaction parents have with medical or child professionals, other than the first pediatrician visits, is the six-week checkup with the OB/GYN. *What about caring for mama and family between the birth and the six week doctor visit? What are the strategies for taking care of the partner and the rest of the family while looking after your newborn?*

Our podcasts contain expert interviews with specialists from many fields to cover topics including postpartum doula practices, prenatal care, prenatal and postnatal yoga, parenting, breastfeeding, physical recovery from birth, nutrition, newborn care, midwifery, negotiating family visitation, and many more.

First-hand experience is shared through lots of stories from both new and seasoned parents. Hear what other parents are asking and what they have done in their own lives.

We reference other podcasts, internet resources and real-life experts who can help you on your own parenting journey. Visit us at <http://fourthtrimesterpodcast.com>

Sarah Trott: [00:00:47] Hi, Welcome back to the Fourth Trimester podcast. I'm Sarah Trott and I'm here with special guest Renée Cramer, who I'll introduce in a moment. And before I do, I'd like to remind all of our listeners to please go to fourth trimester Podcast.com. Check out our sponsor page, our Facebook page. Definitely sign up for our newsletter. If you haven't done that yet, we would love to be able to share special information and announcements with you that go along with every every show that we record.

Sarah Trott: [00:01:16] And now I have the honor of introducing Renée Cramer to you. So we heard about Renée from another guest on our program, Angie Sonrode. So if you haven't heard her episode, you can go back and look at that. That is episode 28. She is a documentary filmmaker, so we really valued being introduced to Renée. She is a professor and chair of law, politics and Society at Drake University, and she's the author of *Pregnant with the Stars Watching and Wanting the Celebrity Baby Bump*, published by Stanford University Press in 2015.

Sarah Trott: [00:01:52] And she is currently working on a project to understand the regulation of midwifery in the United States and the activism of pro midwifery advocates who seek to make the profession legal where it isn't. The research is supported by the National Science Foundation, so wow, that's an amazing background. We're so pleased to have you. Thank you. Thanks for joining us, Renée.

Renée Cramer: [00:02:13] Absolutely, thank you for having me.

Sarah Trott: [00:02:15] So just to kick us off, let's talk about you. How how did you get to be doing what you're doing and what prompted the book?

Renée Cramer: [00:02:23] Well, The book was prompted by wanting to avoid the book I was writing on midwives, actually, maybe not avoid it, but so, you know, as a professor, as a faculty member, one of my jobs is to do research and write about things that I'm passionate about. And I was a faculty member at Cal State University, Long Beach, and pregnant with my child. I'd been there 5 or 6 years and my first book had already come out and I was looking for a second project. And as I met with moms, I realized that midwives were legal in California, but some of them felt like they were operating in ways that made their practices illegal or less than legal. And that interested me.

Renée Cramer: [00:03:07] So even while I was pregnant with my son, I started thinking about midwifery as a project that I wanted to look at. When we moved to Iowa, I realized that midwives weren't legal in Iowa, they weren't legal in Missouri or South Dakota. And I really started doing a very long term ethnographic project around their illegality. And while I did that, I was raising my son and reading lots of magazines. Well, not so many magazines, but I was reading some magazines and I saw a call for book chapters that came across the web about fashion and feminism. And I thought of this quote that I had heard from Billy Joel's wife, where she said, The baby bump is the new Birkin.

Renée Cramer: [00:03:50] And I hadn't even known what a Birkin bag was. I had to go look it up. And I thought, well, she's saying that a baby bump is like a handbag and a baby is therefore an accessory. And I wrote a book chapter responding to this call, and it was published in a book called Fashion Talks. And in it I talked about thinking about the baby bump as a fashion accessory, because the idea really disgusted me. And and it also kind of fascinated me because I knew that as a mom,

Renée Cramer: [00:04:19] I had been really curious about celebrities and their pregnancy and what they wore and how they looked and how they gave birth and what they ate. And I wondered what that curiosity meant about me as a mom. But I also wondered what it meant about us as a society. So I wrote that book chapter and I couldn't put everything in it that I was curious about. So I ended up writing a whole book that let me develop the arguments further. And I spent a lot of time thinking through, Well, what does it mean that as a culture we are so obsessed with celebrity pregnancy?

Sarah Trott: [00:04:55] Yeah. And is that chapter that you wrote also published in a different book, or is that now part of the-

Renée Cramer: [00:05:02] So yeah. It was published in in the book called Fashion Talks. And then it became mostly chapter three of Pregnant with the Stars, although I developed the chapter a bit more. And then some pieces of chapters four and five were in that chapter. It just really grew kind of exponentially.

Sarah Trott: [00:05:20] Yeah, I love the topic. I love all of that. So then are you back to the midwifery book?

Renée Cramer: [00:05:25] I am. I'm back to that and have a book proposal ready and I'm ready to have a few more interviews I need to do with some midwives and activists, but I'm ready to write that one. Awesome. And it's weird because I never pregnancy is not my thing, so I never anticipated that I would spend a good 10 to 15 years of my life talking to moms and midwives and advocates. It's not how I would have ever imagined my career going, but I just got kind of obsessed and interested.

Sarah Trott: [00:05:56] Yeah. Oh, it's definitely a fascinating topic, especially with the, you know, the celebrity limelight, because celebrities have so much influence over the way people sort of subconsciously set expectations around the way to do things.

Renée Cramer: [00:06:13] They really do. And, you know, I don't think we're bad humans when we're fascinated by celebrities. And I don't think celebrities are doing something wrong by making their pregnancies public. But the impact of these images definitely influences how women feel they should perform their pregnancy and their postpartum life.

Sarah Trott: [00:06:33] Yeah, I remember like learning it in university, learning about this concept of social proof that when people see things, it's a way of learning and it's a way of validating our own behavior. Yeah. And it's one of those things that people aren't even necessarily aware of when it happens, when they see things, they just think, Oh, so, so this is the way successful people have pregnancies, sort of. You look at that.

Renée Cramer: [00:06:58] Right. That's interesting. When I was six months pregnant, we put our T.V. away and and we don't my husband and my son and I don't really indulge in too much mainstream media at all. I haven't bought, like, a Cosmo or a Glamour or a Marie Claire for a really, really long time. And the farther away I get from it, the more it seems possible for me to see kind of the overt impact of it on me, if that makes any sense.

Sarah Trott: [00:07:28] What do you think the impact has been on you?

Renée Cramer: [00:07:30] Well, for me, it's a tendency to measure and judge myself. I don't know if it's that way for everyone. But I remember just even being in my early 20 seconds, my husband would say, oh, my gosh, have you been reading one of those magazines? You know, I would have a list of self-improvement that I needed to undertake and kind of a really hard stick by which I would measure myself. And I've had students, especially male students, really push back on that. They'll say, but you know that those images are Photoshopped and you know that that's the work of a PR person. And even knowing that even having a critical stance towards what's being represented, the perfectionist in me still believes I'm able to achieve some measure of that.

Renée Cramer: [00:08:12] And one of the people that I quote in my book, Janice Min, um, she used to be a fashion or an editor at either US or people I want to say US right now, but I could be wrong. But she wrote a book called How to Look Great in a Minivan, and she believes she's being really helpful when she tells her readers, you know, you're you might not always look like that mom celebrity that you admire, but you can be the best version of yourself. And even that to me feels exhausting. Oh, you can always be the best version of you. The better you can get your body back even better than it was. This continual self-improvement is exhausting and it's not at all compatible with living in the moment. And for me, it's not compatible with being the parent I want to be or the human I want to be.

Sarah Trott: [00:09:06] Yes, it's sort of interesting, this delineation between idolizing an image and seeking a maybe a false perfection versus a desire for ongoing sort of

self-development, which can actually be a very positive thing where someone might be focused on loving themselves, loving their body, accepting where they are. You know, discovering meditation or finding ways to make themselves feel good and happy and content and grateful with their lives versus sort of aiming to achieve this greater thing because they think that they'll find happiness if only they can look that way or have those things or have that lifestyle. Right. It's really I think people confuse the two, but they're very different.

Renée Cramer: [00:09:58] It is such a fine line. And one of the things that I argue in the book is. When we're looking at celebrity pregnancies, we both idealize them and normalize them. And it's one thing to say, oh, my gosh, that's an ideal, but it's another to say, and I should have it, too, because I can. So to normalize, you know, Gwyneth Paltrow's body. While idealizing it. I'm a 5'11 curvy brunette. I will never have Gwyneth Paltrow's body. But to see that as a normal thing to happen after birth or a normal thing to happen when you're a working mom, even though and to give her credit, she gives she says very, very plainly,

Renée Cramer: [00:10:47] I have someone who watches the baby while I work out. When she had babies or this is my job and I have to look good, so I do it. But we all still have this moment of this is ideal and this is normal and this is not me. And that's a hard that's just a hard feeling to have to be constantly measured against.

Sarah Trott: [00:11:07] Yeah, It sets an unfair expectation. You know, one thing we've talked about on the program with other guests is this idea of the physical body changing because of pregnancy and your emotional and mental self changing because of having a baby. Yeah. And this idea that there's no going back, there's only there's only going through and growing and using the opportunity to grow as a woman and become better in a lot of respects because you have all of this new opportunity with a new family and that sort of thing. Um, means that it's just, it's, it means it's a new normal. It's different and there's, it's just impossible to go back to the same body or the same mental state or the same emotional state. It's just all different. And, um, you know, this idea of your body kind of going back to what it was doesn't it just doesn't really work.

Renée Cramer: [00:12:02] No and I know Angie and I have had this conversation, too. I don't know how much of my body not going back is because I'm a mom or because, you know, I turn 45 this month. Things change. They just simply do. But there's something about pregnancy that feels like this demarcation, you know, before and after. And I know when I was pregnant, I was struck by how inevitable it was, you know, that moment when you realize no matter what, I'm having this baby like, it's inevitable.

Renée Cramer: [00:12:37] You know, and no matter what, I'm aging. And thank goodness for both of those things, because it isn't all inevitable, Right? You know, some women lose their pregnancies, some people lose their lives before most before they're ready. But we still have a sense that we can always go back. No, you said it so eloquently. Change is what happens. And getting comfortable with that change is important. And not only seeing it as negative.

Sarah Trott: [00:13:06] Totally. Yes, absolutely. And maybe setting the expectation that it's not going to be the same. I'm actually very happy my body is different now that I've had a baby. I love my body. I respect it. You know, I think that our bodies perform miracles. You know, we don't tell them, okay, make a baby. Like it just happens. It's incredible.

Renée Cramer: [00:13:25] It's a miracle. And there are things I like about my body now that I never would have said when I was 32 that I liked about my body. You know, it's like, oh, you know what? I appreciate my ankle. Thank you. But with celebrities, we're constantly confronted with photos of them before and after. Before, during and after, because there, you know, you do an image search on anybody who's famous and you get, it's a flattened timeline. You don't know that there were three years in between. You don't know what happened in between.

Renée Cramer: [00:13:57] With ourselves, we have at least a narrative of self where I can look at pictures of me at 25 and pictures of me pregnant and pictures of me now and know what happened in between. But with a celebrity, we're just we have one version of that story and it's a highly managed version. And so there's an expectation of return or or coming back better than ever, you know? Mm.

Sarah Trott: [00:14:21] Yeah. Are there some celebrities that you think have kind of stood in the face of that whole body image?

Renée Cramer: [00:14:30] Well, I'm kind of in love with pink right now.

Sarah Trott: [00:14:33] Oh, yeah.

Renée Cramer: [00:14:34] Oh, my Gosh. Let's talk about pink. I had a whole, much longer chapter on rebellious mothers that I cut quite a bit out of. But Pink remains one of those rebellious moms, and I didn't really notice her pregnancy in that way, but her postpartum body and the way that she was very open about breastfeeding and open about it as being a sensual undertaking and a physical undertaking as well as maternal. I thought some of those photos and the way she used them were stunning. And then to have her speak out at the VMAs and talk about standards of beauty and femininity while wearing a suit and looking gorgeous and having her daughter, there are total crush on pink.

Renée Cramer: [00:15:15] I think she's doing motherhood in a really interesting way. Um, on the other hand, also very interesting is Kristen Bell. Much more conventional in terms of the way she presents herself as a mom and as someone who's, you know, pretty I would say beautiful. But not losing the baby weight right away and going very famously on the cover of Redbook and saying, I'm not going to lose the baby weight right away. And she looks like one of us, which is another part of celebrity. We have to feel like they're attainable, not just the star that we can never be. So I think Kristen Bell, for a lot of postpartum women at least five years ago, gave women this kind of permission to be who they were postpartum and not have that expectation put on them that they would lose the weight right away, but in a really nice conventional way.

Sarah Trott: [00:16:12] It's pretty brave, I think, for someone in the limelight to say, Yeah, I'm not going to do what everyone else is doing. Yeah, right. I think that's a very respectable position to be in because I think women who I don't know if brave is actually the right word. Maybe it's confidence.

Renée Cramer: [00:16:28] Oh, I like confident. Yeah, yeah, yeah. Because, you know, bravery. I don't think these women. Yes, they could lose some career. Right. But they're not going to lose a heck of a lot of money. So I think they don't risk the things that other women. Who don't have a safety net might risk but confident. I like that. I think they're being confident in who they are. Yeah, yeah.

Sarah Trott: [00:16:58] Yeah. Let's go with confident. Let's go back to the bump as a fashion accessory, because I find that really interesting to what is it about being pregnant that generates so much attention, at least in US culture versus the postpartum period? Or we just mean we don't mean depression. When we say postpartum, we just mean that immediate few months, six months after birth. Like how come there's so much attention during pregnancy? And like all the tension seemed to just go out the door after the baby's born? Like, what's that about.

Renée Cramer: [00:17:27] Do you mean for celebrities or for regular moms?

Sarah Trott: [00:17:30] I mean, just. I guess. I guess I mean, mostly non-celebrity people. But I wonder if there's a bit of that for It's probably not true for celebrities, actually, because people want to take pictures of celebrities all the time.

Renée Cramer: [00:17:44] Right. But photos of pregnant celebrities are so much more expensive, paparazzi photos and capturing their images while pregnant. It's a huge deal. And then the oh, my gosh, is she pregnant or is she just bloated? That I think I actually think that they're magnifying what happens to average women when they become pregnant. So I don't know. I think there's probably a lot going on. I know on the one hand, our data becomes much more expensive when we're pregnant.

Renée Cramer: [00:18:13] So as a marketing thing, as a way to commodify all of the things that people might want to sell us. A pregnant woman is an incredibly valuable data point so that we're surveilled by market forces. We're surveilled by your target red card. What you're buying, the mailers that come to you, those kinds of things are the

this low level surveillance in order to sell us things. Because when we're pregnant and mothering, we buy more things.

So there's that. But that doesn't explain why the woman at the park wants to touch your belly. I don't you know, that's a different thing or or why the waitress won't serve you sushi or. When I was pregnant, I had really bad morning sickness all the time, morning sickness. And I was teaching summer school and I was drinking a Coke. And one of my students said, Professor Cramer, drinking caffeine is bad for your baby. And I said, You know what? Barfing on you is bad for you.

Renée Cramer: [00:19:13] You know, like, but why is she, who wasn't a mom, felt it was okay to tell me how I need to be in the world in relationship to the fetus? That's an interesting thing. And it's not just American, but America tends to make policy around those issues more than some other Western democracies. And I think the way that we watch celebrities.

Seems to make us feel that we have permission to watch and judge other people when they're pregnant and opens us when we're pregnant and postpartum up to the idea that it's okay, that yeah, you can judge what I'm doing. Yeah, you can surveil what I'm doing. Yeah, go ahead and make policy about what I'm doing.

Renée Cramer: [00:19:59] When I really did need to drink that coke or I really am okay riding a bike or Nicole Kidman went to spin class a couple of weeks before she gave birth and the press went crazy. Is her bump big enough? Should she be working out? Well, there's a little bit of not trusting women to know what is right for us in that kind of a discourse. And I think one of the things about having. Love of yourself and confidence is trusting that you do know what's right and that if you don't, you're a capable person who can find out, who can ask.

Sarah Trott: [00:20:35] Who can go to the right sources? Yeah, some medical doctors, midwives, people who have seen thousands of pregnancies and births and who who actually are an authority about child and maternal safety. Right.

Renée Cramer: [00:20:50] And, you know, there's we have this sense of gossip. The original gossips were women who sat with women in childbirth and then went out and shared with the community that she had had her child.

Sarah Trott: [00:21:01] And that's where that word comes from?

Renée Cramer: [00:21:03] Yes. I don't know the background of the actual word, but that's what that word is describing. Wow. And so this idea that women sharing women's news, which we now marginalize as gossip. But you would ask the gossip, how are these things? What is this with me? Is everything okay? And then she would be emboldened to share your news where now the press stands in for that or the media? The celebrity media.

Renée Cramer: [00:21:25] Oh, we're going to share news that Katie Holmes is pregnant. We're going to share news about. You know, I keep telling my students, I hope Rihanna has a baby soon because that will just make my day. But it's really none of my business. You know, that's gossip. But it's it's it's doing something very different than it used to do.

Sarah Trott: [00:21:46] So what do you talk about when you're in the classroom setting when you talk about these topics? What coursework are you doing? I'm so interested.

Renée Cramer: [00:21:52] So I teach a class called Reproductive Law and politics. Okay? And we I love to teach it. I only give myself the gift of teaching it every three semesters. But we start with slavery, actually, and the way that women's reproduction has been coerced for purposes of nation building and commerce. And we moved through slavery to urbanization and the way that anonymity enabled some women to have freedom sexually and to choose their partners. Then we look at birth control and its necessity in order for those same women to continue to have some autonomy and not always have the consequence of pregnancy through the use of birth control.

Renée Cramer: [00:22:36] Then we talk about abortion and the way that that has changed over time as a political issue because it has very radically shifted since the late

1800s to now. The way that we even talk about abortion and choice and life and consent. And then we talk about birth and midwives and how women may or may not experience trauma in hospitals. What does it mean to choose a home birth? What kinds of support do women have when they want to labor in that way? And then what are the consequences of our choices?

Renée Cramer: [00:23:14] So what does it mean six months later when it's time to go back to work? Do you have access to childcare? Have you lost your job? Did you not even get six months? I had nine months. I had a union faculty job and really good luck with timing my pregnancy. But what if you have to go straight back to work? How do you know? How is that a part of reproductive choice? And so it's such a fun class. We watch a ton of movies and they do a lot of writing. They get to interview their mom if they're able to, about their birth story. And how their birth impacted how their mom sees the state or doctors medicine and herself.

Sarah Trott: [00:23:56] What is the relationship, if any, between like what are the themes in all of this that seem to come through? Like is there do you like what's the relationship between like control over women and is it men's control over women? Is it the politics control over women and their bodies that sort of plays into today's hospital setting, today's use of medicine, C-section rates, that kind of thing. The fact that I think you're mentioning midwifery isn't legal everywhere. Like, is there a relationship between all of these things?

Renée Cramer: [00:24:32] Yeah. So the theme running through my class is usually this question about what real choice is and what consent means in all of these different settings. So even consent to have sex or the choice of different forms of birth control or the choice not to be a mom because we have a pretty compulsory maternal, we expect that women who get married or women who live with men will have children. We expect that most women will have children. So we talk about that.

Renée Cramer: [00:25:03] And, you know, my students often ask, well, is this misogyny? Is this patriarchy? Is this capitalism? Is it women's internalized oppression? Is it, you know, I don't know. I think for me, the answer is we can't answer that unless

we're looking at specific women, specific situations, specific historical contexts. So there are reasons why midwifery is now legal in Missouri and why it just got legalized in South Dakota and why Iowa still isn't legal.

Renée Cramer: [00:25:35] And those are fun and interesting to tease out. And then there are reasons that tie those reasons back to questions about abortion or questions about the medical profession and questions about women's knowledge. And I love to unravel those questions. And hopefully I am doing something useful when I do it. But when it comes down to my students' lived experience, it's always me wanting them to focus on what they know from their own lived experience and their own bodies and how to make responsible decisions with that knowledge.

Sarah Trott: [00:26:13] Do you have any stories you can tell to bring that to life of any student stories and the implications of that?

Renée Cramer: [00:26:20] Hmm. Yeah. No, I wish they were all here so that they could share them. In a lot of my classes, I have my students do embodied mindfulness. They can sign up to choose that as an option. So they agree to spend five minutes a day in meditation and go to yoga once a week and then write a paper about how that connects with their understanding of the course material.

And feminist political theory says, You know, our standpoint is really important, our perspective is important, and so does critical race theory. And my students tend to understand that more fully when they are engaging in a in a mindfulness or embodied mindfulness practice, because it's easier then to start seeing how your mind creates stories for you.

Renée Cramer: [00:27:05] You know, you can step outside of that every once in a while and then you can see what kinds of structured expectations are put on you by society. So I wouldn't feel comfortable sharing any of their particular stories, but I can you tell you that those are the kinds of things they start to share.

Sarah Trott: [00:27:22] Right. That, you know, maybe they had never questioned something that they took as a standard. Yeah, it doesn't need to be right. What would you want to share with anyone who is expecting their first baby or maybe expecting a second baby?

Renée Cramer: [00:27:39] Part of me wants to say turn the TV off and put the magazines down and feel what you're feeling. Part of me wants to say, enjoy it. But you know, this isn't always about enjoyment or joy. It's about, like you said earlier, moving through and being with. I always want to say be safe. You know, if something hits you in the gut, that doesn't seem right. Be it the diet afterwards or the person that you've met who might attend the birth, to really trust yourself. I remember when I was pregnant one day I was walking my dog and this other dog came across the street at us.

Renée Cramer: [00:28:17] And my dog was like, This isn't okay. And before I could even tell the woman who was walking the other dog, you know, I'm uncomfortable with this. The other dog was on us and I could feel my son in my belly, respond to my stress and curl up into this kind of hard ball. And I was so grateful to my dog for protecting us.

Renée Cramer: [00:28:39] And it made me realize in that moment, Oh, that's my job, right? Like, thank you, Daisy Dog, for showing me this because I am a mama bear now, right? I get to be fierce and I'm going to be fierce and I'm sometimes going to be wrong. But this kid is put on this Earth to be my priority for as long as I have the privilege of focusing on him. That doesn't mean I don't focus on me, and it doesn't mean I don't focus on my family or my career. But I'm this kid's fierce protector, and that feels really good and empowering in an interesting way, a way that I did not expect to feel.

Sarah Trott: [00:29:23] Mhm. Yeah. I love that. All of that. Just kind of, um, thinking ahead of time about questioning the, the images that you see kind of shutting the TV off. I mean, you can still consume media, right? But just maybe do it in an aware way. That's sort of what you're highlighting.

Renée Cramer: [00:29:40] Like what does this photo of this celebrity, how do I feel after I've looked at it? If I feel bad, it might not be because I don't measure up. It might be because it's manipulated to make me want to buy something.

Sarah Trott: [00:29:53] Yeah. Yeah.

Renée Cramer: [00:29:55] It might not be about me at all. It might really be the purpose of, of the piece.

Sarah Trott: [00:30:02] Mhm. Yeah. And it might be attractive because it's playing into some idea of like what perfect is when that's like totally not the case.

Renée Cramer: [00:30:10] And what is perfect. My goodness.

Sarah Trott: [00:30:13] Yeah. And who wants to be perfect. Let's just let go of perfect. Let's let go of perfect. I also really liked what you said about, you know, taking on this new role, but in doing that, not letting go of your previous self.

Renée Cramer: [00:30:29] Yeah, it's strange.

Renée Cramer: [00:30:31] If so, my child is now 12.5 and I didn't leave him physically for more than a few hours at a time until he was three and a half. And then I went to a conference and he was still breastfeeding and I thought this might start weaning. And it didn't. But I remember being not with him and I wanted everyone to know I was a mom, like. Oh, like, you know, I'd get on an elevator and he wouldn't be there and I'd just be like, Yep, I have a son, you know, like.

Renée Cramer: [00:30:59] And not as an excuse. You know, I use sometimes when we're pregnant right before we actually have the bump, we just feel pudgy. And so you want to get the bump so that people know you're not just, you know, gaining weight, that it's weight with a purpose. So and it wasn't like, oh, you know, I'm I'm three years postpartum and still have an extra 8 to 12 or 15 pounds. I'm a mom that's why. It was

more I'm preoccupied with my love for this other creature who is not here and you need to know it, you know?

Sarah Trott: [00:31:29] Yeah.

Renée Cramer: [00:31:29] Finding who I was in the elevator was a really important thing for me to do.

Sarah Trott: [00:31:36] Mhm.

Renée Cramer: [00:31:37] And probably still in process nine years after that. Who am I when he's at home playing Minecraft and I'm on the phone with you. Talking about him. Who am I when I'm with my students or with my husband, Who am I sitting quietly or walking my dogs And yeah, I'm still the person I was at 30 before I had him. But I'm also so fantastically different. I can't even tell you. And that's nice too, to realize that from a perspective. I would also say, and this is probably controversial unless it involves becoming safer, like leaving a bad relationship or an earthquake. I wouldn't make any major decision in the first year of postpartum.

Renée Cramer: [00:32:17] I regret that I did. So I tell anyone I know now just chill out for that year. Don't make a big move.

Sarah Trott: [00:32:27] Yeah, I love that. Do you want to talk more about your experience?

Renée Cramer: [00:32:32] We were living in LA and I'm originally from South Dakota and I also got very, very sick with vertigo about six months postpartum, and my mom had to fly out to help me, and I became panicked and convinced that I had to move closer to home for when that happened again. And I didn't want him growing up with traffic and I didn't want him growing up without a backyard.

Renée Cramer: [00:32:52] And I moved us. Like I successfully found a job and I'm thrilled with where I landed. But I made the decision based in fear. And that fear was

partly hormonal and partly, Wow, I'm a new mom. Oh, my gosh. Oh, my gosh. I have to be a mother bear and protect this kid from everything that I can imagine when you know what you can't.

Renée Cramer: [00:33:15] If I had waited a year, we might still have moved, but I would have a different understanding of why I had done it.

Sarah Trott: [00:33:22] And practically it might be a little bit easier without an, you know, a really young, young baby.

Renée Cramer: [00:33:27] I did six cross-country flights on job interviews with my husband and my infant because I was a nursing mom. So every place I got a job interview I would pay to fly both of them with me. My husband would stay with him and bring him to me in the middle of the day because academic interviews are a day and a half long marathons, and I would nurse him and then go back to interview.

Renée Cramer: [00:33:48] It was crazy. It was. But I also learned a lot about potential employers and their willingness to accommodate nursing moms.

Sarah Trott: [00:33:57] Oh, of course. Yeah. I mean, I wish all employers were so welcoming and accommodating of new mothers. Kind of touching back. So you mentioned it earlier, just like this. You know, this question about like. Well, you know, some moms are forced to go back to work right away and that's something that wow. You know the United States is pretty behind compared to some countries in that respect. But yeah I just read the stories about women who are forced to go back before they wanted to and their children really suffered as a result. So I just my heart goes out to to women who who feel like they don't have choices. Right.

Speaker4: [00:34:35] And and it might be an economic choice because currently. I don't know a woman, actually, who could afford to take six weeks unpaid. Which is all the law protects a woman to do. Most employers understand that it's both humane and good business sense to offer paid leave, but they're not required to by law. So. They might not feel financially able to, but they also might not feel enabled in their workplace, even

if it is paid leave. You know, Well, if I come back, will I be behind? Will I be demoted? Will I be moved to another department?

Renée Cramer: [00:35:14] Those kinds of questions and most of that is legally prohibited. But we all know that those legal prohibitions, we can get around them or they can be gotten around. So I think a lot of women might prefer to take more time but are not able to. And then I know that there are women who are like, no, I want to go back right now. You know, this is working for me. And we also tend as a society to judge that. I think there's just so much mom judging. I'm sure there's dad judging. I'm sure there is but it's so much Mom judging.

Speaker4: [00:35:45] How much time did you take? How much time did you breastfeed? Did you have a C-section? My goodness. You know what? Wow. Let's let's back off. How about you, okay?

Sarah Trott: [00:35:56] It's hard enough

Speaker4: [00:35:57] You know.

Sarah Trott: [00:35:58] Yes.

Renée Cramer: [00:36:00] Oh, that's the other thing. I try never to tell a woman who is pregnant. Oh, my gosh you don't even look pregnant. You know, like, that's a compliment. Or you look so, you've got that glow. You know what? How about you look strong, You look capable, you look well rested or you don't. And can I help?

Sarah Trott: [00:36:19] Yes. Yeah. The you look anything is like the woman feels like, oh no I'm being looked at.

Renée Cramer: [00:36:27] Right.

Sarah Trott: [00:36:27] Just as, as a concept in the first place. Yeah. I really like that. Yeah. If we could just ask people, how are you? What can I do to help you? Can I bring

you a meal after you have your baby? Can I. Can I buy. Can I bring groceries over? Tell me what you need. Can I clean?

Renée Cramer: [00:36:41] You take your two year old to the park so that you can nap with the baby. Oh my gosh. Yeah.

Sarah Trott: [00:36:48] Yeah. Life altering moments. There's just, these little things actually are a really big deal. Yeah. Yeah. So not losing yourself. You know, I think there's, there's something to be said about the example that we're showing our children when we don't make our children with 100% of the focus. There's sort of, there's a lot of responsibility for a little person so I really like that you, that you highlighted the, the idea of um, you know, like maintaining your own sense of self and, and being able to do that in addition to becoming, you know, a mom as a new role. That's really, that's really important and it helps you know with the self definition stuff. It ties into body image doesn't it. Are there, um what, what celebrities do you like talking about.

Renée Cramer: [00:37:43] Well I love, you know, I feel like I'm getting older now and I'm moving beyond the project. So I always still love to talk about Mila Kunis. I just love the way that she has been pregnant. I love the way she seems to parent. I love the movie Bad Moms, although I think I'm not going to love bad moms at Christmas. I think I'm not going to. But I love her as a mom and as a human. Um, what I can see of her, I love to talk, I love to fantasize about Rihanna being pregnant. That would be so great.

Sarah Trott: [00:38:16] Oh, my gosh. I know. She's wonderful. Did you talk to any celebrities as part of doing your book?

Renée Cramer: [00:38:21] No. Um, no. I reached out to Mayim Bialik because I was going to try to talk about her non-traditional or her, I don't know if it's nontraditional or more traditional ways of parenting. She does attachment parenting, and she's a critic of some vaccinations, and I wanted to chat with her about that, but she never reached out back. Ashton Kutcher got an award at Drake, my institution last year, and I gave a copy of the book to their press people. But I've not talked to her, so no, no, I've tried. Tried in limited ways, but no.

Sarah Trott: [00:39:02] There you go. We just. Because you said the vaccine word, I'm just going to mention we're pretty pro-vaccine on fourth trimester podcast. I know there's like celebrities again, have the ability to have a huge degree of influence. And that's a pretty hot topic.

Renée Cramer: [00:39:21] It is and I haven't said the name of that celebrity.

Sarah Trott: [00:39:21] We definitely support science.

Sarah Trott: [00:39:24] Yeah. Yeah.

Renée Cramer: [00:39:25] No, Yeah. No.

Sarah Trott: [00:39:27] We can move on. Yeah. So, okay, so you're focused on midwifery now. You're looking into it from a regulatory standpoint. Yeah. What are you finding? Like what? Why would someone or why would a state decide midwifery is not a good idea? Like, should we remind everyone what a midwife is and then kind of talk about that?

Renée Cramer: [00:39:53] So in every state certified nurse midwives are legal. So women who have or nurses who have nursing degrees who specialize in midwifery, those are legal. And in every state certified nurse midwives now can attend home birth. In almost every state certified professional midwives are also now legal for home birth. Although when I started this project, it was not legal or regulated in around 22 states and that is changing really rapidly just over the last year. Michigan and South Dakota have both legalized certified nurse midwives and regulated them.

Renée Cramer: [00:40:28] In Iowa we are quasi, they are quasi legal and unregulated, and there are a lot of reasons why that is. All of them historical, all of them dealing basically with the state and the state's relationship to medicine and the state's relationship to regulation. So the reasons that they stay illegal any more now, it's because the state will say we don't need more regulation, we don't have enough money

for a regulatory board. And if we can't regulate you, you are not safe and therefore we can't have you for public health reasons.

Renée Cramer: [00:40:58] That tends to be the argument. Now, five years ago, it was different. There was, you know, do midwives perform abortions? Do midwives or midwives engaging in anti vaccine work? Those kinds of questions around cultural and scientific issues, those we don't hear so much anymore. Now, it's really a matter of the state saying state legislators saying we don't want to regulate this because we don't believe in regulation. We can't afford a new state board. You can't have a law.

Renée Cramer: [00:41:28] There are some legislators who will say that they don't believe that birth out of hospital is safe. There is simply no good data supporting their belief in that. But there will always be people in a statehouse who vote against legalizing and regulating midwives because they think it's simply unsafe to do so. They're wrong.

Sarah Trott: [00:41:53] Yeah, totally. We had a really fascinating conversation with Jessica Moore, who's a got yeah, a documentary maker. Um, her film is called Why Not Home. And actually, I'll just plug this because it's really cool. They just launched on iTunes and Amazon. They're also on Vimeo. I think they've been on Vimeo for a while. So if you have an Apple TV, you can actually watch it for free on Vimeo.

Renée Cramer: [00:42:16] And it's a really interesting documentary because she comes from the perspective of the medical profession. So a real evidence based, you know, huh, this does seem to actually be safe and more comfortable and more economical.

Sarah Trott: [00:42:31] Mhm. Yeah. And she's on her website, anyone can go and look at it. She just has one very short page talking about the evidence and how there's two different big reports that get cited, usually like one was European and it was a huge study, much bigger study than one that was set in the US. And that study found that there's no higher risk. I mean, I'm not going to say this medically the perfect way, so look at the website, but basically there aren't higher cases of infant death rates or other kinds of risks associated with home birth versus hospital.

Sarah Trott: [00:43:05] Then there's this other piece of research which was like an amalgamation of a lot of other pieces of research put together based on the US. But it was like based on far less data that concluded that like, oh, maybe it is riskier, but people it seems like there's no agreement on which report is better. And actually probably neither report is, is like as thorough as anyone would want it to be. So, yeah, it seems like there's a real lack of evidence on some of these issues.

Renée Cramer: [00:43:33] Well, it all it also all depends on the population being studied. So if we say a low risk pregnancy or with a skilled provider. Then really, I've not seen any data that would show that it is less safe to have a child out of the hospital for low risk, low risk person with a skilled provider. And then the question is, well, does regulation help us achieve skilled providers by licensing them through the certified professional midwifery license? Does that help ensure kind of quality control? Does it ensure best practice? Does it ensure continuing education? Many people would argue that it is safer to do that than it is to have unlicensed midwives in states performing out-of-hospital birth.

Renée Cramer: [00:44:19] Also in states where it's not legal it's really dangerous for the midwife and sometimes for the parents to transfer to a hospital in a situation of an emergency. Because she runs the risk of prosecution and the family runs the risk of getting on the radar screen of Child protective Services. So the transfer, if you have something go wrong at the last minute in a state where your practice isn't legal, it's a much more dangerous situation than if something goes wrong in childbirth and you can simply transfer and you have a good agreement with the hospital and you know the doctors and you can maintain care up until the transfer of care.

Renée Cramer: [00:44:54] That's a safer model. It's called integration of care. And I've been working with a really multidisciplinary team of researchers to map integration of care in the United States. And that website will go live, hopefully in November. And it shows really clearly that integrated care is safer care, and that integrated care sometimes relies on the legal status of the midwife. I got all wonky there.

Sarah Trott: [00:45:21] I love it. No, that's fascinating because, you know, from a really from just a practical standpoint, like anyone who's listening to this program because they're pregnant and they're thinking about all their options and a lot of different aspects of their life, like, you know, home birth is a really big sort of question mark for a lot of people. Like the default is to go to the hospital. But if you know someone who's had a home birth or you've researched it and you think, oh, actually, you know, this is something I want to do, like make sure I love I love the practical standpoint of like, make sure you know that it's legal and regulated. Because if something does go wrong, like you want to be able to have that safe transfer.

Renée Cramer: [00:46:00] Right. Right. And, you know you could you could also choose to get all of your prenatal care from a midwife. Because prenatal care for midwives tend to be hour-long visits and integrated with your family and not focused on, you know, what are your numbers in terms of weight and peeing in a cup. There's much more involved in that prenatal care and you could still deliver in a hospital.

Sarah Trott: [00:46:20] And is that at someone's house? Like, do they come to your house or do you go somewhere?

Renée Cramer: [00:46:23] Come to your house. There are some midwives who have birth centers, both certified nurse and certified professional midwives who have birth centers. Sometimes those birth centers are attached to hospitals, but there are lots of ways to manage your care. I had just for full disclosure, I had a hospital birth for reasons of finance. And if I could do anything differently, I probably, I might have still gone to the hospital, but I would have had my prenatal care with a midwife so that I didn't feel like it was just, Oh, how much weight did you gain? Go home. You know, more talking about development and my life and how I was feeling. So yeah, I would totally have used a midwife for prenatal care for sure.

Sarah Trott: [00:47:04] Mhm. Did you, So I had a hospital birth too. I had a birth doula attend my hospital birth and then I had the, the co-host of the show, Esther Gallagher, who people listen to on lots of our programs. She was also my postpartum doula.

Renée Cramer: [00:47:20] Yeah. No, I had no doula and I had my husband and he was wonderful. And I had a four hour start to finish back labor hospital birth, unmedicated. And it was horrible. Well, it was bad. And I went home and I felt really, really alone. It was just me and my husband and the baby, and that was okay. But once I started getting out of the house and going to meetings.

Renée Cramer: [00:47:47] I felt so supported. Just having a group of like minded moms. We would meet at the park twice a week and My baby did not like the car seat. And we lived in Los Angeles County and some days he would scream and I just couldn't get him to go. And I remember once my friend Claire came over with her four children and her infant and brought me cake. And I thought, this is what moms do, this is support. So that kind of community. Absolutely. Absolutely helped.

Renée Cramer: [00:48:19] A person I consider my best friend I met two months after my son was born and her daughter was born three days after my son in the same hospital. And we met online on the mothering.com website. And it was like, Oh. We're supposed to be friends. This is the coolest thing. I can't believe that we were pregnant at the same time, in the same place and didn't know each other. And we were able to support each other. So having those strong friendships was really useful. I wish, I don't think I would have liked having a doula. I'm kind of very private, but I wish I had had a midwife.

Sarah Trott: [00:48:54] Yeah. Yeah. I mean, whatever. It's different for everybody, right? And but I think what you're. Yeah, you're saying like, you had a really great support structure around you, especially for those times after you had your baby and you have this infinite home and you had questions or just couldn't get out of the house.

Renée Cramer: [00:49:13] Couldn't get out of the house.

Sarah Trott: [00:49:15] Yeah. Oh yeah. I've been there.

Renée Cramer: [00:49:17] And he also was one of those kids who hated the stroller because I had the fantasy that we were going to do runs on the beach and he was like,

No, I want to be in the sling. I want to be in the ergo, I want to be on your body. Okay. He was in his stroller twice. Twice in his entire life. And just having other moms who would go, oh that's okay, that he's in the sling and you're vacuuming and running water because he's crying and you're gardening and he's in the ergo. That's cool. No judgment. You know not. Why can't you meet us at the coffee shop, put him in the stroller and go. No.

Sarah Trott: [00:49:50] Yeah, yeah. All right. So we're wrapping up. I want to remind everyone about your book once again, which is pregnant with the stars, watching and wanting the celebrity baby bump. I'm assuming it's available on Amazon.

Renée Cramer: [00:50:03] It is available on Amazon. It is. And I would love it if people would read it and reach out. We have not very much talked about kind of the heart of the book. We've talked more about parenting, and I think that's so cool. So people who read the book might be surprised that it's a little more wonky academic than our conversation has been, but I think they'll enjoy it.

Sarah Trott: [00:50:22] Is there anything that you want to talk about from the book as like a final message?

Renée Cramer: [00:50:28] No. Enjoy your pregnancy and your life to the extent that you can.

Sarah Trott: [00:50:33] Yeah.

Renée Cramer: [00:50:34] You know, life is hard. Life is really hard. And I think if we can support each other, more power to us.

Sarah Trott: [00:50:42] Yeah. Okay, well, we're going to wrap up with that. That's a perfect note to end on. Again, there's the fourth trimester podcast website that you can go and visit and you can sign up for our newsletter and you can like us on Facebook and you can definitely reach out to me and or Esther. And it sounds like if people want

to get a hold of you, Renée, you're welcoming that, too. How would someone get in touch with you?

Renée Cramer: [00:51:08] Absolutely. They can reach me through my email at my university. So my name, Renée.Cramer@drake.edu.

Sarah Trott: [00:51:15] Wonderful. Thank you so much, Renée.

Renée Cramer: [00:51:17] Thank you.

Sarah Trott: You can find out more about Esther Gallagher on <http://www.esthergallagher.com/>. You can also subscribe to this podcast in order to hear more from us. [Click here for iTunes](#) and [click here for Google Podcasts](#). Thank you for listening everyone and I hope you'll join us next time on the Fourth Trimester. The theme music on this podcast was created by Sean Trott. Hear more at <https://soundcloud.com/seantrott>. Special thanks to my true loves: my husband Ben, daughter Penelope, and baby girl Evelyn. Don't forget to share the Fourth Trimester Podcast with any new and expecting parents. I'm Sarah Trott. Goodbye for now.