

Fourth Trimester Podcast

Episode 53: The Benefits Of Movement Therapy For You And Your Baby

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: [00:00:05] Hi, this is Sarah Trott. Welcome back to the Fourth Trimester podcast. I'm here with my co-host, Esther Gallagher, and we have a special guest with us today. And I want to remind you that we have a website which is fourthtrimesterpodcast.com, and you can go there and visit and sign up for our newsletter. Also, we have an opportunity to sponsor us through [Patreon.com](https://www.patreon.com). So if you've listened to our show a couple of times and you feel compelled to do so, please do sign up for a dollar an episode. Now I'm going to hand the mic over to Esther, who's going to introduce our guest today.

Esther Gallagher: [00:01:25] Hi, everybody. Glad to be back. We have Evelyn Miller Freebury with us today, and she has a wonderful, extensive professional and personal bio, which we're going to get into in a moment. But I would like to interview her from the point of view of me working as a doula. I met Evelyn many years ago when I had clients who needed breastfeeding support, and because they were Kaiser patients, we would take moms over to Kaiser and they would be seen by lactation counselors that were actually at the house in the hospital setting.

Esther Gallagher: [00:02:10] And I quickly got to know professionally and very deeply appreciate Evelyn, her presence with my clients, her loving kindness and her ability to just put my clients in a deep ease and really address the issues they were having was quite impressive to me, especially considering from my standpoint that it was particularly onerous on a new mother to have to get in a car and go back, go leave the house and go somewhere to receive care. As you know, listening to the podcast, I have an extreme bias about that. I think we should all come to mom if she needs our help. But given that Evelyn was always very, very quickly connected with parents and helping them be at ease and I've so appreciated her for that for all these years, but she has. Moved on professionally from there.

Esther Gallagher: [00:03:16] And so I'm going to ask you, Evelyn, to bring us up to date the work that you're now doing. I only recently heard of I'm sure you've been doing it for quite some time, but a colleague mentioned your name in a meeting recently and described your work in a really delightful little way, and I just couldn't wait to reconnect with you once I heard Elizabeth's description. So I'm not going to bungle it. I'm going to

let you describe for us the work that you do, and then we'll talk about how it pertains to the fourth trimester.

Evelyn Miller Freebury: [00:03:54] Well, thank you so much, Esther. It's it's really an honor that you to have asked me to do this. But my history is a love of movement and movement and being a human being. How essential and important. Our movement is as our way of connecting with our our world and our environment and the people in it. I have a parallel history with my nursing maternal child training and profession. I was in my early life a dancer and a martial artist. That I had give up for.

Evelyn Miller Freebury: [00:04:45] That's a whole story about personal injuries and healing. And as I worked in the world of of maternal child care and breastfeeding, I began to realize that my parallel interest in how human beings organize themselves and develop movement was completely part of this early experience of a mother and baby establishing this wonderful and really baseline relationship, a relationship that was going to influence the whole way an individual feels about themselves and the way they relate to their caregiver and how they use their whole body and self in their environment.

Evelyn Miller Freebury: [00:05:46] And of course, I Daily as a working in a busy hospital in San Francisco, had the experience of many parents being unable to breastfeed in the way they had hoped and wished, and many parents also being very successful, but encountering other kinds of obstacles, perhaps unexpected. Perhaps family relationships, perhaps emotional, emotional responses to the changed situation in life. But mostly the. The more basic, deep frustration and disappointment of either being unable to breastfeed or finding great, great difficulty. Possibly pain in doing so, or having to make very serious compromises with the whole situation and.

Evelyn Miller Freebury: [00:06:51] I think your listeners are probably familiar with with many of these potential scenarios. So I became more and more interested in the larger context of what the baby and mother are experiencing in this give and take dance of learning to feed. And if there are difficulties, what underlying activities and interactions could either. Mitigate that. Of course, I was always, always looking for outcomes that were more successful, more easeful, more.

Evelyn Miller Freebury: [00:07:35] Effective for both mother and baby. But if given that perfection was not always possible. How could the interaction between the parent and child be really fostered? And then very, very importantly, for the baby? The orientation of the baby's self, finding the ability to go to the source of comfort and support and nourishment and the ability to let go of that and release it when it's satisfied. The ability to be effective in that and that how what other kinds of interactions would support this and do support it.

Evelyn Miller Freebury: [00:08:28] And if it's all difficult or missed, what kinds of parenting? Behaviors help the baby with their own body orientation and development of their own autonomy in the in the face of an imperfect situation. And and, of course, there's many. Many ways that things cannot be. Be less than perfect for parents. And sometimes it's very unexpected. And it's not that the breastfeeding isn't effective. Perhaps the baby's gaining well, but has other kinds of distress or difficulty, or the parent has other kinds of distress or difficulty. So anyway, I've just said quite a lot all at once without pausing. So that was great. Well.

Esther Gallagher: [00:09:28] You know, I just I thought of I had this image that many people are anybody who's been to college and had to take General Ed classes might remember, but it comes out of early psychological stuff. And I was remembering the little baby rhesus monkey and how, you know, a rhesus monkey baby will cling to the soft fake mother even though she doesn't give milk when when given this terrible false choice of a mother that gives milk but is hard and cold and, you know, made of wire versus snugly, you know, able to be clung to and warmed and and up against and all of that. And I don't know, that's probably a little bit out of left field. But it it's just a reminder that, you know, our babies do they're seeking something that's. You know, includes nourishment. But goes so far beyond that. Right?

Evelyn Miller Freebury: [00:10:47] Well, I'm it's good that you take it take us in this direction, because I think what I said previously was. Uh, tends to the side of. What can we do about this? Solutions and as. As we were discussing earlier, the what underlies any kind of intervention or solution is actually the well being. Of the the dyad, the well of

the the and the well being doesn't mean meeting a score or reaching a certain level of checking off all the boxes.

Evelyn Miller Freebury: [00:11:38] It means being safe and in love. And sometimes that's not and that can be also a great a great pain for some mothers that they don't find that comes easily. And that's exactly what they need support and help with to feel. To trust themselves so that the the possibility of really being with their baby. In whatever kind of feeding and difficulty that they're in is with wonder and. Great wonder. So, yeah.

Esther Gallagher: [00:12:28] Reminds us to stay curious, even when it feels pretty rough. I'll say that. There. There was a moment in my early postpartum recovery period where because my baby, who was perfectly fine breastfeeder, but who in that moment wouldn't breastfeed, wouldn't latch. I remember thinking after being in the struggle for some amount of time and probably due to a certain amount of sleep deprivation, I remember thinking my baby hates me, which makes me laugh now. But at the time it was devastated. You know, just this thought crossing my mind that, oh, she won't she won't take what I have to offer, you know, that I attributed it to that. You know, that there's not love here. There's somehow there's not love here. But of course, I was looking for something in her in that moment. It was very interesting, I think.

Evelyn Miller Freebury: [00:13:43] And it's so important that any of us who, you know, presume to offer help to new mothers remember this, remember remember these experiences. Because, yes, you laugh now, but, you know, you know, it was real in that moment. And that's. Such a big theme that is part of a mother's life once you become a mother this deep taking hold. And then from the very beginning, being able to put the baby down when it's needed and when it's right. And this. Evolves deep, deep, deeper and deeper connection. And then more and more work as the child grows to. Foster autonomy and create individuation and yes. And of course, all through our lives, you know, we see ourselves reflected in our children's behavior, no matter how mature we feel we've become. It's. Yeah.

Sarah Trott: [00:14:58] Esther, something you said about feeling like your baby hated you. Do you know Janet Lansbury? She has this book called No Bad Kids. What are the

themes that comes through? And it's relevant. You know, in the book they talk about for all ages really is this idea of not taking things personally, because often what our baby or our toddler or indeed a teenager does is not personal to us.

Sarah Trott: [00:15:24] It's developmental, has nothing to do with us and everything to do with them. And part of our job as parents is to be calm and consistent and absorb whatever kind of emotion or situation our children are throwing at us, but not to take on the same feelings that they're having. So if they're feeling angry or upset, then we can create a calm environment for that to happen and allow those emotions to happen. And we work very hard, I think, as parents to connect with our children's feelings because a feeling is an expression of self.

Sarah Trott: [00:16:00] So making sure that we help validate, yes, your feelings are okay, it doesn't mean we have to have those feelings ourselves or rise to it. I think that's certainly a challenge for a lot of parents and I just found that interesting when it came to mind when you said, Oh my, my baby isn't doing what I expected, therefore it's like something about you, you know, And it just it isn't.

Evelyn Miller Freebury: [00:16:24] Well, the feeding thing is primal, though. When they reject your breast, there's something. I mean, it does take some work.

Esther Gallagher: [00:16:34] Pretty desperate situation, right?

Evelyn Miller Freebury: [00:16:36] To separate internally from this this instinctive response. But I think what you just said, Sarah, is so much a continuum with the experience in the in infancy that the baby is got, is crying, is upset, is inconsolable, whatever it is that you're feeling it in your deepest heartstrings. And yet you you still have to maintain that you are yourself.

Evelyn Miller Freebury: [00:17:13] And this is this other human that you're totally responsible for and that you are doing the very best you can, but you can't take on there and have in yourself their pain because you need to care for them. And I think there's this dynamic that you describe for toddlers and teenagers and might I say young adults,

being the parent of young adults is already beginning here in this this very early stage where I totally respond to the crying of my baby. And yet I don't take it on as an internal process. I don't know if that makes sense.

Esther Gallagher: [00:18:02] Yeah. Well, I'm hearing that this is our very this is a very primal situation and a most wonderful opportunity to move beyond empathy, which is a wonderful thing to have and develop the skills of compassion that we we don't get locked into the feeling which may foster reactivity, but we cultivate that place in us that allows for. Ourselves and others to be who we are moment by moment, without judgment, without reactivity.

Evelyn Miller Freebury: [00:18:50] This is something we touched on briefly before we began recording that there was I don't know if it's still said in the doula community that we give birth the way we are. And so you can learn a lot. But your your the way you manage yourself is something very deep. The way you express yourself, the way we express ourselves and I the way each woman responds to and moves through this early postpartum period is very individual to her, her truest self.

Evelyn Miller Freebury: [00:19:35] And it's in fact a burden for her if she tries to be good, you know, tries to be do all the all the right things, It's, I think, a very modern malady. Almost younger women know so much and feel burdened by all the things they should do to prepare and to be ready when the most helpful thing to do is to be. And this is easy to say and a great huge thing study is to to be with yourself as in the most. Full and satisfying and accepting way that that one is able to that one knows how. So that the activities that are going to help you in your baby are. Being well and being well in emotionally and psychologically. And that's not an expectation that you can just, just meet.

Evelyn Miller Freebury: [00:20:38] So you're always we're always looking for what what supports us And and if we're not, that's what we're what doulas are in the business of trying to offer people. And then if anyone who's interested in preparing is obviously looking for for what what helps them the most. So for a baby. The most helpful things for early movement experiences are all of the things which most people are familiar with for

both childbirth and breastfeeding, which are that the baby is as as drug free as possible, for instance. And again, that's not at all everybody's option but that that's that the baby has as much contact with the parents, the mother, the other parent.

Evelyn Miller Freebury: [00:21:43] Whoever that is, immediately after birth and as much as possible. And if that's not possible, that any other loving person is as close to the baby as can be, or if that's not possible, that the attention. The attention of the parents is toward that toward the well being of this new new person. And that once the baby is with you, that the well being of the mother is absolutely fundamental to the well being of the child. So that all of the attempts at feeding and consoling are in relationship to also providing, nurturing and well being for the mother, that these are activities that are interdependent go together.

Evelyn Miller Freebury: [00:22:46] And sometimes that does involve separating the mother and baby and the other parent taking on some care of the baby. Mostly it involves the baby being with the birth mother, if that's possible, or the alternate mother after birth. If a mother finds herself going towards conflict in the realm of feeding to find support, to find other ways to feed and support the child that don't feel to her that she's in conflict, It's very surprising sometimes.

Evelyn Miller Freebury: [00:23:25] As you guys know, right after birth, there are some times for a mother, a very profound reactions of needing to separate from the baby and the baby that has come out of your body physically. And to be supported through that can be just to know that can happen, that you need your spouse or your other significant other to support you as you recover and as you're able to open yourself to this really heart opening, literally heart opening experience of taking in your new child, it makes it all sound very difficult. And actually, it's it's luckily it's often very spontaneous and. Um, just comes comes is given. Well, but.

Esther Gallagher: [00:24:21] I, you know, because I work as a birth dealer and I attend births often and because I have a modicum of experience in the immediate postpartum period and and we have had our own immediate postpartum periods, the three of us. I think that what sometimes a little bit difficult for parents to be to to understand or hook

up with because they don't have any second hand experience of birth. Right. They're not seeing birth as they grow up. They're not experiencing what it looks like, you know, intuiting what it feels like for parents because they don't witness birth or the immediate postpartum very often.

Esther Gallagher: [00:25:07] But because I do frequently, one of the things I can give as an example of I think what you're touching on, Evelyn, is that, you know, not every mom who's just released a baby into the world. For whatever reason, and often because of the the drama or and and sometimes, frankly, trauma of giving birth. Not every mom is ready to then have, you know, a newborn in her arms because she's experiencing something very large that may not actually make room somatically or psychologically or even physically for a needy newborn in her arms. Now, most of the time we tend to think it's very healing and appropriate and and right in those moments to to have the baby that it would be it would be experienced as a loss if or a grief if the baby isn't present.

Esther Gallagher: [00:26:11] But frankly, you know, speaking as a witness, that's not always true either. So being present for what actually is and allowing for a mother to have a her needs being met in in those moments as well as the baby being Matt, I think is very, very important and I think a reflection in our society of not being able to meet mothers where they are is that if a mother is experiencing, experiencing and expressing difficulty, the answer so often is going to be something like, But your baby's healthy and your you and your baby are healthy. And isn't that the most important thing? As if that's the only thing, right?

Esther Gallagher: [00:27:02] So I think, Evelyn, this work that you do and this what you acknowledge about being a new parent and and that it it's unique to parents and babies as experienced is really wonderful and maybe you can circle around and give us a little bit of your personal experience of the immediate postpartum and then maybe talk more concretely in any way that you would like to about. How this work manifests when you're doing this work, say, with mothers and infants.

Evelyn Miller Freebury: [00:27:44] Yes.

Esther Gallagher: [00:27:46] That's a lot. I know.

Evelyn Miller Freebury: [00:27:47] Because actually in in fact, I'm mostly working with babies who are out of these this fourth trimester. This the babies that most babies who come to see me are come to see me because the mothers are well, in some cases, just very interested. But usually because someone has said, oh, you need some help. There's something not quite coming together for you and your baby. Or you notice your baby's doing always turning its head to one side or it has Head is a funny shape or a whole range of things or or people.

Evelyn Miller Freebury: [00:28:30] People are referred to me because they don't breastfeed in spite of many, many good interventions ones. But back to my own experience, it was really long ago, so I had to, when I was forewarned that this would be a question, it was quite a wonderful meditation almost for me because the strongest and deepest memory I have is giving birth to my first child. And of course I was just like so many women, I did think I was going to die. I remember that actually. I remember being quite convinced I was about to die and.

Evelyn Miller Freebury: [00:29:19] And actually, I also remember this what I said earlier that we I think we do give birth the way we are. I did not accept hard, hardly any help at all and very little support. And that was my MO, my style, very, very independent that my baby's dad was there with me keeping quiet. And then I gave birth. And the one thing that. Is still with me is looking down at this child on my chest and directly feeling that he had arrived from from heaven.

Evelyn Miller Freebury: [00:30:03] That he. This is the wonder of this. And I can't say I go through my daily life remembering this, but if it's there, it's not. You don't have to scratch too far. And this memory is actually. Been a great support and help because this child, who is a wonderful, amazing young man, um, did did have a does have a hemiplegia he which was a big, big force for me in what I chose to do in my life's work that that he had difficulties that I began to actively seek how to understand what my role was to to help him.

Evelyn Miller Freebury: [00:30:59] And and he has begun, really. Actually, he became my teacher by the time he was about seven, trying to show me what needed to be done. But anyway, so that was my I'd say those are the two things about my early experience that really stand out for me is that my determination to do it myself my own way without any help. Um, very stubborn, but just the reality of what I was really colored, how I, how I proceeded. And when I remember that it's very helpful for approaching and helping other women and in appreciating that.

Evelyn Miller Freebury: [00:31:57] I know I didn't have any. I knew I was supposed to get help, but I didn't. So it's not something that at that time in my life I had very much control over. So, um, what is needed there is, is a, is a lot of compassion for just what each, what each of us, the way we are, each of us is so.

Esther Gallagher: [00:32:23] Great detail and I really resonate with it both both aspects, both the kind of I mean, the way I spoke about my postpartum to myself was, for instance, in part because I wasn't breastfed and the story of not being breastfed and my brothers not being breastfed was such that I had a very strong reaction to from an early age, you know, I was going to I could do this and I was going to do it come hell or high water.

Esther Gallagher: [00:32:58] And also that feeling of that, that deeply spiritual, for lack of another word, recognition of this this newborn as. From another place, you know, a very, very. Special. Enigmatic place was also an experience that really. Was. Something unexpected to connect with. You know, it was wonderful. It was a wonderful, wonderful thing both times. Both kids and grandson and, you know, babies in general. I mean, that is sort of the wonder of babies.

Esther Gallagher: [00:33:45] And I happen to have Robin Lim, who people might know about because of her work as a midwife in Bali. She she said, you know, people line up throughout the village to greet the newborn and to say goodbye to the old people, because the idea, the Buddhist orientation there is that, you know, you're in the presence of somebody who's recently come from the other side or who is about to pass

back into the other side, and that that is a very special place to be and in the presence of. And so so I appreciate that.

Evelyn Miller Freebury: [00:34:33] Well, I'm suddenly realizing I still haven't responded to Sarah's question to be practical here. And I and it's just really come to me. Sarah What? Um, what I would suggest. Perfect. Which is rhythm. The rhythm for, you know, because it's fine to say yes, Mother, you need to take care of yourself. And we don't really it's. It's sort of an unknown for most of us how to really do that best. But what is, what is a healthy support for all of us, the family and the baby is developing and nurturing a respect for life rhythm because it's not in our culture that sleep.

Evelyn Miller Freebury: [00:35:29] Movement nourishment begin to start having a rhythm to them, and that's really respecting the need for. Sleep. And this is in the situation of not getting much sleep so that the telephone, the devices. The television, all of that. It really has to have a different relationship to a new family if there's going to be a. Help with finding a natural the natural resource of of rest and recuperation, rest and recuperation for a newborn are not found through stimulation. And it's rather hard for, I think, for us as modern people, especially now that we hear every day, oh, a newborn child, A first year of life needs lots and lots of stimulation. And in fact. What they need is a lot of rest.

Evelyn Miller Freebury: [00:36:43] This also is more and more understood that we're all sleep deprived. So I would really think about stimulation as. A food that you have good quality in measured amounts and that what your baby needs is not stimulation, but engagement and then rest. And then one of the first things you're learning as a parent is recognizing the rhythm of that for your baby, recognizing just as you also need engagement and then disengagement in your / our lives.

Evelyn Miller Freebury: [00:37:25] So the baby needs some very, very strong need for a baby to engage and then recuperate and integrate. So I'd say. That's and again, that maybe is not totally practical, but it's a really a an advice I would give and that very early on parents are given. Oh, very interesting toys to present to their babies and

noisemakers and things to develop their vision and recorded sounds to stimulate their brain. That are really not in step necessarily or in integrated with how the baby's.

Evelyn Miller Freebury: [00:38:23] Nervous system is unfolding. And of course, it's going to be very individual with each baby. How much? How much interaction is really what they seek? How much needs to be brought to them? How much they need to be helped to be quietly exploring on their own. How much they'll do that spontaneously. It's quite common now for young mothers to really be interfering with their baby's natural exploration because they feel obliged to provide more complex or varied stimulation. So for a new mother or a new parent to.

Evelyn Miller Freebury: [00:39:13] Really observe become observers of how their babies opening up to the world and to follow that rather than lead with more and more interesting stimulation. Especially, I feel very strongly about the voice. The first kind of touch is not the first kind, but very, very important kind of touch is the vibration of our voice and how that connects us emotionally, connects our own self regulation, our own emotion into a shared experience with our baby that no wonderful recorded music can ever come close to. Anyway, so that's that's a few thoughts.

Sarah Trott: [00:40:11] Since we're nearing the end of our session, would you be willing to spend a little bit of our last few minutes here taking our listeners through a guided exercise?

Evelyn Miller Freebury: [00:40:20] Yes. So and Sarah and Esther, you can do this with me. That would be very helpful. I have my hand on my leg, on my thigh, and it can be wherever is comfortable. And the very first thing to do is to notice if I am comfortable, if I if my back is supported or if I'm sitting well on my seat, if my back is not supported. So I feel the ground supporting me. So I have an opportunity to feel that my breath. You can come into my whole body in whatever way and to whatever extent that something.

Evelyn Miller Freebury: [00:41:08] One is familiar with that the breath actually is reaching all the way down into my hand. My fingers. And indeed my leg. But that's. Sometimes it takes a little time, but I'm going to start noticing. But my hand is resting on

cloth. Unless you happen to not have any clothes on. But my hand is resting on cloth and I feel the quality of that. The texture of my. Clothing. And if I continue to soften my hand. And let it. Think not by pressing, but just settling.

Evelyn Miller Freebury: [00:42:01] Start to feel the contour of my leg. Perhaps I feel the flesh, the skin, the fat bones. They continue to settle with my attention. It's really a letting my attention sink down into the limb, my limb. I may begin to receive an impression of the bone. Perhaps of the whole them. And if my leg is resting on a firm surface. Can give a little more energy into my hand. A little more weight. Until I can feel the firm surface. That my limb is pressing into. So and then just let that release. Back up to the surface. So I'm actually joining with my touch. I'm joining in. Not. Just doing something to my limb. I'm connecting through.

Evelyn Miller Freebury: [00:43:22] My capacity of receiving receiving information, joining. With the reality of my leg on the surface. And then I can notice that my leg. This may take you a moment. My leg feels my hand. That through my the skin. For the alive tissues. I can feel my hand and may have to just help yourself if this feels very unusual. Just. Noting the shape of your hand. The. Geometry of the hand. The five. Points of the hand. And let the sensation of the leg then.

Evelyn Miller Freebury: [00:44:24] As if the leg is starting to press into your hand. Come up into your hand. And then you can send your attention back down through your hand, down into your leg. Let it come back up to the surface where you feel the surface of your hand. Surface of your leg. As two separate. Containers. And you can take your hand away from your leg or not. So. This is a very simple way of. That something that we do very naturally when we hold a baby and we gather the baby up in love towards in our chest. And that if we can remember when we're distressed or not having that sense of well-being, that enables that to happen spontaneously and we can practice this and then we I something I work with when babies are having difficulty separating from their mothers bodies, for instance.

Evelyn Miller Freebury: [00:45:48] But first we establish always establish the relationship with the mother's body. That's the first bonding and then the baby's

relationship with gravity. And themselves. So this little exercise we just did is. Both for touching a baby and for helping myself, a mother, to feel really safe and confident with their baby or their or their dad. It's also or the grandmother. Anyway, it's so. That's very, very first line. Suggestion, Sarah.

Esther Gallagher: [00:46:40] I liked. I liked that. I immediately thought about how much of the. The baby's experience. We can. Um, maybe not the babies experience, but. But what's happening with a baby? Their digestion and their muscles and their, you know. Everything that's so small, it's right up against us and we can kind of take that in in a way, if we're quiet enough and present enough to really intuit rather than.

Esther Gallagher: [00:47:22] I think I think the tendency with a baby who's in distress, for instance, is to attribute it to something like gas, which it could. It could be that babies are gassy and they are having distress. But but I think being able to slow that reactivity down and think, okay, baby has gas and I have to do something rather than, oh, I can be with this baby and present for this process that they are experiencing. You know that, too. That will pass that, you know, this is a transitional state, as are most states.

Evelyn Miller Freebury: [00:48:08] Most states, though, actually. There's wonderful things through touch to do for gas.

Esther Gallagher: [00:48:13] Too, right? Yeah. Which would be I mean, wonderful. Yeah.

Evelyn Miller Freebury: [00:48:18] I'm a strong proponent of early intervention and early intervention, not being getting tests and diagnoses. But if you see something that you're not don't feel is right for your baby, getting help yourself to address it in a way that feels right to you.

Esther Gallagher: [00:48:40] It's all right to follow your intuitions on these things. Yeah.

Sarah Trott: [00:48:48] Evelyn, we've learned so much from you today in this conversation. Thank you so much for being a guest on our program.

Evelyn Miller Freebury: [00:48:53] Well, thank you so much for asking me. This has been a very quite a moving conversation.

Esther Gallagher: [00:49:00] Yeah, I'm so pleased that you were able to join us. Like I say, I've known about you a long time and I've always had such a friendly feeling towards you. So getting to have this special time with you today.

Evelyn Miller Freebury: [00:49:17] I Am myself. Giving individual sessions for parents and babies and giving classes for parents of young babies. And the class is called Touch and Movement Your Baby's First Language. And these classes are very much based on a method that comes from the Feldenkrais method. It's called child Space, and I have several colleagues in the Bay Area. We've just have a new website, Child Space Bay Area, about our work, and I'm also very much influenced by Body-mind centering and I work very much in that modality, also the work of Bonnie Bainbridge Cohen.

Evelyn Miller Freebury: [00:50:10] As well as osteopathic work that I've learned from individual osteopaths. People can look online at both of both of the websites for those two things. Body-mind Centering has worldwide practitioners and child space has worldwide practitioners. My email address is E Miller Freebury. It's all one word. Freebury is spelt f r e. E. B u r y at gmail.com. My website is w. Evelyn Miller Freebury and the My colleagues and I have a new website called Child Apostrophe Space Child Space Bay Area.

Sarah Trott: [00:51:01] Okay. Well, wonderful. We're going to sign off. Thanks again for a wonderful conversation, Evelyn.

Evelyn Miller Freebury: [00:51:05] Thank you so much, Sarah.

Sarah Trott: [00:51:08] You can subscribe to this podcast in order to hear more from us. 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

Soundcloud.com. Sean Trott 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.

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.