

Fourth Trimester Podcast

Episode 55: One In Three Women Experience Urinary Incontinence After Having A Baby - Here's How It Doesn't Have To Be You

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: [00:01:32] And now I'm going to introduce our two guests who are here with us on the program. We have Brent Reider and Mary Ellen Reider who are a father-daughter duo and who are here to talk about their story and their journey helping all kinds of women throughout post pregnancy and beyond. They have a company called Yarlap. And Brent Reider is the creator and president of yarlap. He designs FDA cleared class II medical equipment. He has seven devices personally including the Yarlap and Brent is also internationally recognized as a leader in electro-stimulation therapy design. His devices are also used by the national healthcare systems of France, Germany, Scandinavia and Great Britain. His patents are for patient safety and maximum exercise efficiency. He's also an author and referee for medical and scientific peer-reviewed journals. And now also Mary Ellen Reider is with us and she's the co-director of yarlap. Mary Ellen spends a lot of time researching and finding out what's new in the pelvic floor works in the social-media realm. She strives to empower women through their pelvic floor muscles. She enjoys getting to know her customers via social media and speaking events and inspiring people about why the Kegel exercises and Yarlap are so important. Mary Ellen and her dad have emerged as a leading voice in the pelvic floor and sex-tech wellness space due to her passion, her commitment and her dad's medical publications and creations. So we are absolutely thrilled to have you today. Thank you so much for being on our program.

Mary Ellen Reider: [00:03:07] Thank you so much for having us. Really excited.

Brent Reider: [00:03:10] Thank you very much.

Sarah Trott: [00:03:12] Yeah absolutely. You know we would love to know just the very high level interest like how you how you even got involved in this world.

Brent Reider: [00:03:22] Well thank you for asking actually. I have designed a number of medical devices and some of them are for controlling incontinence both in males and females. And we knew that there was-- one of the difficulties with this is that you want treatment in the privacy of your own home. So I pursued taking all of the technology that we've used in our years of providing equipment in Europe and my prescription equipment here in the United States to produce Yarlapp which is kind of the culmination of all maybe 20 years of technology to bring a very simple device that's very very effective so that it can be used in the home.

esther gallagher: [00:04:08] That's great because after all how many physical therapy appointments can you afford in America, let alone you know the effectiveness of actually following through and doing your exercises.

Brent Reider: [00:04:22] Well isn't that true. That's right. Because you're right on with that. Because one of the greatest difficulties in treating urinary incontinence is even if you get professional help, it's very difficult to go home and remember how to do the exercises and so you could look at the Yarlapp as being probably the physical therapists' best friend because one of the great biggest reasons that women don't return for the second visit is they say Kegels are too hard, takes too much time and they didn't teach me correct. So we allow the person to use the device while they're doing something else and you don't have to think about it. And it gives you the exact exercise precise for the precise amount of time.

esther gallagher: [00:05:12] Do you want to launch into how it does that? I mean it sounds kind of miraculous, I got to say. I can imagine that not only does our sort of focus audience of postpartum women you know have a deep interest in this but I will say as a doula working in San Francisco and as a woman of a certain age that a lot of my clients are transitioning from pregnancy into peri-menopause into menopause rather quickly. Unlike you know when our mom had us, your mom and me Brent, so that that potential gap between these various developmental phases is pretty short.

Brent Reider: [00:06:12] Well I think that your observations are matching certainly the data too. That's absolutely correct.

esther gallagher: [00:06:19] Yeah. So I just want to include that for our audience to be thinking about how you know if you just happen to have kids a long time ago and you're now peri- or menopausal this might be a device for you just because of that as well. So yeah.

Brent Reider: [00:06:38] Oh certainly it would be an excellent device because one of the best things to do is to after you've had a child you want to recover at a pace that's your own and you want to certainly regain control of your pelvic floor muscles which includes treating any incontinence that might happen because it's not an inevitable outcome of aging or of childbirth. You can really take control of your own well-being and the Yarlapp allows you to do it. and you had asked well how it works and basically it's quite simple. It's kind of like in nature because in nature when we exercise we send an electrical impulse from our mind to the muscles and the muscles then contract and release based on how we tell them with an electrical signal.

esther gallagher: [00:07:31] I'm doing that right now!

Brent Reider: [00:07:31] Well the Yarlapp just sends a mild electrical impulse through the skin and telling the muscles when to contract and relax and that's the important aspect of auto-Kegel in the Yarlapp device and auto-Kegel is are the Yarlapp trademark and it allows women just to use the device and turn it on and they can do multitasking. And it tells the muscles what to do for the exact amount of time and for the intensity that the user selects yourself.

esther gallagher: [00:08:09] Does your device come with any kind of instruction booklet that would address what's appropriate, or do we rely on women who've worked with a physical therapist to somehow garner a good idea of like whether or not they can turn it up to 11.

Brent Reider: [00:08:30] Well actually yes it does come with a rather extensive instruction manual. And I think that that's part of our efficacy is that it's such a good instruction manual. But of course it also-- we stress that to defer to instruction from

women like yourself who have all this experience and it really is a marvelous tool for the physical therapist the doula or the individual or self.

esther gallagher: [00:09:00] That's great. Well it does sound like a device that's empowering. Right. That gives the actual person a lot of control. Which I always love to see in the world.

Mary Ellen Reider: [00:09:14] Yeah that's that's like our main mission is obviously to treat urinary incontinence like that but it's also to give confidence and empowerment back to the woman because we come across so many customers who come back to us now like you know, "It's really embarrassing. I can't laugh with my friends any more". And you know like how heartbreaking that is that you're with your friends or you're out, I don't know if you're jumping on a trampoline or not, but we've had some women who are like, "I just want to jump on a trampoline again" or like, "I want to go out to a fitness class and not worry about peeing myself when I do a jumping Jack.

esther gallagher: [00:09:52] Or hot dog or a big pad which exactly makes it uncomfortable to go to a fitness class.

Mary Ellen Reider: [00:09:58] Yeah exactly. And it's all about giving that back to back to them and making sure that they're empowered, they're confident, they feel good. That's what's so important is that you get that confidence back and you don't feel like everybody is looking at you or that somebody is going to find out: that's really important.

esther gallagher: [00:10:19] Well my little grandson-- he's not that little anymore, but but I would always get going on the trampoline with him and say, "Oops, Joren, you know what I have to go do now, right?" He always knew 'cause I'd have to go pee. But yeah, it's nice not to have to interrupt every function.

Mary Ellen Reider: [00:10:42] Right. Yeah that's that's our thing that's our that's our mission.

Sarah Trott: [00:10:48] So I'm curious to know if you have any stats or whatever, since this is our urinary incontinence episode basically. How common is that for women? Like maybe in general. But then also as it relates to having a baby.

Mary Ellen Reider: [00:11:02] Absolutely. So when I actually first got involved with the Yarlap I was under the idea that literally only my grandmother and people who were grandparents only got this. And then I really dove into reading about it and turns out one in every three women in the United States has this issue.

Sarah Trott: [00:11:24] Wow.

Mary Ellen Reider: [00:11:24] Thirty three percent of the United States like women in the United States have this right.

esther gallagher: [00:11:30] And I'd bet your dad can compare that unfavorably for the U.S. to, say, France where women automatically get physical therapy as part of their Obstetrics-Gynecology. It's you know if you have a baby you get physical therapy afterwards whether you need it or not, so to speak so you can imagine in France that those numbers are different.

Brent Reider: [00:11:55] That's brilliant. That's absolutely true. That's absolutely correct. And in fact, the Yarlap sister-device is prescribed in France for postpartum care for every woman in France.

esther gallagher: [00:12:09] See! As Sarah knows it's one of my topics on almost every episode. Sarah is shaking her head. Well every episode I'm comparing American gynecological care and health care in general to other countries particularly France.

Brent Reider: [00:12:31] I think the French know a little bit about love and things like that and certainly they are very aggressive. I mean literally within timing of the birth a representative will come and talk to them about pelvic floor exercises and muscle stimulation. The Yarloop is used extensively. It's mostly used in Germany, in Scandinavia, in Britain as well. Because they know, actually, a little bit of money spent

now saves the patient and the National Healthcare System huge amounts of money later on. Yeah I mean, an incontinent woman will spend nearly a thousand twenty six dollars a year on pads and lost laundry.

esther gallagher: [00:13:25] And let's not put too fine a point on this. All those pads and you know adult diapers are polluting the environment. So it's all of a piece. You know if we take good care of our individual health we're then also taking care of the environment that our kids are supposed to inherit from us.

Mary Ellen Reider: [00:13:46] So that's wonderful. This is like every meeting that I've ever had. Like just with more people.

esther gallagher: [00:13:53] Is your dad married? I often ask this question as well.

Brent Reider: [00:14:00] She's trying to just say you got me all excited you're hitting on all the-- you're exactly correct! Your experience is marvelous.

esther gallagher: [00:14:09] Well I don't have much direct experience but I certainly have a wide breadth of knowledge in this particular arena. So yes.

Mary Ellen Reider: [00:14:17] There was a study that was done a while ago that showed that women who have urinary incontinence are like are two times as likely to get postpartum depression because they're not sure what's going on and it just kind of it's a psychological thing.

esther gallagher: [00:14:40] And no one is telling us yet.

Mary Ellen Reider: [00:14:42] There's just so much that can be prevented when it kind of comes to this.

Sarah Trott: [00:14:47] You're saying that there is one in three women in America who are experiencing Peeing themselves for lack of a better way of putting, it after they have a baby. It's amazing to me that it isn't--- I mean that's really commonplace by the

numbers and yet it isn't really talked about. And so you know that kind of goes hand in hand, I think, with like the shame or depression that someone may feel around it. Like if no one is talking about it, and yet it's incredibly common, they feel like, "oh something is wrong with me". And the answer is Nothing is wrong with you. This is so common Yeah.

esther gallagher: [00:15:18] And that night is nothing wrong with you. But you actually have a wonderful agency in your own self-cure and support in it. You know there is there are ways to get support in all of this. Yeah. No reason to be embarrassed. It's how the body works.

Sarah Trott: [00:15:36] And it's not something that you have to just accept. Like that's I think part of where the depression can come from. Right. "Oh well, I guess now I'm just a little bit broken". Absolutely not! right.

Mary Ellen Reider: [00:15:47] Yeah it's true. That is so perfect.

Brent Reider: [00:15:50] Oh it is. And that's so right. I mean there's so much stigma associated with it that it's very difficult often for anyone to bring it up. What they do in the United Kingdom is kind of interesting. They bring women into a group and then they plant a continence nurse dressed as in her street clothes who will be talking about postpartum issues. The nurse, who is actually part of the healthcare system, will raise her hand and say, "well after my birth I had some incontinence and I just don't know what to do". And that opens up the discussion in the group.

esther gallagher: [00:16:28] Brilliant. I love that. No laws against subterfuge when it comes to incontinence!

Brent Reider: [00:16:40] It's that point that you're bringing up in that they are empowered by nature to take care of themselves. And you don't have to have anything fancy, you don't have to have anything terribly expensive, comparatively. And you can treat yourself and there are many positive outcomes to treating your pelvic floor muscle issues and getting better control. Many positive outcomes.

esther gallagher: [00:17:04] Let's bring this back around to the electrical stimulation and How that works and let's-- because I'm sure that we probably have listeners who think, "I'm going to stick something electrical into my Yoni? oh my god!" Let me give you my understanding and then you correct me where I'm wrong. I want to relate this-- you were talking about how the brain will naturally send out stimulation to muscles. It's an electrochemical feedback system.

Brent Reider: [00:17:39] Yes that's correct.

esther gallagher: [00:17:40] Many mothers don't realize when they're little babies, both in utero and in the first three months of rapid growth when they're little babies are having hiccups, it's exactly like that. The body is growing quickly, it's setting down muscle tissue, but that muscle tissue is brand new and the brain has to bring that muscle tissue on-line. And so it sends these little electrochemical stimulation to that new diaphragm muscle tissue and causes it to spasm, by way of getting it exercising and toned. And what that creates in a baby is hiccups.

Brent Reider: [00:18:25] I've never heard it expressed better.

[00:18:27] Yeah! and it's a perfectly normal natural way to get a strong diaphragm if you're new baby growing fast. So-- and we don't we don't have any fear of hiccups. You know I mean I think some mothers think there might be something wrong with their baby, but it's easy to allay that fear like, "No. This is exactly what they've been doing in utero. You were aware of it, you could feel it. It's the same behavior. It's not going to hurt them, everything's fine." So maybe you can talk about that in terms of our female pelvic floor structure and how it helps heal and recover and tone those muscles and how you've created this device so that it really is very very safe in that way.

Brent Reider: [00:19:17] Ok. We'll just to revisit what I said earlier, when we send-- when our mind sends an instructions to the muscles to exercise, it's really a very mild electrical impulse that goes right to the muscle, tells how long to contract and then how long to relax. So what happens over time is the pelvic floor muscles can atrophy which means relax from disuse or they can be injured from like childbirth and just need a little

bit of reeducation and Yarlap is specifically cleared by the FDA for muscle reeducation because it puts that signal, for you, into the muscle. One of the issues about many-- if you're trying to do kegel exercises which is named after Arnold Kegel which a lot of people heard about in a famous book that came out in 1951 the Kegel exercises are great but you have to be able to-- your muscles have to be able to respond. They have to actually receive that signal. Now over time if you've had some disuse, muscle tissue atrophy, you won't be able to communicate effectively with those muscles. So you can't actually start doing the kegel exercises or the pelvic floor muscle exercises effectively. And also they're a little hard-- don't you find that true, when you're trying to explain to your patients that it's a little hard for them to get what exactly that in and up feeling is? Is that true?

esther gallagher: [00:20:56] It was hard for me to figure it out. It took years of yoga to get good at it. But yes, I think that without somebody able to actually do an internal exam and you know that's where a good physical therapist would come in, but without being able to actually have somebody help you experience where, when and how much, it can be very challenging to get a good idea of whether you're doing a thorough pelvic floor contraction and release. So yeah it is, it is very challenging. So it's nice when there's something that can come in and help. And we know that this is how all muscle re-education has to happen. It's often the case that it has to come from the outside-in at first, until that muscle and that brain manage to remember that they're related to each other.

Brent Reider: [00:22:01] Brilliant. Yeah no exercise is, as you know, every exercise is only as effective as it's protocol or how it's done. And if you're doing it wrong then you're going to get very little benefit from it. But with the Yarlap, the interesting thing is it tells you how to do the exercise and you don't even have to concentrate. My brother who is a neuro-epidemiologist calls it passive learning. You basically, you're doing something else.

esther gallagher: [00:22:33] Yes. And some of us have to learn that way too.

Mary Ellen Reider: [00:22:36] I'm guilty of that one. I know a lot of people who tried kegels and stuff like that. I was one of those people who, I would have sworn up and down that I was doing them correctly until I used the Yarlap. Well it turns out I have been doing it incorrectly my entire life. Good to know that I caught that early on.

Sarah Trott: [00:22:57] Yes. Squeezing anything you can find. You kind of hope you're getting it right.

Mary Ellen Reider: [00:23:04] My issue was that I was always one of those people that I learned that you-- it's like that feeling like when you pee and then you hold your pee, which is the most common way it's described. But I was doing it wrong and using the wrong muscles because if you're using your rear end you're not doing it right.

esther gallagher: [00:23:24] Right. Yeah but you'll have a nice toned anus!

Mary Ellen Reider: [00:23:30] That is true!

Sarah Trott: [00:23:31] Nothing wrong with that.

esther gallagher: [00:23:32] Nothing wrong with that.

Sarah Trott: [00:23:35] Just some practical questions. So if you think about kind of the timeline of before you're pregnant and then pregnancy and then after you've had your baby, I have questions about each one of those time periods. So, for example, if someone wants to use it prior to becoming pregnant is it possible that they could overuse it and become too tight. Because we've had a number of physical therapists and sort of fitness professionals come onto our program and talk about how you know, sometimes injury can be caused by being too tight in general not just because of kegels but just over exercise in general. Yeah. And that causing some issues. So that's the question for before. I have a question while you're pregnant, which is, is it recommended during pregnancy. And what's the safety around that? And then of course after you have the baby, I'm just wondering if you have some thoughts on how soon after birth it can or should be used because, women do have all kinds of different flavors

of injury, post-birth injury or you know, and they're recovering right? So like often we've talked about limiting even going on walks around the blocks until, for example, women stop bleeding and so there's a number of considerations of physical exercise and given this is potentially categorized as an exercise tool. I'd love your thoughts on that.

Mary Ellen Reider: [00:25:01] Yeah. Those are phenomenal questions so talking about before hand. It's really important to train your pelvic floor to not only be able to do a pelvic floor exercise but also being able to relax. T really important especially during delivery, is to be able to relax the pelvic floor muscle to kind of help ease the process. And that's another thing that the Yarlapp is really good at, is it actually has six programs. Three are exercise and three are for relaxation and how to teach your muscles to relax.

esther gallagher: [00:25:32] Oh my gosh. Sarah's eyes and my eyes just flew wide open. Fascinating!

Mary Ellen Reider: [00:25:38] Yeah. So before pregnancy. Absolutely. This is great to really train the pelvic floor muscles not only to exercise but also relax. And when it comes to working your muscles to a point of fatigue you know you can do that, not with yarlapp, but that is very possible. We have had women who have said like you know, "I've done it to the point where you know I feel like it's making me weaker". But the think the great thing about the Yarlapp is that it actually has a time setting. So you use it once a day for 20 minutes and it's literally timed out for you. It's not like oh you can read a book or sit in front of the TV or watch Netflix and forget you know 40 minutes later that you're still doing it. Actually just-- it's got to self timer on it. So it has all the built-in exercise stuff for you. And ready to go so you can't really work your muscles to fatigue with the Yarlapp.

Brent Reider: [00:26:41] Yeah. You know, if you're going to do some exercise before you're going to get pregnant which is great for planning, you want to learn how to relax as well as to use those muscles to push. So the Yarlapp is excellent because it's good both relaxation and workout modes.

esther gallagher: [00:27:02] Well I think that's probably also a really important component for you know, sort of gaining that sort of self efficacy and self agency in terms of experiencing orgasm. You know I think there's such a thing as being too tight and too loose when it comes to sex and enjoying sex. And so even if you were ever going to think about getting pregnant per se, I think the applications, just in terms of you know just getting in touch with one's sexuality and all of that might be a pretty great application.

Brent Reider: [00:27:46] I'm sure that all of this knowledge that you've got has come from also your experience with yoga because that's what's going on there. Very wise.

Mary Ellen Reider: [00:27:56] So during the pregnancy, we don't like to interfere with that. You can also use the yarlap during pregnancy but you have to ask your ob-gyn, your doctor, whoever is taking care of you throughout the whole process because that's between you and the health care professional whoever that might be. Because we we don't want to dabble between that.

esther gallagher: [00:28:21] I think that when we talk about women getting this form of healthcare in America that our audience might like to know that when they go into their OB/Gyn say, "OK I'm pregnant. I'm concerned about pelvic floor dysfunction when it comes to being pregnant and then giving birth. I'd like to investigate the use of this device. And in preparation for that I would like to be referred to a physical therapist. That that might be their ticket. Because frankly OB/Gyns are amazing. And the focus that they take is about real physiological dysfunction of pregnancy. So if your blood pressure gets out of whack, your kidneys are a problem. You know those sorts of focuses. Pelvic Floor stuff isn't their wheelhouse. They understand its importance but it's not the place where they've learned a lot about how to how to examine and diagnose. So it might be the best path to know, if you're their patient, to ask for a physical therapy exam by way of getting the stepping stone in the direction of yarlap. Because I think if you just go in and see your Ob/Gyn they might just-- it might just be a world that they're not connected to per se.

Mary Ellen Reider: [00:30:07] That was really well put. So postpartum right. After you do all of that, we strongly suggest that you wait for the 6 week OK- go, you can exercise-- that checkup. Afterwards. it's really important to take the preventative measure of making sure that your pelvic floor is toned and it's reeducated and that it's strong because that can prevent a lot of things like incontinence, like prolapse, down the road. And that's the great thing about yarlap. Not only is it a solution for somebody who's listening to this and goes, "OK well I've been peeing myself. I am a mother. And this issue-- I've had a kid 10 years ago and I have this issue. Can I still use it?". The answer is absolutely yes. We always get questions. And I love our customers because they are very into bettering themselves so they are like, "OK here's my information I had a kid, you know 10 years ago, it weighed this much. I had this happen..." and sometimes it's like a disaster story. And the question that we always get is, "Am I too old for this? And the answer is no. You're never too old. It's always better to start earlier and to have it be a preventative measure than the solution to your problem that's been messing with your life. And I really mean that there is no age limit. We have an 81 year old who uses the Yarlap and loves it and she actually calls us and tells us that it's like the best sex she's in her life. It is phenomenal. She's a gem. So we strongly suggest waiting for like the 6 week postpartum checkup. The issue with that sometimes is that they, like you said, they don't really look for a lot of the therapy, the what's going on, the wear and tear of everything right. So that's where the Yarlap comes in and helps retrain and re-educate. And that's a huge thing is that it helps re-educate your muscles back into strength. So even if you don't know how to do it or you've lost that or you strained it or you weakened it we still have you and we can still train you back to strength. So that's our equivalent to the perineal reeducation that we talked about in France.

esther gallagher: [00:32:39] And specifically what they're checking for at your six week Check is that your cervix is closed and that you no longer have a pathway to infection through your cervix so it's very important to know for sure at you're six-weeks check when you're then going to be putting things in and out of your vagina that that pathway to infection is in fact fully closed and you're no longer bleeding. I mean I just was with I did a seven week postpartum consult with a woman who's still bleeding. And so she needs to really do a deep dive into what the cause of that is and rectify that before she

uses the Yarlap, as an example. Having said that, you know, in other words just because you get to your six week check doesn't mean...

Mary Ellen Reider: [00:33:41] Once you get the OK go right the minute I get the OK Go from your doctor, we strongly recommend you..

esther gallagher: [00:33:49] If you can have sex you can use the yarlap, in other words.

Mary Ellen Reider: [00:33:54] Right. Yeah. And another great thing about the yarlap is that we are able to improve sexual experience and Performance through muscle control. So yeah you're totally right. Once you're good to have sex you're good to use the Yarlap.

esther gallagher: [00:34:14] Now tell us how it works how you use it.

Mary Ellen Reider: [00:34:19] So we do have a video online of how to use it. The yarlap tutorial but it's really simple. And so you can go to autokegel.info and the video comes up, but it will definitely give you the link so you can find it on the blog. But the PC simulator is about the size of your thumb. It's a little bit wider and it has the electrodes on the side and then it's connected by a lead wire into something that I don't know if you guys watch Disney movies like I do I'm obsessed with the same reason. It looks like Eva from Wally.

esther gallagher: [00:35:05] Oh I love Wally.

Mary Ellen Reider: [00:35:11] I love that movie and when I saw it my first my first things was, "oh my gosh it's Eva!" So that's what the control unit looks like. So you put the pelvic stimulator into your vagina and the electrodes face your hips and then you turn it on and you pick the program that's right for you. So we have the exercises which are 1, 3 and 5 the relaxations 2, 4 and 6 and all that is also in the instruction manual. And no matter what program you pick, the great thing is that some people- no matter what, you will have a positive outcome, even if you're wrong. You'll still have a positive outcome.

So you pick the program that's right for you. And then you pick the M-A, the milli-amps or the contraction level. And that's the brilliant part about Yarlapp, is that it's so user specific. So it doesn't matter. Like some people are between 20 and 40. I'm like a I'm 23 but I know a lot of other people who are like 35 and 46. It doesn't matter what you are. As long as you find a smooth comfortable contraction and I always say it's kind of like having a firm handshake in your vagina. like it doesn't hurt. The first time I felt it I was like oh this is different. This is not what I have been thinking a Kegel was going to feel like. It was a little different. But you get used to it very quickly and it doesn't hurt. It's just- it's just a workout. And the great thing though that I really like about it and I hope they come up with something like ABS one day, that I just put it on and it does everything for me and i still get results.

esther gallagher: [00:37:14] Oooh, you're so my girl.

Mary Ellen Reider: [00:37:17] So that's--literally it's so easy that you find the contraction level. And then it starts the timer for you. And it's 20 minutes. And at the end of 20 minutes it stops and you just take it back out you wipe it down, you wipe the PC stimulator down, and you pack it up in the little case-- it comes with the cosmetic case, it's really cute. I helped design it, so I'm biased. And then you're good for the day. It's 20 minutes and that's it. And you can do it while you're cooking or while you're watching TV, while you're reading, before bed, what have you and you're good to go and you've got your exercise in.

esther gallagher: [00:38:01] That sounds great. Now I'm just curious because, you know it sounds like you can pretty much do it any time, anywhere. But is there any difference in the kind of stimulation or effects you're going to get if you're, say cooking versus lying down in bed, relaxing or sitting on a chair reading a book. Is there a differential in those choices or is it pretty smooth across all three modalities?

Brent Reider: [00:38:37] Well since that's kind of a data question I'll probably answer it. So we found that women like to use particularly the massage workouts which are the uneven numbers 1, 3 and 5. They like to use that before bed and you can use those as many times as you'd like. You could use them back to back for 40 minutes and things

like that. The workout programs, once a day five days a week. Those will be two, four and six and those you can do virtually any time. I say probably the most interesting use of it is--we have a business executive who reported that she loves to use the yarlapp she's flying on business flights.

esther gallagher: [00:39:29] Isn't that funny. I just keep thinking about airplanes. I don't know why-- I don't get to go on airplanes that much. Well she might as well, right?

Brent Reider: [00:39:39] She just uses it, goes to the bathroom and then comes back and sits down and then has a complete workout and feels great once she gets off the plane! Yeah this is what she's saying. We have other women who are-- a large number report that they really like to do while they're cleaning the house or vacuuming. We also have-- they like to watch tv shows when they're relaxing and they do the workout when they're watching TV. That seems to be very popular.

Mary Ellen Reider: [00:40:10] Netflix for days.

Sarah Trott: [00:40:14] Isn't that a dream come true.

esther gallagher: [00:40:18] You could watch Call The Midwife once a week and make sure they do your yarlapp.

Brent Reider: [00:40:24] Brilliant. Really.

[00:40:26] Oh that would be the best time to use it.

[00:40:28] Which interestingly is enough and that brings up another point that probably-- we're asked this quite a bit and that is, "Once I achieve continence, in other words, once I have control do I have to use it as much as you know while I'm trying to gain it?" And of course that depends on what your personal objectives are and what you have as guidance from a healthcare professional. But you don't have to use it as much when you've regained continence and we have some people that use it once or twice a week after they've you know they call up and they say how excited they are with how it's

treated their incontinence and they're not wetting themselves and they've stopped the leaks and how marvelous life is. But do they have to use it as much-- the answer is no you don't. Once you achieve it you can relax and, unless you have, of course, other personal goals that you're going for which would have to do with like sexual performance and sexual expression. And the difference between those two is sexual performance is goal oriented, like an orgasm whereas is sexual expression has to do with perhaps flexibility that you might get from having improved pelvic floor muscles.

esther gallagher: [00:41:42] Nice! Good to know!

Brent Reider: [00:41:46] That seems to be--when they report how pleased they are with stopping their leaks we also get kind of enthusiastic comments about how great life is again in their personal life.

esther gallagher: [00:42:04] I'm curious if you get questions and feedback from people-- from women who are longtime bicycle riders.

Sarah Trott: [00:42:15] I know why you asked that question, Miss Bicycle-rider!

Mary Ellen Reider: [00:42:21] I don't know if we've ever had a bicycle rider. I know that we've had a lot of runners. We've also had volleyball players you know, we've had two or three softball players. But I don't know if we'd ever had a cyclist. Yeah we have a lot of athletic people who come in and a lot of the women are-- their final straw is like that they can't do their sport. It's like you're taking something away from them and that's the final straw. They come like, "OK how do we fix it?" Yeah and a lot of them are like--the biggest one is like I'm afraid to do jumping jacks and group exercise. they have to ask the person who's in charge what day we're going to be doing squats and jumping jacks because they have to go easy that day from that and then obviously the runners and stuff like that but I don't know Ever Had A CYCLIST.

Brent Reider: [00:43:37] We've had weightlifters.

esther gallagher: [00:43:38] You're going to. Weightlifting-- I can see that.

Brent Reider: [00:43:46] You know it, don't you. There's a lot of strain there. I'm not joking actually I'm not. We've had a couple of weightlifters, real intense training really intense training like taking tractor tires across a field and things like-- this is really amazing.

Brent Reider: [00:44:08] These are like five feet tall women I mean they're amazing athletes and of course that gets into--.

esther gallagher: [00:44:17] But they're going into it from a culture that denies that they have a pelvic floor, denies that there would be any interest in having a pelvic floor and ignores the fundamental nature of those muscles and how they relate. So you know I can imagine there would be a lot of scary things that could happen if you're--you know you're otherwise very strong and have a pelvic floor that's not functioning properly.

Mary Ellen Reider: [00:44:49] There was actually an article from one of those places that does intense training about incontinence and I was so excited when I clicked on it because they--I know that their athletes really suffer from it. Their female athletes really suffer from it and the first thing that they said was that it's supernatural, don't worry about it. Keep training. And my jaw dropped because like that is the worst advice I have ever read.

esther gallagher: [00:45:19] You're putting all that pressure on muscles that don't have the appropriate tone.

Mary Ellen Reider: [00:45:25] That repetitive motion and impact Yeah. It's just-- you can treat it. So why are you denying them those resources.

esther gallagher: [00:45:36] Not only that, but those are all those muscles of the lower core and the pelvic floor-- they are supporting all of your pelvic organs. So if you're putting pressure on those organs, which can't support themselves, they need those muscles to be toned and in the proper place. Oh my gosh, that's not just bad for your bladder that's bad for your kidneys, your liver, your adrenal glands, your everything.

Brent Reider: [00:46:11] Oh yes. Your pelvic floor muscles are integral to how the weight is transmitted down through your body through your spine to your heels and if your pelvic floor muscles become weak the back muscles try to compensate and they eventually have back pain. And then your thigh muscles. In fact it's kind of like a collapsing Gothic arch. and they end up with knee pain.

esther gallagher: [00:46:41] That's a beautiful image, a collapsing Gothic arch.

Brent Reider: [00:46:46] When a Gothic arch collapses, it goes out right about where your hips would be for most fractures and the inside of arch then collapses inward at your knees so you'd have knee pain- and at the pubic bone. Yeah. It's really quite fascinating. Yes we have qualitative data on it that indicates just that and we also have a lot of women that report they have incontinence, excuse me, they have unexplained back pain and unexplained knee pain, when they're seeing their physical therapist before they become incontinent. So these are kind of-- what you just said was brilliant. You are all interrelated-- everything functions together. Exactly right.

esther gallagher: [00:47:36] I know a thing or two!

Mary Ellen Reider: [00:47:38] This is phenomenal-- this is our tribe.

Brent Reider: [00:47:41] Oh and I was going to say we get a lot of horseback riding.

Mary Ellen Reider: [00:47:43] Yes a lot of horseback riding. Yes a lot of horses.

esther gallagher: [00:47:48] Yeah I guess that's probably the closest thing to bicycle riding.

Brent Reider: [00:47:53] Well it's the repetitive motion-- that's the running long distance runner, that impact, in fact collegiate female athletes have very high incontinence rate. That's right.

esther gallagher: [00:48:05] Yeah. Wow so interesting.

Brent Reider: [00:48:12] Well there might be one thing that people might be interested in and that is the Yarlapp doesn't record your user data. Yeah I think a lot of women might be interested to know that when you have the Yarlapp nobody's going to disclose your user information to anyone.

Sarah Trott: [00:48:33] It's not show up on Facebook.

esther gallagher: [00:48:37] Thank you. Thank you Brent.

Sarah Trott: [00:48:40] Oh my goodness. That's wonderful to hear that that data remains private.

esther gallagher: [00:48:46] Will you let me just say that I wouldn't care. "I'm using my Yarlapp right now!" that's the kinda girl i am

Sarah Trott: [00:48:54] And to be clear it's not recording data in the first place. Is that right?

Brent Reider: [00:49:07] That's right. So it's--had a lot of discussions with the FDA on this because there's certainly things that I could do. We could record data, we could transmit data so you could have wireless communication. But when it really comes down to it patient confidentiality and safety are the things that are most important. Yarlapp is this closed system so nobody can invade and see what you're doing. And it also gets around a lot of issues that might be associated with transmitting that data where you have to have lots of power close to your vagina which you don't want to do.

Sarah Trott: [00:49:44] Right. Yeah. Cool. So you don't have to worry about data being shared because there's no data to share. So that's a great little tidbit. Thank you for letting us know about that. I also want to talk about a wonderful offer that you have generously decided to send to any listeners who are interested in trying a Yarlapp themselves, so I understand you're interested in giving listeners of the fourth thermistor

podcast twenty five dollars off if they go to yarlap dot com and they make a purchase using a code which is fourthtrimesterpodcast, all one word. So thank you so much for that. Is there any other special instructions that go along with that?

[00:50:22] No. Just go to your yarlap.com. When you buy at check out it has a little promo code. Just type in fourth trimester it'll take it off automatically, the twenty five dollars and shipping is free in the United States so you're good to go.

esther gallagher: [00:50:38] And I just just to circle around, now people don't have to have a prescription for this correct?

Mary Ellen Reider: [00:50:44] Yes. We're over the counter. Just go online and you can get it; we're FDA cleared for over the counter.

esther gallagher: [00:50:52] I'm your next customer.

Sarah Trott: [00:50:54] Yeah. Love it. Well thank you so much. And if you want to learn more information about the product or about Mary Ellen or her dad Brent Reider, you can go to yarlap dot com. You can also follow them on Instagram at yarlap underscore OTC or on Facebook at yarlapOTC all one word. And then you can also look at their blog posts as well which are all really wonderful. So there's a lot of content out there so you can read and learn more if you want to go ahead and do that. So thank you so much Mary Ellen and Brent.

Mary Ellen Reider: [00:51:27] Thank you so much for having us. It was really great to talk to you guys.

esther gallagher: [00:51:32] Oh it was super fun. I really enjoyed it. I always love it when we can give our listeners some real practical-- not just physiological but social-emotional support. And I feel like you and your product combined are just exactly that. So thank you very very much.

Mary Ellen Reider: [00:51:57] Well thank you. That's really nice. Thank you so much.

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.