

Fourth Trimester Podcast

54: Preparing For Life With A Newborn with Deb Flashenberg

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: [00:00:42] Hi, this is Sarah Trott. Welcome back to the Fourth Trimester podcast. I'm here with a guest, Deb Flashenberg, who I will introduce in a moment. And before I do, I'd like to remind our listeners that we have a website which is www.fourthtrimesterpodcast.com. And if you have not signed up for our newsletter, please go to our website on your phone or on the computer and sign up for our newsletter because we send detailed information in show notes and you can listen through the web.

Sarah Trott: [00:01:10] Also, I want to remind you that we have a Facebook community and Instagram community, so you can go ahead and follow and sign up with us there and please do like us on Facebook. We would appreciate that. So thank you so much. Esther Gallagher is not on our show with us today. Sadly, she is traveling and away. So we will miss her. But she'll be back with us again very soon. So let's talk about Deb for a moment and talk about why she's on our show a little bit about Deb. So she graduated from the Boston Conservatory of Music and she was introduced to yoga through a choreographer in 1997. And after that, she became a Bikram yoga instructor and then later studied the maternal fitness method.

Sarah Trott: [00:01:49] And after witnessing several typical hospital births, typical in quotation marks. Deb felt it was important to move beyond the yoga room and be present in the birthing room. So in 2003, she attended her first birth as a DONA certified Labor support doula, and since then she's attended hundreds of births. And Deb is also a Lamaze certified childbirth educator, and she completed a midwife assistant program with Ina May Gaskin, Pamela Hunt and many of the other farm midwives at the Farm Midwifery Center in Tennessee.

Deb Flashenberg: [00:02:22] Also, amazingly, Deb has her own podcast called Yoga Birth and Babies, which we'll link to on our article about this episode on our website. So you can go and click through and subscribe to her podcast as well. Today, Deb draws on her own experience as a prenatal yoga instructor. Labor support Doula, a childbirth educator and mother herself. Deb supports pregnant women with functional yoga and helping them create a functional birth and ease into parenting so that they feel

empowered and honored as they are on their sacred journey of birth and beyond. So thank you so much for being with us today Deb,

Deb Flashenberg: [00:02:57] Thank you so much for having me.

Sarah Trott: [00:02:59] I understand you had a unique experience with your first baby from your second baby and your own fourth trimester. Would you be willing to share that story with us?

Deb Flashenberg: [00:03:08] Oh, absolutely. So the births were completely different for one another. And my first birth, it was it was a bit challenging. It was about 42 hours. And that's like a whole workweek. And it was really mentally and physically draining, straining. I pushed what felt like forever surprised to actually end up with a vaginal birth. And because of such a long birth experience in such a long second stage of pushing, my body was pretty trashed after and my pelvic floor just was a mess.

Deb Flashenberg: [00:03:41] And it was really that was where a lot of my focus was in that fourth trimester is like, what happened to my body? How do I feel worse postpartum than I did prenatally? And a lot of that had to do because I was over exercising during pregnancy. And so it was a really anxiety provoking time. I really loved being a mother and I really felt very close with my husband and my baby.

Deb Flashenberg: [00:04:04] But from a physical level, I was seeing a PT. I was just trying to understand what happened to me. And so a lot of it was working with the PT and doing physical therapy at home. And so that's where a lot of my time and energy was spent. And then because it was such a hard first birth, I was a bit terrified entering my second thinking, I can't go through that again.

Deb Flashenberg: [00:04:27] So I approached it really differently. The whole way I worked out my yoga, everything was different so I wouldn't have such a challenging postpartum. So because I approached it so differently and I did body work, I worked with a chiropractor. My second labor was so different. I think from start to finish was maybe four hours. I pushed for six minutes as opposed to five hours. I know, which is

also the joy of a second baby. Most statistically, second births are quicker, but I mean, this is pretty dramatic.

Deb Flashenberg: [00:04:57] So it was easier on the healing side on that. For that fourth trimester, I wasn't so preoccupied with where's the integrity of my pelvic floor? What's going on, You know, seeing different doctors and different physical therapists. It really was. I could cherish it more. I could actually wear my baby because my first one, because my pelvic floor was so compromised, I couldn't even wear him. And so being able to strap her into a carrier and leave was just amazing. I just loved the snuggling in and kissing her little head, which I couldn't do with my first. So they were they were so different. But also being a second time mom, I think takes the some of the anxiety and makes it a little easier.

Sarah Trott: [00:05:38] And everyone's experience is different. So listeners you know. I have to put it out there. You know, just because someone had some experience, it doesn't mean it's going to be like that for you. Yes. One of the things that's so interesting about your story is, yes, they were so different. And also, it seems like you had just to highlight one of the major differences, it sounds like it was, that your expectations changed.

Deb Flashenberg: [00:05:57] The expectations did change for the whole situation from the pregnancy to the birth to the postpartum. Things were different. I mean, there were some lovely, wonderful things of that first time, that fourth trimester with my first child. But I definitely think some of things just felt a little easier. I also had different help at that point because I do work full time. I had a nanny and it did help having extra hands right away in the household, so it was a little easier, which I appreciated.

Sarah Trott: [00:06:28] And here You are, someone whose professional career is physical, the body exercise things along those lines and.

Deb Flashenberg: [00:06:39] And did it all wrong and.

Sarah Trott: [00:06:40] That, well and this is where you're kind of highlighting was was a struggle for you.

Deb Flashenberg: [00:06:48] Yeah it does kind of amaze me how wrong I did it. And as well as that, nobody stopped me and it because it was such a hard birth, I feel like I learned so much and it changed the way I teach. So because I was doing way too much exercise, I was still keeping up with a lot of my advanced yoga. I was still going to spin class like five days a week and doing weight lifting.

Deb Flashenberg: [00:07:14] I was just so tight and my pelvis was just not. My psoas was so tight. My pelvis wasn't well aligned that create problems with fetal position. And when babies are not optimally positioned, it makes labor harder. And I think it's about 70% of occiput posterior babies end up with a C-section. So because I just did way too much and I was just so hypertonic in my pelvic floor and pelvis, it made the birth so much harder. So I did things very differently. My second time, but it also changed how I how I now teach.

Deb Flashenberg: [00:07:45] My focus is now looking at the pregnant body and making sure that everything's really well aligned, that we're not overly tightening. We're creating balance in the psoas and the pelvic floor and the pelvic ligaments so that the mom can have what I call a functional birth without it being baby malpositioned. So it really it massively changed.

Sarah Trott: [00:08:06] What was that? You said something was so tight or so.

Deb Flashenberg: [00:08:08] Oh, my psoas. The psoas muscle. It's a muscle that runs from the 12th thoracic down the lumbar and kind of behind the uterus and connects into the upper head of the femur. People call it the hip flexor, and you have two of them and they basically cradle the uterus. And if they're too tight, it can create what's called intrude and constraint when the uterus isn't well balanced and kind of circular.

Deb Flashenberg: [00:08:31] And if the baby if the uterus is torqued, the baby doesn't have the optimal space to negotiate through the pelvis, kind of corkscrew out and a lot

of exercise is things that are more one sided or a lot of spin classes do that and it creates too much tightness. And I hear a lot of women then tell me what a hard birth they had. But throughout their whole pregnancy, they never really modified their activity. They didn't you know, they had to take in consideration that we the body is different and we're growing a person and that has different criteria of what we should be doing.

Sarah Trott: [00:09:08] So let's translate your personal experience and what you're doing now with women into kind of an overview of what you'd recommend for a different way.

Deb Flashenberg: [00:09:20] I would say at some point get off the spin bike. I remember my spin teacher telling me she's like some reason all my students end up with the C-section. And I'm like, Well, that won't be me. Which it totally should have been. Um, so I would say really be mindful of the exercise one's participating in, You know, is it creating a sense of balance or is it keeping up with that notion of I have to keep moving and moving and moving and moving and only look in a certain way.

Deb Flashenberg: [00:09:47] So I work now really mindfully. If there's any sort of pelvic issue, if there's sacroiliac problems, if there's lower back pain, if there's tightness. So I try to reorganize the way I teach Asana to create a sense of balance in the pelvis and pelvic floor. I think it's kind of a misconception that everyone thinks, Oh, I'm pregnant, I better kegel it up and that can actually create too much tightness. So I really changed my whole approach.

Sarah Trott: [00:10:17] That's so confusing, isn't it, to say, okay, do kegels, but not too many, right?

Deb Flashenberg: [00:10:22] It's more about I think with with Kegels is everyone just kind of squeezes whatever they can find and that's not really the intention. Pelvic floor work should be the ability to learn how to stretch the pelvic floor as well as tone if it's needed. A lot of people don't need to tone their hypertonic, my teacher Leslie Howard says about 40. Percent of women are hypertonic and then they're told, all right, just do your kegels and then they're making their problem worse.

Speaker3: [00:10:48] Hypertonic = to tight. Okay.

Sarah Trott: [00:10:52] So there's this happy medium that it sounds like is a balance of being mindful of the body, being healthy. I mean, so for our women who are listening and preparing for a birth, what's a good guideline? Like, where do they start? Because it feels in general it seems obvious, like, okay, don't overdo it.

Deb Flashenberg: [00:11:09] But I think you have to look at I think that'd be really mindful and look at where they are and say, you know, what is my normal activity? Is it helping me? Is it hindering me? Is it creating energy in my body or is it draining me? And for some people, maybe they never did exercise before, so they don't want to just dive into something really strong. And for other people, they may be, you know, a six, seven day a week exerciser and they may need to slow it down. So I think someone has to look at what they're doing.

Deb Flashenberg: [00:11:41] Also, why they're doing it. I think from a personal experience, I think I was striving for a certain kind of pregnant look. And I hate to say that, but I think it was a little type-A, and I think I was getting overly involved with the external look and I'm in social media does not help that, you know, that. I will admit, like all that really changed on me was my belly and my boobs. I looked pretty much the same, which is probably not ideal.

Deb Flashenberg: [00:12:07] So I think we have to look at why what we're what's pushing us to exercise so hard, if that's what someone's doing. So I think kind of a guideline would be, you know, examining what you're doing, why you're doing it, how intense you're doing it, and is it creating imbalance? Are you only strengthening? Are you adding stretch? Are you adding mindful breathing? Are you creating movements that are going to support the pregnant body or are you just trying to plow away with what you did and you're actually ignoring pains that you might be getting while pregnant?

Sarah Trott: [00:12:38] Yeah. So ignoring pain sounds Like an obvious red flag.

Deb Flashenberg: [00:12:43] Yeah. But for some, I mean, I grew up in the dance world. That pain was just kind of part of it. So, you know, like choreographer didn't care if we were in pain. So I think, you know, certain mindsets. Pain is part of their, their workout and we have to look that pain is usually a sign that something's wrong and especially during pregnancy.

Sarah Trott: [00:13:04] Let's dispel the myth. The myth is one should just power through pain or not their same routine and their same regimen that they had before because they need to stay strong.

Deb Flashenberg: [00:13:16] Yeah, let's not do that. And let's examine what is helping the pregnant body. Because from my own experience, I was so hard set on keeping up with exercise and keeping a certain image. It prolonged my healing process. It made my fourth trimester more about repairing my body than fully absorbing in the juiciness of new motherhood.

Sarah Trott: [00:13:41] So is yoga one of the activities that someone could do to help stretch and open? Because I know like we've we've talked to a number of like somatic people on the on the program who kind of really talk about like this notion of like opening up your your body and your and in your mind.

Deb Flashenberg: [00:13:59] I think depending on how it's approached. So throughout my journey of yoga, as you mentioned in my bio, gosh, I was almost 18 years ago, I started with Bikram yoga and soon became very disenchanted with it because that yoga really doesn't allow for being individualized. And I started to study Vinyasa in Iyengar, which is different. And then from that I looked at creating again going back to creating balance.

Deb Flashenberg: [00:14:27] So if someone uses their yoga to create openness, to create balance, to create flexibility and strength, and absolutely it can well prepare the body, it can try to alleviate sacroiliac pain, it can alleviate a lot of the carpal tunnel. That can happen. It can create, I call it a springy pelvic floor, a lot of bounce. But if

someone's sticking really hard to more advanced practice, which is a lot of engagement to the pelvic floor, often some problems in the SI joint, it cannot actually help. I've seen a lot of yoginis have very hard births because their bodies were so tight. So I think yoga is a fantastic tool and vehicle if approached in a way that's going to create balance.

Speaker3: [00:15:13] And so what did you do when you.

Sarah Trott: [00:15:16] Prepared for your second birth? That was obviously a different experience.

Deb Flashenberg: [00:15:19] I did not spin. I did not spin at all. I really created a practice that softened the psoas, that balanced the pelvis. You know, one thing that was really different is I saw a chiropractor starting at week 36 and she kept working on the Webster technique to make sure everything was well aligned and baby was well aligned.

Deb Flashenberg: [00:15:40] And that's something I recommend a lot of just second time pregnant students if they had a harder first birth, if they're coming back and they kind of had a similar story to me, that baby was malpositioned and it was really physically and emotionally stressful that when they approach it, I find the Webster technique to be really helpful and I think it puts someone at ease saying, I'm doing everything I can. So my whole exercise routine was different.

Deb Flashenberg: [00:16:07] And I just I mean, granted, I had a two and a half year old when I was fully pregnant. So just my exercise in general, my my time was different. But yeah, I gave myself the permission to not stress as much about what I looked like. And just to, you know, certain days my exercise was taking a walk as opposed to, oh, right, I have to get to the gym. So again, I kind of I was just kinder to myself.

Sarah Trott: [00:16:31] And then what are you talking about? With Malposition.

Deb Flashenberg: [00:16:34] The ideal position for a baby in the pelvis is when their chin is tucked into the chest and the smallest part of their head is pressing against the

cervix and their spine is pointing forward ideally to the left side of mom. And if we think about the way a head fits the cervix is kind of the same idea as putting a turtleneck sweater on so you wouldn't stick your face up into the turtleneck and pull pull it over your head.

Deb Flashenberg: [00:16:58] It would kind of tuck your chin and pull the turtleneck over your head because the smallest part of your head is the back of the head. So that's pretty much the same as the way that the head needs to put pressure against the cervix to emerge through. So during surgeries or contractions, the uterus contracts and it gets thicker at the top and pushes down. So it actually kind of retracts to the top and pushes down. So the uterus is pushing the baby's head against the cervix.

Deb Flashenberg: [00:17:24] And if it's well positioned, well aligned chin to chest small as part pushing against the cervix, the cervix is going to open easier if the head is asynclitic, meaning the ear is closer to a shoulder. You now have kind of the side of the head trying to push the cervix open or if the baby's posterior with the spine against mom's back, the baby's trying to push the cervix open with its forehead, which doesn't mold. So a well positioned baby is going to have a smoother, more functional birth.

Deb Flashenberg: [00:17:52] And that's something that changed the whole way I taught, is that it really occurred to me that we have to work on baby's position and what the pregnant mother is doing to help assist the position, because I hear a lot of births. I've been as a doula to a lot of births that were long and usually it's baby position that's causing that elongated labor.

Sarah Trott: [00:18:15] And what is Webster and how does that impact these topics?

Deb Flashenberg: [00:18:20] Okay. I don't know exactly how to describe Webster. I'll keep it kind of what I experienced. They make sure that the the chiropractor makes sure that the pelvis is aligned. The three main bones, the two innominate bones in the sacrum. And they're also trying to balance the. So as I mentioned, those are the muscles that run behind the uterus.

Deb Flashenberg: [00:18:38] And I remember my chiropractor simply had me raise my arms over my head and had my hands touched. And she's like, Oh, you're right, Psoas is tighter because she could see that right arm was slightly lower. So it's a chiropractic adjustment that can help create balance in the pelvis and the psoas to help the baby find its optimal position so that it can descend through the pelvis and have an easier birthing experience.

Sarah Trott: [00:19:03] Got it. That makes sense. Do you think that would be useful for a first birth as well?

Deb Flashenberg: [00:19:06] Absolutely. In fact, I tell all my students, if you want to take that little extra push just to make yourself feel like you've covered all your bases, you know, I don't think it can hurt and often makes people feel like they really set themselves up for success. And it may not work, but you know it's not going to hurt.

Sarah Trott: [00:19:22] Yeah, for sure. I mean, I think that's true for for a lot of the things that people do in the whole world of preparation. So let's let's shift gears a little bit. So talk to me about preparing for life with a newborn.

Deb Flashenberg: [00:19:38] Well, I think a lot of it goes back to preparing for the birth. So if the birth is well supported, if if she's really tried to get her body aligned, she has the birth team around her, that's well, supporting her. The transition into postpartum can be, I think, easier. Some of the statistics I came up with, it's a little bit staggering about how women feel after birth. If someone's traumatized from their birth, their birth experience, I think motherhood is going to be harder because they're not fully present for the motherhood.

Deb Flashenberg: [00:20:08] They're trying to heal from that experience. And some of the stats I came up with was 9% of women met full criteria for post traumatic stress disorder following their births. An additional 18% had a post traumatic had post traumatic symptoms. So think about if you if you're having that trauma, how are you going to be available for babies? So I think really setting yourself up for the success of

the support you need for your birth of healing, of feeling heard and seen and supported is going to ease the transition into motherhood.

Deb Flashenberg: [00:20:41] And then I also think there's just some practical things like taking classes, knowing what the reality of a newborn is, as opposed to kind of, again, the social media or what movies portray. I remember my mom telling me she was so surprised by postpartum, like she just thought she'd be pushing a baby in the stroller with like, birds around her and like a soundtrack around her. You know, I think sometimes we have a Disney version and that's not really realistic.

Deb Flashenberg: [00:21:07] So I think it's a lot of things. I think it's really getting a sense of reality about what to expect. I think it's being prepared for your birth. And then there's a lot of practical stuff taking the classes, making sure, you know, newborn classes if you're choosing to breastfeed, taking breastfeeding classes, making sure that you have support set up for yourself. So I think we can start to go into some practical things if you want.

Sarah Trott: [00:21:30] Yes, let's do that.

Deb Flashenberg: [00:21:32] Okay. So the practical let's start with just making sure you've you've set yourself up for support. So what is that going to look like? You've had your baby, you're home. And then what? And then what happens? You know, do you have family there? Can you say yes or no to your family? Because some family may not be welcome all the time. Some family may actually expect you to wait on them and kind of have that experience.

Deb Flashenberg: [00:22:01] But they're like, wait, you're not going to get me some coffee, you know? So set yourself up. Is it a postpartum doula? Is it a baby nurse? What is what is the time after? Are you taking how much time are you taking off of work? Have you set up? If you're getting paid for that or you're not getting paid, is your partner there? What kind of friends are coming over? What are they bringing? Because I don't think we really need flowers. I think food instead, you know.

Deb Flashenberg: [00:22:26] So really thinking about the support you need. I personally love a postpartum doula. We used one for both my kids and I thought it was amazing to have someone in there caring for mom as well as baby, which is different than a baby nurse. And it was also different than having a parent or an in-law because they were really there to 100% serve. They were there to serve me and my husband and the baby, and they taught me things, you know, even though I did take the courses, I remember my postpartum doula teaching me really how to swaddle with a live baby as opposed to a doll and how to bathe the baby and and she did things like our laundry and did some shopping.

Deb Flashenberg: [00:23:08] So I think really setting up the help and support is probably the top thing you can do to help that somewhat tumultuous time of trying to figure out how to parent. I also think it's important to know when to say no to visitors because a lot of friends, they mean well. They love you, they want to see your new family. And it could feel straining at times to have to entertain people. Maybe you want to sleep. Maybe you're just trying to get breastfeeding situated. If you choose to do that and your boobs are hanging out and you may not want to have visitors, I do think a food train is nice. If you can set your friends up to come, maybe they're ordering food for you, maybe they're bringing food. I also think preparing food a lot of times ahead of time is as great if you have the freezer space. And then there's also kind of the physical. Do you want me to go into that a little bit?

Sarah Trott: [00:23:59] Yeah, definitely - You just went through the most amazing List, which I think.

Deb Flashenberg: [00:24:03] I hope that wasn't too fast.

Sarah Trott: [00:24:04] No, no, no. I just. I want everyone who's listening to Stop rewind, get out their notebook, and then write that down and make that your playbook. Because so much of that practical stuff, it seems like it might not be a big deal. But when you're in a place where you're physically exhausted, you have this little person that's taking up all of your focus and your energy. You just don't have time to be making yourself food. You don't have time to be like thinking about, well, what would my ideal

social calendar look like now that I have a newborn? So like doing all of that stuff ahead of having your baby can go such a long way. So go back. Listen, write that the.

Deb Flashenberg: [00:24:46] Time off too. I've actually had people realize that they didn't really arrange for the time off, that they knew they were pregnant, but they didn't know how long they were going to take off. And then a lot of places I know there's the Family Care Act, which you get 12 weeks unpaid, but some states you get paid leave. And so making sure the employee meets that criteria is really setting that up so that you're not thinking of your financials while you're trying to figure out how to get a good latch.

Deb Flashenberg: [00:25:11] Where's the focus? All right. So let's talk physical. And I feel like having done the wrong thing, I can answer this one pretty well, not exercising too early. I think we a lot of people and I've had people like ten days postpartum show up for postnatal and I feel like didn't I just see you last week in prenatal and I lovingly send them away because I think we have to honor the massive change the body went through and give it some time to heal. So I think exercising too early can be pretty detrimental. The pelvic floor may not be ready. There may be abdominal diastasis. So giving your body some time to heal at least slightly for the bleeding to stop. And if it was a surgical birth, it really should wait the full six weeks before exercising again.

Deb Flashenberg: [00:25:59] That doesn't mean you can't get outside and take a walk. That doesn't mean you you can't enjoy the sunshine. You shouldn't be isolated in your house. That's certainly not going to help. But don't jump on the treadmill or cycling bike or Stairmaster or whatever, or even yoga practice too soon. We want to make sure the body is really honored and supported when it is time. Because if you actually start too early and the pelvic floor doesn't have support, you can actually create some pelvic floor, some pelvic organ prolapse.

Deb Flashenberg: [00:26:30] And if someone has diastasis where the to the rectus abdominals, the integrity between the two muscles has been lost, it can worsen that. And then also working with someone that knows what you're doing, what your body's been through, because you shouldn't just like go back to the gym and do crunches

that's going to make everything worse or jump right into plank that's going to make it can often make things worse. So really being slow and mindful about getting back to the physical and maybe your physical activities, just working on a few parts of the body that are achy. Maybe it's just putting on an online yoga video that's just working neck and shoulders, you know, some of the achy spots.

Sarah Trott: [00:27:06] I just want to repeat something you said because it's it's worth people hearing it. Exercising too early is going to make your body heal slower. It will make everything harder to recover in general. Yeah. It's not doing you're not doing yourself any favors by exercising too early. And I would just encourage new parents and new moms in particular to honor their bodies and honor how they're feeling and really listen to themselves and their intuition.

Sarah Trott: [00:27:30] And if something is painful or not feeling quite right, give yourself the space and time that you need to recover fully and then keep listening. Don't throw yourself back into something because you have an expectation, because your body has changed and it will never be the same. That doesn't mean you're not going to look good. It just means you are a different person.

Deb Flashenberg: [00:27:54] Yeah, you created a person you could still fit back into your pre-pregnancy jeans, but as my midwife said, the landscape of your pelvis is forever changed. Um. You know, it may look the same, but you created a person you created. And then if you're choosing to breastfeed, you're creating substance for that person. So a little bit of honoring self-care and self-kindness can really go a long way. And I think that's what's often forgotten.

Deb Flashenberg: [00:28:19] I think some of it comes from insecurity, some of it comes from just personality type and some of it comes from neglect of one's self that that postpartum it's not just about caring for the baby, but it's also about caring for the new parent and the transition from maiden to motherhood and the transition into parenthood and responsibility. I think self care and self kindness is really pushed aside and it's sad. I think we need to honor this new life and new journey and new responsibility and new

body and new relationships. And unfortunately, yeah, I think it's just that's not a focus for a lot.

Sarah Trott: [00:28:58] Yeah, no, it's almost backwards. It's almost like there's an expectation that people need to get. I back to looking a certain way and that is self care. But actually you're doing more harm physically and you're not listening to yourself, which means you're not caring for yourself. Yeah. You know, it's not to say you can't just go back to your old jeans just like you said. It's just give yourself more time in a space to do that in a way that is right for you, for your body and right for your family.

Sarah Trott: [00:29:23] Because, you know, going and injuring yourself further or getting yourself in some kind of rut because you you think you're failing at looking a certain sort of way that's going to make you miserable, that's going to make your partner miserable. It's going to make know your baby. They might not be able to communicate because they're so tiny, but like they feel energy, they they will they are your children, believe me. And it becomes more obvious as they get older. But they are reflections of you and your energy and what you put into the world and and give letting them feel the love that you have will teach them to love themselves, too.

Deb Flashenberg: [00:29:56] Absolutely. And it's not just showing them that you can like the more you care for yourself, it's teaching them to care for themselves. And also coming to the mental side. We think about the number of women that suffer from postpartum depression and then or post was it called Perinatal Mood and Anxiety disorder. And we're putting the pressure of you have to look and act a certain way and step into this role of mother.

Deb Flashenberg: [00:30:19] It's it's staggering. When we look at I believe the reported number is 1 in 5 women. But when I worked with someone from the Motherhood Center, she believes it's actually 1 in 3 women will experience that. So now not only are they someone not physically feeling themselves, they're experiencing this transition, but mentally they may not be in a good place. And then again, we strap this idea of like, okay, you had a baby and now you need to be Instagram ready. I think it's too hard.

Sarah Trott: [00:30:44] It's too much. It's A disservice to women.

Deb Flashenberg: [00:30:51] And I think one thing I'd say when preparing for life with a newborn is that the partner and family and friends should know the signs of postpartum depression because they may not necessarily see it. And if they don't know it, they may just say, Oh, that's just so-and-so adjusting to parenthood. She's having the baby blues.

Deb Flashenberg: [00:31:11] But I think it's important for people to really understand. I actually remember one of my close friends, our babies are my second. Her first are pretty close. And I really saw this massive anxiety disorder starting to form to the point where I was going to talk to her husband. But she luckily he actually did. First. He kind of noticed it because some people, if you're not aware of it, you just you kind of just brush it aside.

Deb Flashenberg: [00:31:34] Oh, she's just adjusting. Oh, she's a little moody. I think if it's going undiagnosed, it can really affect how someone's enjoying their fourth trimester, as you mentioned, how the baby, how the relationship these little people pick up on everything.

Sarah Trott: [00:31:49] Absolutely. Yeah. They're forming their relationship with the outside world and you are their guide on how to do that. If your energy is uptight and anxious and it affects the way that you handle them or just communicate with others around when you're around them, they're going to pick up on that and potentially make that their pattern as well. At a very a very early age. They will internalize that in ways that are not visible to us. So, so yeah, I mean, creating this space to have a more positive experience and be loving towards oneself is not to be underestimated in any way, shape or form.

Deb Flashenberg: [00:32:26] And I also think admitting that it can be hard, you know, there's going to be incredible highs mixed with some really incredible lows.

Sarah Trott: [00:32:36] And we have some episodes on our podcast as well, touching on topics of like signs to look for. And it's not it's not always obvious either. I mean, you

can't just ask someone, you can't ask someone, Hey, are you depressed? No, that doesn't really work.

Deb Flashenberg: [00:32:53] No, because they might also be offended. So yeah, and then they also may not realize it. So some of the signs, if you want, I can ramble off a few. It's feeling restless or moody, feeling sad and hopeless, crying a lot, having no energy or motivation, which can also be fatigue, eating too little or too much, sleeping too little, too much, having trouble focusing or making decisions, memory problems kind of feeling worthless and guilty and losing interest or pleasure in activities they used to, or withdrawing from friends and family.

Deb Flashenberg: [00:33:24] And then one that I've heard a lot of my students come up with is that they have headaches and aches and pains and stomach problems that won't go away. When I hear a student talk about, you know, she's just not feeling herself and she's been having constant headaches, I usually try to do an extra check in with her. And then I often we have a resource list at the studio that if someone's really feeling that they're struggling, I want them to have this list in case they need to make a call or just get extra help.

Sarah Trott: [00:33:52] Yeah, absolutely. I warmline it's an English and Spanish. It's a free resource. There's someone who can just talk to you and answer questions and maybe. You, you know, maybe you will fall into the category of needing extra support or not. It doesn't hurt to check. That's one of those things that just falls into the category of like it does. Not. Sure. It might as well just check. Yeah.

Sarah Trott: [00:34:14] The thing you said about just not feeling yourself like that's something that's come up before in the past if like just if you have this feeling like I'm just not really me and it's different from okay, I'm a mom now, so of course that's a new persona and new identity. It's like that other thing of like, who? Of like just you're not feeling like the typical person you were.

Deb Flashenberg: [00:34:34] Yeah. And I think, as you said, it doesn't hurt to check. And it's really important that friends and family can clearly see this person and know what to look for.

Sarah Trott: [00:34:43] Absolutely. Okay, So we've Covered off a lot of the practical topics. Thank you so much. I feel like you just summarized like so like 20 different topics on our show and wrapped it all into one. So it was really fantastic. There are so many things there. So we talked about some practical information, caring for oneself and others and preparing for life with a newborn. What what else would you want to cover?

Deb Flashenberg: [00:35:13] I think I just want to remind people again about the highs and lows that I remember. There was there was a time when my son, who was three weeks old and he had done his first nap and we had a great morning. And I remember taking him out. It was the summer and we went for a beautiful walk in in New York City.

Deb Flashenberg: [00:35:31] We I was right near the river and I went down around the river and it was wonderful. And then we came home and then he missed his next two naps. So what turned out to be a day of very wonderful highs and like that moment of like, Oh, I love this life. And to him crying hysterically and everything I did did not work for him. I bounced him, I swaddled him, I wore him like I couldn't wear him too much because it was too hard, my pelvic floor.

Deb Flashenberg: [00:35:55] But like, really, I was holding him and and and shushing him and nothing worked. And I just sat on my birth ball with him. And I started to cry, too. And which I think many moms can relate to. And I actually used a mantra that I use with a lot of my birthing women as well as my own birth, that this too shall pass.

Deb Flashenberg: [00:36:17] And I had to talk myself out of my own hysteria, that this too shall pass and that this low moment that I didn't know what to do. And I felt like, what am I doing as a mother? This was a big mistake. I am where I thought I had it all put together like a few hours before that. Fast forward 3 or 4 hours and I was a wreck.

Deb Flashenberg: [00:36:39] I just had to remind myself that this really low moment would pass. And so I remember I called my husband and I'm like, When are you going to be home? And he showed up an hour later and he just took the baby and said, You rest. And that was hugely helpful. But it's being okay with being a wreck because that will happen and then something will swing better and you'll have another good moment and then you'll feel like you'll feel reaffirmed that, yeah, I'm a good parent and then something else will happen. So I think it's being okay with the roller coaster.

Sarah Trott: [00:37:12] Yeah, And that comment. I'm a good parent. We take it so personally, don't we? Like, if if our child is unhappy or if something if there's a regression and yesterday, they could do something really handily and today they can't or something changes. I mean, it just it seems so personal, but it isn't, is it?

Deb Flashenberg: [00:37:31] Yeah. And it's really hard. At least I find that I find it really hard to separate and let my kids be their own person. People without me feeling I mean, their reflection and our values and our, you know, our core beliefs. But at the same time, they're themselves and their failures and successes aren't a reflection of me. And, and I think that's really hard.

Sarah Trott: [00:37:53] Yeah. It's so true. I think There's, we just spoke with someone recently on the show about speech development and language and communication and definitely there's this idea of that's out there of like, you know, pushing your kids and you know, you know, preschools having these hard core curriculums and things is because people think it's a reflection of them and their parenting skills. If their kids can sort of achieve certain milestones at a faster rate than other kids and comparisons and it's like it's like that same trap, like we compare ourselves to other moms, we compare ourselves to other parents, and then we compare each other's kids. I mean, all of it's so totally unfair

Deb Flashenberg: [00:38:31] Yeah, to the kids, to ourselves, to our friends that were secretly competing with. So I really try to separate their achievements. I'm proud of them, but I didn't achieve it. They they achieved it or they didn't or they failed. And

they're going to learn from what didn't work. So it's hard, but it's something I really strive for. Um hum.

Sarah Trott: [00:38:53] The ups and downs are very real and it's often, you know, like the things that I found in the past, like hard for, hard for our children or hard for us. It's like, are you, have you slept enough? Are you.

Deb Flashenberg: [00:39:03] Hungry? That's for my son. Have you eaten? Because when he gets wackadoo, I'm like, You need to sit and eat. Just put something in your mouth.

Sarah Trott: [00:39:12] Yeah. Are you getting enough love and attention in this moment? You do? I just need to look at you for a minute. You know, it's not too dissimilar from kids and adults when you boil it down. Yeah. So you work with women who have just had their baby in a yoga studio environment, is that right?

Deb Flashenberg: [00:39:29] Yes. So it's called the prenatal yoga Center. So the majority well, it's pretty 5050, actually. The majority of our classes are prenatal yoga. And then we have all these childbirth education and infant massage and infant CPR and all all the prep. And then we have like the new moms support group and the breastfeeding support. So the whole center and what's turned into my whole life has come is is around supporting pregnant people and new parents through this interesting eye opening journey. And you know everyone's own experience is really been enriching to watch.

Sarah Trott: [00:40:07] Absolutely And everyone's experience is different.

Deb Flashenberg: [00:40:10] Absolutely. Even the same parent as I've experienced You know, same parent will have two different experiences with birth and two different children or 3 or 4 whatever they choose to have or one. So, yeah, just being okay with what starts to happen, I think just kind of letting go of the reins a little bit. But yeah, so my whole, my whole focus as a career is with the expectant and new parent.

Sarah Trott: [00:40:33] Yeah. And you've seen so many different experiences and you've been able to share so much knowledge and experience with us today. So thank you so much for that. Do you have any kind of final thoughts you want to leave us with?

Deb Flashenberg: [00:40:45] I think, again, I just keep going back to it's okay to just ride the roller coaster and just self care, kindness. You're not doing yourself any favor, constantly striving for something that's unrealistic or constantly comparing yourself to someone else.

Sarah Trott: [00:41:00] On that note, we will wrap up. Thank you so much, listeners. You can go to our website, which is [fourth trimester podcast.com](http://fourthtrimesterpodcast.com) and read more about this conversation that we had with Deb. So, Deb, thank you so much again for being on our program.

Deb Flashenberg: [00:41:12] It was really Fun. 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.