

Fourth Trimester Podcast

Episode 81: Home Birth As An Alternative To The Hospital

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 at the Fourth Trimester podcast. We are recorded today with Esther and two special guests who we will introduce in a moment. I want to remind everyone that we have a website which is fourth trimester podcast. Please visit and while you're there, sign up for our newsletter so you can hear more from us. And don't forget to click subscribe on iTunes so that you'll be alerted every time we have a new episode.

Sarah Trott: [00:01:10] Our special guest today are Sue Baelen. She is a licensed and certified professional midwife in San Francisco, California. She has been the principal midwife behind Sacred Body Midwifery since 2015.

Sarah Trott: [00:01:24] We also have Laura Marina Perez, who is a locally and apprentice trained community midwife. She has been attending births for the last 20 years and has her own midwifery practice for the last seven years. She is based in San Francisco. Laura strives to continue the ways of traditional midwifery as someone with native South American ancestry. In the past, Laura has worked as a safer sex HIV prevention educator, gynecological teacher, associate and abortion counselor. She is proud to prioritize women's reproductive health, wellness and justice in her life and work. Welcome to both of you. Thank you so much for joining.

Laura Marina Perez: [00:02:04] Thanks, Sarah.

Sue Baelen: [00:02:05] Yeah, happy to be here.

Sarah Trott: [00:02:07] So Esther is here with us as well, and she's going to kick us off with an overview of our topic for today.

Esther Gallagher: [00:02:14] Yeah. Hi, everybody. Long time no listen and talk. So, yeah, I've known Laura and Sue for many years now, pretty much since I moved to the Bay Area in 92. Soon after that. And today's topic, we want to talk about homebirth and

why it's a great choice, as we have talked about on this podcast in the past. But also, what does it mean to plan a homebirth in the age of coronavirus? So we're just going to keep it tight and we're going to start with Sue, and she can do a little more personal introduction of herself and then talk about how her practice works and how it may have changed with the introduction of this new virus. Thanks to. Go ahead.

Sue Baelen: [00:03:11] Yeah, thank you. I don't know that there's that much more to say about me. I do feel like in this incredible time that we're in, there are so many unknowns and it's really hard to say what the best way to do anything is. I'm a huge homebirth advocate. I think that I always say that brain surgery definitely meant to happen in the hospital birth, very natural. Meant to happen is if nobody else was there, that can safely be done at home.

Sue Baelen: [00:03:45] There are so many unknowns about COVID 19 and this new virus. It feels to me that anything we can do to save hospital resources for the people who really need them is an effort worth making. It's still true that people should have their babies where they feel the safest, but unfortunately, so many people are in the position of being too scared to go to the hospital and perhaps too scared to be at home. So that puts people in this impossible position of not knowing what to do. I think that midwives have long been fabulous community resources for families to figure out what's best for them. And it's definitely true since we've had shelter in place or the hospitals have been getting busier and busier, that we've been inundated with requests about home birth.

Sue Baelen: [00:04:45] A lot of people don't really understand what is involved with homebirth midwifery and how much of the process is built on a relationship. I got a request yesterday from someone who said, ideally, I'd like to have a hospital birth, but if they don't let my partner in, then I want to have a home birth. Can you do that at the last minute? And that's not something that most midwives would do.

Sue Baelen: [00:05:09] It's really to have homebirth be safe. We really like to have an established relationship so that I know my clients and my clients know me and we know what the process is. So Labour can be a little bit labour intensive, but leading up

to it is also labour intensive for us. I think that's that's pretty much my summary. I love to be able to free up the hospital resources. I'd love people to be fully informed about homebirth and embrace it if they think that's what's right for them.

Sarah Trott: [00:05:41] Hey, Sue, what does that mean if you say you want? So it sounds like you're saying there's something building up to the birth itself where you want an established relationship or stuff has to happen. It's not just like a last minute switch.

Sue Baelen: [00:05:52] Yeah. A homebirth does require that somebody takes a little more responsibility for what's going on. They have to understand what the process of birth is that that that they understand a placenta has to come out at the end and most people do. But so many people just take it for granted and that the hospital is just going to do whatever needs to happen. We need full participants.

Sue Baelen: [00:06:19] There isn't any chemical pain relief at home. We need people to have made decisions about how they want their birth to unfold to the best of their predictive ability, but but the desires that they want. And to convey that to me as their midwife. If I were on the train and somebody having a baby, I could certainly help them do that. But in an ideal situation to keep it a non emergency, we definitely want people to feel like they are in charge and and that takes a little bit of preparation.

Laura Marina Perez: [00:06:55] Yeah, I can go everything that Sue is saying, I think that for me, trying to convey the difference between the way that birth is usually seen to happen in a hospital, people talk about The doctor delivered my baby, and I think birth can generally be seen as a passive event. Someone goes to a hospital and things are done to. Them, and then they have this end result of having a baby in their arms. And there's a very different perspective that we have as homebirth midwives that we're not delivering anything.

Laura Marina Perez: [00:07:24] The mom's birthing her baby and we're helping her do that. So that's a big piece of what we do is homebirth midwives is all about informed consent and letting people know being a part of the collaborative process about this is

what we could do, this is what we think. But it's ultimately your experience and your body, your baby, your birth. And we want to work together to see what makes the most sense. You know, of course, we're trained to deal with emergencies. We don't talk about things during emergency. We get things done. But I think that there is a very different perspective to understand there that midwives aren't delivering babies at home. We're working with moms to help them do what they need to do and what they know how to do best.

Laura Marina Perez: [00:08:03] I think the thing that I've done so much lately and as you referenced, there's just a lot of people reaching out, mainly out of fear and saying, well, I don't want to go to the hospital. It's the last place I want to have my baby because it seems really dangerous right now. And so can you can you provide this last minute service to me, people calling after they're 34, 35, 36, even 37 weeks fully in dates of their pregnancy and wanting a home birth and doing a lot of hand-holding and a lot of explaining and ultimately letting people know you might actually feel safest in the hospital because that's what you've been planning.

Laura Marina Perez: [00:08:37] And this is a very big stretch and you don't really know what it means to have a baby out of a hospital. And even though you might be panicked or have all these feelings about like current hospital policies, which I understand as well as pretty terrifying to feel like if you can't have your partner, your doula, your family with you in the hospital, that's the last place you want to be. But there's so much preparatory work, as I was just saying, to to have an out of hospital birth and to really understanding what it means. It may or may not make sense for somebody to do that.

Sarah Trott: [00:09:06] Would you say most of the work is emotional preparation and expectation setting?

Laura Marina Perez: [00:09:11] I think that's a big chunk of it for sure. There's information, there's emotional work. Like I said, I think that when people go to the hospital, there's a general understanding of the hospital does what the hospital needs to do to help you have your baby, whereas in a homebirth setting there is a lot more responsibility that the mom is taking on to birth her baby in terms of so many things like

when to contact us and letting us know we are in contact with her on the phone to figure out when to come.

Laura Marina Perez: [00:09:37] Yeah, like she was saying the preparatory thing like understanding that without the epidural, without the drugs that the mom is going to be pushed up against a wall and pushed up against a place that she might feel is almost impossible to come back from. But that's our expertise as homebirth midwives is to be in that space with her, to encourage her to offer different things, to help her meet that challenge and go past it, which is not the expertise of the hospital setting, because they will generally continuously offer pain meds. And then there you go. So it's a very different animal.

Sue Baelen: [00:10:09] I think that part of what we love about homebirth at all times is it makes people feel confident. And having that achievement is this beautiful, strong way to start a parenting adventure. So I do agree with you, Sarah. I think a lot of the preparation is emotional. I think all people should be doing that before they have their babies because it's a lot easier often it's a lot easier to do it beforehand than after. And some of it is logistical.

Sue Baelen: [00:10:44] The logistics can take place really quickly. I did work with somebody who was planning a hospital birth with a midwife as their doula and their midwife had to leave town. And I was covering and we had a prenatal together and she said, I've always kind of wanted a home birth. And we kind of just laughed at it a little bit. And when this woman went into labour a couple of days later, she said, I don't want to go to the hospital. Can we do this at home? And she was somebody who had had a baby, knew what what homebirth was.

Sue Baelen: [00:11:23] So I brought over a bunch of supplies and we had this lovely homebirth. And that's a very unusual experience to me. It says that it's not impossible. There's certainly plenty of people who accidentally have their babies at home by themselves.

Esther Gallagher: [00:11:37] But, you know, people have their babies in the car. That's not Safe.

Sue Baelen: [00:11:43] That's my least favorite place to have a baby in a vehicle. So so, you know, babies are wonderful and they have a way of making their presence known. And most as I said, most births just happen. What I feel like are the challenges around this particular time is we have no way of knowing who has what going on. So all the midwives are working really hard to stay healthy and safe so that we don't become vectors for. Anybody.

Sue Baelen: [00:12:15] And we're trying to make sure that our families are healthy and safe so that there's no cross-contamination. And we really, really, really it's not that it's dangerous for a pregnant woman to have COVID 19, but the US guidelines about how they're treated and how their baby gets treated, I don't think they're put into effect very much at this point, thankfully. But it's so harsh. It is so harsh. They're talking about separating mom and baby for 14 days. So, dear, that's not what the W.H.O. says and that's not what the other international organizations say, but it is what our CDC is saying.

Sarah Trott: [00:13:01] Okay. That's pretty heavy. It's a really scary time right now. I am a woman who had a baby in October. And so this is very raw for me as an experience, though, my number one priority after I had that baby was to hold my baby. That's it. My number one priority was hold my baby.

Sue Baelen: [00:13:20] Yeah, that's the strongest instinct. And and if they're serious about a full two weeks, that is going to make it almost impossible to establish breastfeeding.

Laura Marina Perez: [00:13:31] And not only that, but I'm really concerned about the increased rates of perinatal mood disorders. Separating a mother and her child is one of the worst things I think you can do psychologically to a new mom. And if that's going to be standard policy we don't have with before COVID, we didn't we didn't have near the system set up to help mamas deal with perinatal mood disorders, whether it be

postpartum depression, anxiety, psychosis, all of that. We are definitely doing something that can be a huge mental health crisis for families in the US if that policy is put in place.

Sarah Trott: [00:14:08] Understandable. So I want to talk numbers for a second. There's something like over 300,000 babies born per day, according to the UN. Are you Laura and Sue seeing a spike in requests coming your way that you normally wouldn't have seen? Like how many people do you normally get requesting midwifery services from you at a month and how many are you seeing right now?

Laura Marina Perez: [00:14:31] I think Sue has a very different experience than I do. Sue is much better at marketing. I'm horrible at marketing, but so in the past I haven't seen much, but lately it's been 1 to 3 a day for the last week and a half of phone calls or emails. That's a lot.

Sue Baelen: [00:14:47] Yeah, the increase in requests has been crazy. I think it's probably four or five times what we usually see natural resources, which is where many people rent their bathtubs for home birth. They said they've gotten a 25% increase in bathtub rentals over the past few weeks.

Sarah Trott: [00:15:09] So if I were to interpret that, I would say roughly a quarter of women who are giving births are now making the choice to avoid the hospital. And I suppose different hospitals are going to have different procedures. It's not like every hospital is going to say, we mandate you to have a 14 day separation from your newborn infant.

Sue Baelen: [00:15:28] And that's only if people are have an active infection, a symptomatic infection of COVID.

Sarah Trott: [00:15:34] So that's really important. It's not everybody.

Sue Baelen: [00:15:36] Yeah, no, absolutely not. The harder part is people are limited to one support person and we are very thankful that they have that one support person. But it means that doulas are trying to figure out how to support people through

teleconference. It means that if the hospitals get even more strapped, like in New York City, they're taking away that one person support so that even partners are not allowed to be in the birthing room. Part of the fear is just that we don't know how bad things might get.

Esther Gallagher: [00:16:10] Well. And, you know, there's a there's another little niggling complication in all of this. And that's if you're having your second child who takes care of your first child. While you're in labor, if you go to the hospital, it's probably going to be your partner. So assuming you would have had a babysitter or a family member take care of that first child and that freed up your partner to go with you, that may not be an option for a lot of people now. Right. The nanny or the babysitter or the grandma or grandpa can't just come over.

Sue Baelen: [00:16:49] The other thing I wanted to emphasize, we're getting all those requests. We're not all of those people are choosing to have home births. And, you know, in San Francisco, there are only what there are ten of us or something or 7 to 10 of us. And we can't take on nearly as many people as the hospital does. We we work very it's a lot of quality over quantity.

Sue Baelen: [00:17:12] So we're figuring out ways. If there was a public health emergency, if the public health department wanted us to figure out how to help doctors do community birth, then we would certainly do that. And we would certainly figure out a way to have a flying squad where people just go to the homes. But that's not what we're talking about as the standard home birth experience.

Sarah Trott: [00:17:37] So let's say I'm Elon Musk and my partner Grimes is due to have her baby. What do you recommend for her and why?

Esther Gallagher: [00:17:49] Sarah, I love you so much.

Laura Marina Perez: [00:17:51] Yeah.

Sarah Trott: [00:17:52] I had to ask.

Laura Marina Perez: [00:17:54] Yeah, I think we'd recommend what we outside of the time of COVID would recommend the same thing in terms of preparing. Well, by getting good exercise, getting good nutrition, staying well hydrated, managing stress really well, things that are important, making sure you're getting adequate sleep or naps during the day and it just making sure that you're optimizing your health and preparation for the the birth and then really thinking about the postpartum time. Most mamas don't spend a lot of time. They spend all the time prepping for the birth and it's like the postpartum is much longer. And the birth.

Sue Baelen: [00:18:33] I mean, a month ago, two months ago, I would have told them they should have a home birth anyway, because it really is the the way that honors this experience to the highest degree. You know, we put in we put in a lot of time with our clients and we really get to know them and we really get to talk to them about what this entire process entails, what it means to become parents, how to support themselves with all of the things that allowed us said to often our standard medical system, they are so taxed. And if they get to see a family for more than 15 to 20 minutes regularly, that's a huge boon. But we typically spend over an hour in a visit with our clients.

Esther Gallagher: [00:19:21] And I want to speak to this from the doula's perspective. You know, prior to coronavirus, you know, I could walk into a labor and delivery suite with my clients. And, you know, if a lot of stuff was going on, like multiple C-sections or truly emergency conditions in all the other rooms, clients get less care in the hospital, there's less that gets to happen. And and this is just a reality that just because you walk into the hospital doesn't mean that you actually get that dedicated team, that purported dedicated team for your labor and delivery. You know, most of the time yes, but sometimes no. And then what?

Sarah Trott: [00:20:09] Esther, are you saying you don't get to go in with your birth clients?

Esther Gallagher: [00:20:11] No, I'm saying that prior to COVID, I do not get to go in with my birth clients anymore, and I'm considering reconsidering how to do my work

altogether, as are midwives. Right. So we're all in that boat together. How are we going to do our work going forward? So that's a big question and most of us have to shelter in place and so we're just sorting it out as we go day to day. But I just want to say that like you said, you know, prior to coronavirus, she was saying the same thing. She would have said the same thing to clients.

Esther Gallagher: [00:20:47] Why? You know, a home birth is a safe, healthy option for four healthy women. And I say the same thing to clients like, you know, why would you walk into the hospital? It's not my experience as a long time birth worker that hospitals always have what you need. So get a reality check on that. Just because you paid your insurance premium doesn't mean that's your only tourist choice for for labor and birth.

Sarah Trott: [00:21:18] Well, I mean, the main fear is that is safety, right? So what happens if there's an emergency?

Sue Baelen: [00:21:23] Yeah. So most emergencies are most of the time that we use the hospital, it's not an emergency. It's a really long labor. It's not making very much progress. The idea of an epidural and pitocin is really sane choice. So that's by far the number one reason that we are we move the birth to the hospital. And of course, yes, there are definitely other things that come up that require the hospital. At all. But we try to anticipate things and not push the envelope so that we have time to get to the hospital or any place with more resources.

Sue Baelen: [00:22:00] We're trained to stabilize the situation until emergency services can come and get us to the hospital. So those are the reasons that we like it when people have a trained attendant with them and don't have an accidental home birth. And of course, some people don't want anybody around and they just want to do the birth themselves. And I respect them for that and honor their choice. I'm sure it's the same way doctors feel about women who choose to have a homebirth with a midwife, and it's just one degree more of unfamiliarity.

Sarah Trott: [00:22:38] And if someone is in and at home right now thinking about their options, maybe they've planned on having a hospital birth and maybe they're

considering something different given the current pandemic. I mean, we're recording this in the middle of the coronavirus pandemic, but who knows? This is applicable for potential future outbreaks as well. Like, if someone's in the middle of a scenario like this, what do they do if they want to understand their options?

Sue Baelen: [00:23:04] Talk to midwives. We have a monthly meet the midwives event at Natural Resources. Of course it's not going to take place there, but it'll be virtual. There's one in Colorado where they do the same thing. The great thing about all this virtual work is that people from all over anywhere can log in and get the information.

Sarah Trott: [00:23:27] Right. Well, we have listeners in Australia, England, all over the world.

Sue Baelen: [00:23:31] Yeah. And they they actually other places in the world have a much better and different understanding of home birth. It's much more integrated and much of the world. Canada also has some great options. Us health care is is definitely something that could use some improvement. Just the systems, not the actual delivery of it, but the systems. The people that I've talked with who are the most excited are the people who said I always wanted to consider a homebirth, but everybody told me it was irresponsible. And now people are saying, Oh, that's a really good idea.

Sarah Trott: [00:24:13] Would you say that line of thinking is out of date.

Sue Baelen: [00:24:17] That it's irresponsible to have a homebirth? I never thought it was irresponsible, but I do think that more people are seeing the value of it, both from freeing up hospital resources and preventing more contamination.

Sarah Trott: [00:24:31] So in other words, you're challenging that that perspective. That's irresponsible.

Sue Baelen: [00:24:37] I always have. I always will.

Esther Gallagher: [00:24:40] As it has been spoken on this podcast a number of times, I had a home birth 42 years ago. The question of responsibility was out there. It's been out there since Barb and Barbara. Surgeons decided that they were going to take over labour and birth. And that's how they ceded, you know, this drive towards hospitals was to say, oh, you know, those midwives, they're dangerous women and they don't know what they're doing. And, you know, you're you're taking your life in your hands. If you have a if you work with the midwife. I mean, it's.

Sue Baelen: [00:25:22] It's a very modern concept to have birth in the hospital.

Esther Gallagher: [00:25:26] Yeah. It's it's only really been a matter of decades. When you think about it. And and it hasn't improved outcomes at all.

Sarah Trott: [00:25:36] Right. So the bottom line is, it is an option that's existed since the birth of birth. And and women have been doing it for a long time. And we're seeing an increase of demand for this style of birth, given that we're in the current era where more recently modern techniques have pointed a wound towards the hospital. But we're seeing sort of a spike in rethinking some of that, that recent practice. And here we are. So do we have do we have the resources to meet the demand?

Sarah Trott: [00:26:11] Are there enough midwives? So this is something that a lot of women choose as their path. And it's definitely a choice. And it sounds like we recommend a lot of emotional and practical preparation going into it. But if we're seeing a spike of demand for home birth, are we able to accommodate that? We're here in San Francisco, all around the world. There's different levels of resource. But what about here?

Sue Baelen: [00:26:34] Yeah, it would be my happiest day if what we really need are just more midwives. So hear, hear. Yeah. Yeah, I think introducing people into the world and. It's really gentle, loving, spacious way that is so completely dedicated to the individual is a beautiful thing. And we've always seen the pendulum swing of hospital. Birth is more popular, home birth is more popular.

Sue Baelen: [00:27:06] It goes up and down. And I think what is the most ideal is to have a well integrated midwifery system where midwives have access to hospital resources when needed, that we can keep most of the women who are having normal pregnancies and don't need a lot of fancy things and hospital beds out of the hospital so that those resources can be used for people who who are truly in need of them and that everybody is valued for the contribution they're making. It doesn't seem so hard. We should do that.

Sarah Trott: [00:27:45] Right. And bottom line is, if someone is having a true emergency, they can go to the hospital mid process.

Sue Baelen: [00:27:51] Is that fair. Exactly.

Sarah Trott: [00:27:53] Well, if they're close.

Sue Baelen: [00:27:54] Enough, yeah. Well, certainly in San Francisco, we are very happy and feel very safe in that we have good hospitals, good EMS and and good transportation. So people who are in outer outer lands, you know, there were midwives who practiced in the Santa Cruz Mountains and they were also very successful. And again, the whole goal is to not take unnecessary risks and do a little bit of thinking ahead doesn't mean that emergencies never happen, that you didn't anticipate, but most of them can be stopped before they become true emergencies.

Sarah Trott: [00:28:34] So we had Jessica moore on our program earlier. She's the director and producer of the film Why Not Home? Do you think it would be useful for women who are considering this option to maybe see what they're signing up for beforehand?

Sue Baelen: [00:28:52] Yeah, absolutely. And the business of being born by Ricki Lake and Abby, I've just forgotten.

Laura Marina Perez: [00:29:01] Epstein.

Sue Baelen: [00:29:02] Thank you. They are streaming it free from their website just in case people want to consider this. So I think it's definitely a great option.

Sarah Trott: [00:29:11] So there you have it. What are your last messages? If you're talking to a potential client who's calling you up and saying, hey, I'm doing a week, what should I do?

Sue Baelen: [00:29:20] I think that people really need to dig deep, follow their instincts, figure out what is going to help them to have the greatest adventure they can. And especially in a world where there's so much fear and so much unknown to be able to hold on to the things that are so important and so monumental, like family, like love, wherever you feel that you can do that the best, that's the best place for you.

Esther Gallagher: [00:29:52] So beautifully put.

Laura Marina Perez: [00:29:55] Yeah. I think that one of the things I try to remember and share with my folks that I work with is my belief that birth is as safe as it gets. I don't think birth is scary. I don't think birth is dangerous. And I think that I believe in women. I believe in in their babies. And that's what I want for all women to know that their bodies are good, their bodies are healthy. I love that. And that it's not so much about where you birth, but what you bring to your birth and knowing that you have what it takes.

Esther Gallagher: [00:30:27] Thank you both so much for being on our show and helping us with this reality check that's always been with us. You know, it's it's always been here. We're just coming up against it in a new and different way.

Sue Baelen: [00:30:43] Yeah. Thank you, guys. I always share your podcast with my clients and I think you guys are just great.

Esther Gallagher: [00:30:51] So thanks so much.

Sarah Trott: [00:30:54] Thank you both for being on our program. And of course, as a reminder, it's always fine also to consult with your physician, your physician, if you talk

to them and you say, hey, I'm thinking about a home birth. Have that conversation with them. That's fine. There's no taboo here in having open, transparent conversations with people who care about you and your health. So we encourage you to also feel like that's an option and discuss that with them as well. Maybe in conjunction with your midwife and your doula. I am so grateful for my doula who is Esther Gallagher, also my podcast partner. Yay! And everything that she's done for me. And we're we're just so thankful for all of you listeners as well. So thank you.

Sue Baelen: [00:31:33] Take care. Stay safe. Wash your hands.

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.