

# Fourth Trimester Podcast

## Episode 89: Great Postpartum Health Starts In Pregnancy - Meghan Doyle, Partum Health Co-founder and CEO

**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:** [00:00:00] Hi, this is Sarah Trott. Welcome back to the Fourth Trimester Podcast. I'm here with a special guest, Meghan Doyle, who I'll introduce in a moment. And before I do, I want to remind everyone that we have a website which is [fourthtrimesterpodcast.com](http://fourthtrimesterpodcast.com). So go check it out. Sign up for our newsletter. Go to us on iTunes and Apple Podcasts wherever you listen and click follow so you can get reminders and updates whenever we release a new episode.

[00:00:25] So I am here today with Meghan Doyle, who I'm so excited to introduce. She has been someone I've wanted on the show for a very long time. She is a friend and full disclosure, she is a founder of a company that I have personally invested in because I truly, wholeheartedly believe in this company and what she's doing and building. So I'm really thrilled to have her here.

[00:00:50] The theme of our topic today is going to be the full picture of postpartum and perinatal care. So what does that look like in terms of birth and postpartum care beyond just the bare bones of clinical necessity? There's a really cool topic, and it's something her company is addressing.

**Sarah Trott:** [00:01:08] So I want to start off by just giving Meghan a little introduction here. So Meghan, as I mentioned, is the CEO and co-founder of a company is called Partum Health, which is online at [partumhealth.com](http://partumhealth.com). You can go check it out. And she has been combining her deep experience in consumer health with her passion for supporting women and families. And prior to founding Partum, Meghan was a senior principal at BCG Boston Consulting Group, where she partnered with health care systems, payers, health services clients. This is her background. She knows health care inside and out, and she's been developing strategies for that area for some time.

**Sarah Trott:** [00:01:48] Also, Meghan is a mom and she was particularly inspired to find this found the company Partum Health after having herself a fairly underwhelming maternal care experience. It included cobbling together her own pre and postnatal specialty care. And when Meghan realized this was a natural result of the fragmented

system, she got fired up for helping solve this problem for others. And that's how the company was born.

**Meghan Doyle:** [00:02:18] So also a bit about her background. Meghan has an MBA from Wharton School and the University of Pennsylvania and a BA from Chapel Hill. She lives in Chicago with her husband, Jeff, and their two school aged kids, Owen and Audrey. So that's your full intro. Welcome, Meghan. I'm so happy to have you here.

**Meghan Doyle:** [00:02:36] Oh, I'm thrilled to be here. No better intro than somebody who has been a believer in what we're building from the start. So thank you so much for having me on.

**Sarah Trott:** [00:02:45] Yes, absolutely. So as I mentioned, one of the things we like to do at the start of the show is just talk a little bit about your own postpartum experience, which I touched on a bit in your intro, but in your own words, would you be willing to share what your fourth trimester was like?

**Meghan Doyle:** [00:03:04] Of course. It's interesting because even though it's now my oldest is nine, so my first fourth trimester was was nine years ago because I work in the space, I'm constantly reliving and going back to those memories. So they feel quite close and quite visceral for me.

**Meghan Doyle:** [00:03:24] You know, I think like a lot of people, I entered pregnancy with this idea that, okay, I'm going to show up to my doctor and they're going to like, tell me everything I need to know. And similarly, I went to a birth class. I read the books. And when I thought about I'm going to show up to the hospital, they're going to tell me what to do. That was really my plan. My quote unquote birth plan was right just to listen to my health care team.

**Meghan Doyle:** [00:03:49] And what ended up happening was luckily, everybody was healthy at the end of the delivery. But, you know, I had some, I think, difficulties, particularly with tearing. It was an assisted delivery. And these were all things that as I look back now, I was really unprepared for. And it really shaped, I think, the beginning of

my fourth trimester. I distinctly remember coming home and having that universal moment that so many of us do where you finally get home from the hospital. It's been kind of a whirlwind. You put the baby down and you say, now what? Right. There's so many things that you're going to experience and you don't really have that health care team to tell you step by step what to expect.

**Meghan Doyle:** [00:04:40] And my fourth trimester was trying to navigate those questions, trying to figure out what was normal, what should I be concerned about, Texting friends? Oh, my God, breastfeeding. I had no idea how challenging that could potentially be. And, you know, when I look back on the experience now, so much of it was trying to find my footing, but also feeling like I needed to be happy and grateful because I had a healthy delivery and I didn't have any complications. Right. And that duality, I think, is a really hard thing for a lot of us to hold in the fourth trimester is to say I am grateful. I love this little human, but also I'm an incredible pain. I'm not sure if I should be getting more help than I'm getting. I feel like I should be able to do this thing on my own.

**Meghan Doyle:** [00:05:34] And, you know, really, the truth is I didn't have a team. I never heard of a postpartum doula. My lactation support came after frantically texting friends and getting the names of 3 or 4 and figuring out who could come to my house in the next 24 to 48 hours. Right. It was it was a little bit, I would say, rough, just figuring out all of those pieces and doing it with a smile and feeling like I needed to be, you know, happy and excited and really feeling so such a wide range of emotions beyond that.

**Sarah Trott:** [00:06:15] So I want to touch on something you said there, which is I should be able to do this all myself. I think that's a really common mental state that women go into having their baby think like this framework of I'm a woman. I can do this. This is somehow proof of my validity as an adult or this is proof that I'm a capable, successful person, that I can do this myself by myself. And that's that's an expectation that comes from like where I mean, there are societies around the world in different cultures that have really different kinds of expectations.

**Meghan Doyle:** [00:06:59] Well, and I would say it's even one step beyond that. When I think back, like I remember people telling me, Oh, you're going to want to limit visitors, but they didn't say, you know, because you're probably going to be walking around topless and dealing with a lot of, like, bleeding and pain and whatever. They said, you're going to want to limit visitors so that you can have that special time, just the three of you. And I look back at that and it's like, it's not that that wasn't a special time, but this emphasis that you should be feeling, you know, only the bliss and joy, right? Without acknowledging the pain, the recovery, the chaos.

**Meghan Doyle:** [00:07:41] You know, I think it goes even beyond that idea of like, I should be able to, like, white knuckle through this. We're not even talking about the negative parts in in a lot of different corners of society. I would say it's much more, you know, you should you should relish it. You should look back on this and you're going to miss this. It's going to go by so fast. And that is a part of the conversation. But it needs to be had in conjunction with the reality of and your body and your mind are going through a lot, too, and acknowledging, you know, all sides of the experience. Right? Not just that little corner of gratitude and bliss and coziness that you might feel as a new family.

**Sarah Trott:** [00:08:27] Yeah, it's the other side in the duality of that, that it's not only normal, but expected to have conflicting emotions at the same time, conflicting physical feelings. Like all of it is conflicting. There's a there's almost this set of extremes on both ends at the same time.

**Meghan Doyle:** [00:08:47] Well, I think the other thing is you just don't know necessarily going into it what your situation is going to be like. Right. So you ask this question about what was my fourth trimester? And it was like largely fine, but also really hard. And I think for a lot of people, when you go into that phase, when all of the expectations are positive, it doesn't allow that processing of when you're feeling things that aren't so positive, when you're feeling things that are, you know, certainly if you go to the extremes or if you're experiencing any kind of perinatal mood and anxiety disorder, we are really under prepared for that because it's not discussed. It's not part of the common conversation about, you know, what is it going to be like when your baby arrives? Right.

**Meghan Doyle:** [00:09:40] People talk about exhaustion, but they don't say. And by the way, that exhaustion can also lead to mental health challenges that you're going to want to have a provider on hand. And you may even want to establish a relationship with one beforehand. Right. That we're not taking the discussion all the way to its different ends. And I think it's so important that we prepare people to build their team and to create the right level of support for a variety of outcomes. Right.

**Meghan Doyle:** [00:10:13] You could have a really smooth, amazing delivery and your baby could sleep through the night from three weeks, like congratulations if that happens to you. Right. But that's not going to be the case for the majority of people. And we want to be able to arm folks with both the understanding of how many different ways this experience could shape up and preventative and proactive care to help nudge things in the right direction when you do encounter obstacles and challenges.

**Sarah Trott:** [00:10:45] Mm hmm. 100%. Yeah. Just anyone who's listening. It's not a failure if your baby is not sleeping through the night at three weeks. In fact, that's extremely atypical. It's not a reflection on you as a parent if you're not happy all the time and everything's put together. The expectation should be that you have everything you need inside you to follow your instincts. And it doesn't matter what the baby book says and it doesn't matter what your mother did, and it doesn't matter what your friends do or Instagram says, like this is a time to do what's right for you and your family and to release yourself from judgment around how it should be or how you should feel. Yeah.

**Sarah Trott:** [00:11:25] And to that end, I also would like love to reinforce and just dig into a little bit this idea of putting together a successful care plan. What does a successful perinatal care plan look like? I want to dovetail into Partum Health and how its mission and vision plays into that.

**Meghan Doyle:** [00:11:47] Yeah. Well, the first thing I'll say and I know this podcast is obviously focused on fourth trimester. And when we started Partum and my own personal experience, I felt the biggest gap in the postpartum period. But one thing we quickly realized and we always try to emphasize when we're working with families is that

a great postpartum experience really starts in pregnancy. And a big reason for that is so many of the common issues and complications that we see emerge in the postpartum period can be addressed preventatively.

**Meghan Doyle:** [00:12:22] And the only way to do that preventatively is to engage and to build a care team and to educate yourself and to create connections with providers, both clinical providers, as well as non-clinical support folks to really give yourself the best opportunity to not only avoid those complications that that's so commonly emerge, but also to truly enjoy and have what you need. And as you said, what you need is specific to you and and your family.

**Meghan Doyle:** [00:12:55] So when we think about it, we try to think about the full spectrum of mental, emotional, physical and then also practical well-being that really all of your needs across those those different buckets are really heightened during this time. Right. So it may be that you experience anxiety or perinatal mood and anxiety disorder. It may be that just the sleep is really, really difficult for you to function without. It may be that you end up having a birth experience that leaves you with a need to rehab, which I will say everybody should have access to and be able to see a pelvic health specialist.

**Meghan Doyle:** [00:13:40] Because even if you don't have a birth injury, just the change that happens with your pelvic floor, you know, to be able to both prevent and address is super, super important. So we really think about this full suite of needs and are building a team of providers that can help each family really shape their plan. But it starts with having awareness and access so that you know and are thinking about your mental health, your emotional health, your relational health.

**Meghan Doyle:** [00:14:13] We all know having kids really puts your relationship with your partner in a totally different light, that you're thinking about the practical things of just what do I need to feel, you know, human and to feel myself? And that could be sleep, that could be alone time, things that are really hard to come by in the postpartum period.

**Meghan Doyle:** [00:14:35] It also really comes down to having and feeling comfortable with your own skills around newborn care. I think that's another thing that really gets glossed over is some of the anxiety and worry comes from just not having preparation or experience and being around newborns and having a little bit of a trusted hand to show you how to do things can make such a massive difference for people.

**Meghan Doyle:** [00:14:59] And then, you know, the physical side of it, too, right? So at pardon, what we've built is really a suite of different caregivers that includes birth and postpartum doulas. It includes lactation consultants, because as I mentioned before, I know that feeding journey is so such a challenge for so many parents, mental health providers who specialize in perinatal care. And that's a really important part. I would say as well. Thinking about your care plan and your care team is finding people who really know this period.

**Meghan Doyle:** [00:15:30] We also work with registered dietitians. There are a lot of women, I think, who don't maybe know both during pregnancy and then postpartum how to eat in a way that's giving them the best opportunity for recovery and nutrition to create their own fuel, as well as, of course, the baby's development and pregnancy and then physical therapists. So really important to think about the whole spectrum of of care that you need.

**Meghan Doyle:** [00:15:58] And then something that we do at Partum is really help each family figure out what combination of care is right for them and to do some of that quarterbacking. So scheduling, figuring out who and when you should engage at different points. We know that's a lot of burden for people who are busy and already trying to navigate a lot of questions during their the perinatal period. So so that's how we think about it is really understanding which of these different areas you need support in and creating a plan and whether it's engaging, you know, a professional like a postpartum doula or having friends on hand who are going to step in to to fill certain needs. Right. It's really thinking that through and having everything ready before you get to that fourth trimester point, Right? That's your ideal scenario.



**Sarah Trott:** [00:16:49] I love the way you described the quarterbacking. So let's say I'm a first time mom. Pregnant, coming. I'm looking I'm looking for some support. Not really sure what I need. I mean, that's half of it. So how how would a new parent work with you? What does that end to end experience really look like?

**Meghan Doyle:** [00:17:07] Yeah, it's a great question. So we do a lot of things virtually, and that usually starts from our initial discovery call with any new client. Typically, folks find us online and send in an inquiry form. Let us know what type of care they're interested in or we commonly see and have on our our inquiry form. I'm still exploring because a lot of people really are just trying to figure out what they need and what's right for them.

**Meghan Doyle:** [00:17:37] We then get in touch with all of our families. Our Client Care lead does a lot of the outreach sets up Zoom or phone calls, depending on the client preference. We encourage if there are two parents to have both parents involved, it's really important to start that planning on the same page whenever possible. And our aim is really both to help people understand their options for care. So making sure they are aware of the breadth of different support services, both done by Partum and sometimes potentially outside as well. And then to really figure out what makes sense for that family, right. And that's going to look different if you have a really big support system with family that's local that you want around and engaged during this period. You know, you may not want or need postpartum doula care if you know that you've got, you know, a lot of a partner who maybe isn't so comfortable in the delivery room, like birth doula might be your most pressing need that you're looking out for.

**Meghan Doyle:** [00:18:38] So that first call is really a chance for you to understand your options, to reflect on what you need, and then ultimately to start that process of putting together the right plan for you. We also work to ensure that everybody gets matched with a care team that really is right for them. So that takes into account where and how you're delivering what type of support and when as well as background or any specific needs that you might have, whether it's cultural alignment or specific experience. If you've been through pregnancy loss, for example, you might want to see a mental health provider who has depth in that space.

**Meghan Doyle:** [00:19:19] So that's really the purpose of that discovery call, is to do some of that coordinating and collaborative planning hand in hand with our families. And then we go about kind of executing the plan and we use a mobile app to make communication for you and your care team really seamless and also as a means to share resources on an ongoing basis, kind of timed to where you are in your journey. So that means, you know, preempting you looking for, okay, what size pads do I need postpartum by sending you the recovery supply list That gives you some guidance and information on what you want to have on hand when you get home from the hospital. As just a small example.

**Sarah Trott:** [00:20:02] Are there things that are typical for most families who you work with in terms of which services and which providers they are connected to?

**Meghan Doyle:** [00:20:12] You know? Yeah. I mean, I will say we kind of bucket folks into planners like we do have, you know, it's June and we do have people who are due in early 2024 who are booking their care now. Right. So there are some people who really take a lot of comfort in knowing that they've got their blueprint. They're ready to go. Um, so that's kind of one, I think typical profile that we see is like a very proactive family that often either is a first time parent that just knows they're going to feel much better when they have everything in place.

**Meghan Doyle:** [00:20:53] Or often we see second time parents who are like, I'm not doing what I did last time. That didn't work, right? Um, so that that tends to be folks who are best positioned to like take care, take advantage of a lot of different forms of care. But of course our aim is to help people like wherever they are in their journey. So that may mean I'm 48 hours post discharge and I'm having challenges with lactation and I need to see somebody ASAP.

**Meghan Doyle:** [00:21:24] We do also offer in-network services with Blue Cross Blue Shield, United, Aetna and Cigna for most of our services. So that is another thing about how we deliver care and how people find us and why they come to us is to be able to use their health insurance to cover as much of this type of support as they possibly can.

**Meghan Doyle:** [00:21:47] So it really is a full spectrum. But I would say more and more we are seeing families who especially with word of mouth, right. When you have a friend or a family member who's gotten their act together and had a full care experience, and then you're like, okay, I want to replicate that and not the alternative of feeling like you're scrambling and feeling like you don't know where to turn or who to call.

**Meghan Doyle:** [00:22:12] So it's, it's a mix. But our aim over time is really to like make the default this idea of you plan ahead, you have access to a full care team, right? That's the change that we're trying to create at Partum is to make it normal for people to have more than just their OB and the Internet to navigate what is a really major life transition. Right? We want you to have all the care that clinically has proven to get to best outcomes and also practically makes for a better experience for families.

**Sarah Trott:** [00:22:46] Yeah. And that's beautiful. I like the way you put that. If you're working with a family and you're talking through the options, like are there is there a top ten or a typical set of things like they you do have your OB, you do have the Internet, but what are like the top 3 or 5 additional services that you're working to create awareness around in terms of just what's possible?

**Meghan Doyle:** [00:23:12] Yeah. I mean, you know, I don't we do I guess at this point have 5 or 6 different kind of services. Our aim is to make sure people at least know about all 5 or 6. Um, but I would say in general, you know, people tend to not be as familiar with birth doula care and postpartum doula care in terms of like development of those specific services. They are not as widespread as, let's say, lactation.

**Meghan Doyle:** [00:23:45] And I think we've seen a huge surge in the last five years, even around physical therapy and the importance of doing, you know, specific pelvic health support.

**Meghan Doyle:** [00:23:57] So those are areas where we see oftentimes people like may have this one friend who's like a zealot about PT or Oh my God, I had an amazing birth doula and you've got to have a birth doula. And so it's often that they kind of know

about one of these services but don't know about the full picture, right? That that tends to be the most common thing we see. And I would say, you know, lactation, physical therapy and doula care are probably the three that we see most commonly.

**Meghan Doyle:** [00:24:27] There's still surprisingly like if you work in this field, you think mental health, of course we all recognize the importance of it, but we still find that that's a challenge for people to really, you know, come openly to this idea, especially of preventative mental health. It's different if you've been referred or have a diagnosis, but we're big believers that you want to give people the tools and the access to think about their mental health before or even if they never encounter a perinatal mood and anxiety disorder. Right?

**Meghan Doyle:** [00:25:01] It's a major transition and part of why the US Preventative Services Task Force recommend for anyone who's at risk of any mental health disorder to do preventative therapy is because it's been shown to reduce the incidence and severity. So we really take that seriously and again, try to make sure everybody has access and an identified person that they know they can get care from. On the mental health side as well.

**Sarah Trott:** [00:25:37] So my final two follow ups are the one is if someone elected all of the options. That could look like. It sounds like a you could paint it out, but just know briefly, like what are the pit stops? What are the touch points pre and post birth and who are they talking to and like just bring it to life. And then also like, is this only for a select few families?

**Meghan Doyle:** [00:26:16] In answer to your first question, again, we can engage with folks at any point in their journey, but if somebody is coming in and saying, okay, I want it all, give me give me all the help, you know, typically, even in your first trimester, there may be needs, for example, seeing a registered dietitian to deal with nausea and how to eat in a way that is both getting you the nutrition you need, but also something you can stomach, for example.

**Meghan Doyle:** [00:26:45] We see that physical therapy and lactation, usually late second trimester or early third is when, again, even if you don't have any issues emerging, doing that prenatal visit is super important so that you can get acquainted with your pelvic floor, how it functions, breathing. And similarly with lactation, you know, we find that getting up the learning curve, knowing the basics can make that first 48 hours before you have the opportunity to see a lactation consultant in person. You know, just go much, much smoother and help people meet those breastfeeding goals.

**Meghan Doyle:** [00:27:23] Similarly, I would say mental health. Again, we push all of our clients to at least consider doing even if it's a free 15 minute intro, just so that you know the provider there somewhat established with you. But we think even talking through some of what you're feeling during pregnancy and the birth and then potentially processing afterward. You know mental health providers are really excellent resources for that.

**Meghan Doyle:** [00:27:50] What am I missing? Lactation. Oh, doulas obviously. Yes. So part of the challenge with doulas is that they book out quite a ways. So we long term know that we're going to need to continue to build that workforce and to create pathways for birth workers to make this really a long term career choice that they can make. But today there is definitely more demand than supply for both birth and postpartum doulas, I would say, which means the earlier that you start looking into these options and talking to doulas to make sure you're finding somebody who's a great fit for you, you know, the better.

**Meghan Doyle:** [00:28:33] And like I said, now it's June and we've got folks who are already kind of securing care with their doulas for 2024. And the aim with that is to then also give you that ongoing support during pregnancy and leading up to the birth. So it's not just about having somebody like show up as you go into labor, but also somebody who knows you well enough to know how to show up in that moment when you are going to be at your most vulnerable.

**Meghan Doyle:** [00:29:03] We often structure our work with birth doulas and clients so that they have a dedicated prenatal planning session, but also this ongoing

communication. And again, we use a mobile app that gives folks access to their full care team. So it's very easy to message back and forth. And the aim is really to deepen that relationship and to make sure that you're feeling fully supported heading into labor and delivery.

**Meghan Doyle:** [00:29:30] And then same with postpartum doula care. We aim to help people find that right fit and really think through what is going to be the most meaningful support for me. You know, do I have a toddler at home? And so the middle of the day to the afternoon, I know I need some extra hands because it's a really challenging time to juggle. Plus, sleep deprivation. Right. Versus other people who might say, oh, that overnight support is really what I'm looking for because I know I function much, much better when I get a full six hours of sleep, eight hours of sleep, whatever it is. So it really at that point depends on how the family has structured their support. And the postpartum doula experience usually, of course, happens after baby arrives.

**Sarah Trott:** [00:30:23] Thank you. And then my other part of my question is, is this an exclusive service?

**Meghan Doyle:** [00:30:29] Oh, it's a great question. So I think historically, I would split this into like two different parts, the birth doula and postpartum doula care. Even today still does require out of pocket spend or HSA, FSA spend. Right? So we are the first to acknowledge that that is an investment for families. And, you know, the aim over time for our business is to make that as accessible as we possibly can.

**Meghan Doyle:** [00:31:00] There are a couple of really exciting things happening in the field today as more and more health care payers systems and even benefit companies like Carrot Fertility, for example, are really stepping up to provide coverage for these services. We actually now have ten states across the US where Medicaid is reimbursing directly for doula care as well. So we anticipate that that is going to continue to expand. But today it is really an investment on behalf of families that we are working to figure out every inroad that we can to make it as accessible via your health insurance.

**Meghan Doyle:** [00:31:42] And that's, again part of our mission to make this access to multidisciplinary care the default is to think about how to also make it affordable. I would say on the clinical side, you know, most health insurance will cover mental health services, lactation, physical therapy, nutrition, you know, at least to varying degrees.

**Meghan Doyle:** [00:32:07] Lactation is actually ACA mandated to be available through health insurance at zero cost share. There is a big old asterisk on that, which is you have to find in-network providers to make that happen. And that's part of why we've structured things the way we have at Partum to create those contracts with health insurance companies and to build our model in a way that uses reimbursement and hopefully makes this then more accessible for families.

**Meghan Doyle:** [00:32:37] So in answer to your question, this is not a luxury service, right? These are services that we think are essential and that clinical research has demonstrated will get people to better outcomes. And we're continuing to push and find ways to hopefully expand that access and affordability even on the birth and postpartum doula care too.

**Sarah Trott:** [00:32:59] Yeah. Thank you so much. Now, if someone wants to learn more about Partum, they can go to [partumhealth.com](http://partumhealth.com). How else can they reach out and work with you and the team for putting together their own postpartum success plan?

**Meghan Doyle:** [00:33:12] Great question. So we do have virtual services, especially for doula care, and we've also just launched online childbirth education. Those are accessible to families across the US and you could always reach out directly on our website or email us Hello at [Partum health.com](mailto:Hello@Partumhealth.com) And we're always happy to, you know, try to arrange something that works for you.

**Meghan Doyle:** [00:33:38] We do have our full service model in our home state of Illinois and we'll be launching a second state later in 2023. So we're excited to be reaching more families that way and then also following us on social. We're very committed to promoting evidence based content, which I know is not 100% of what you

find on on social media and online. But following us on Instagram and Facebook is another great way to engage.

**Sarah Trott:** [00:34:07] Okay, so we'll post all of this information on the Fourth Trimester Podcast website as well and the article that goes along with this episode and the show notes.

**Meghan Doyle:** [00:34:15] Meghan, thank you for generously offering something special and unique for Fourth Trimester listeners, which is 50% off, that's half off all of your virtual and baby education courses. So go to [PartumHealth.com/events-classes](http://PartumHealth.com/events-classes) or you can just find it on their site. Use code FOURTHTRIMESTER all one word. And again, we'll put this on our website so you can find it. But all one word FOURTHTRIMESTER and you'll get half off the classes. So that's something that anyone, wherever they are in their journey, if they think that's something they can benefit from, you can go and take advantage of that offer. So thank you so much for that, Meghan. And I just want to thank you so much for being on the program.

**Meghan Doyle:** [00:34:57] Thank you for having me. I love being able to reach people who are excited about the postpartum period and love the work that you're doing to shine such a light on all of these topics. And we're just happy to be a part of of the work you're doing and to meet your community.

**Sarah Trott:** [00:35:16] Yeah. Thank you so much, Meghan. All right. Until next time.

**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.



