

Fourth Trimester Podcast

Episode 101: How a Friend or Family Member Can Help You if You Don't Have a Doula (What is a Doula?)

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 with Esther Gallagher as my co-host today.

Sarah Trott: [00:00:13] We are here today to talk about a deep dive into a topic that we've touched on many, many times, which is how to be a supporter for someone and act as their support person if they do not themselves have a doula that they've hired, either they can't afford one or they're just not accessible, whatever that looks like.

Sarah Trott: [00:00:34] But this is the conversation we're having. It's how to have a friend, a family member, a trusted neighbor, someone in your life who can play the role as advocate for you and supporter for you throughout your pregnancy, your birth and your postpartum. So Esther, what would you like to add to that intro?

Esther Gallagher: [00:00:59] Oh, I think that was the perfect intro. Yeah, I would say, that with the rise of the professional doula in the US, it's a fairly accessible thing, but we really should resist the idea that's now being promulgated in hospitals that, that you have to have, say, for instance, a certified doula or a trained doula or somebody who has letters behind their name or any of that. And I think that precludes people getting the kind of support that they might need.

Esther Gallagher: [00:01:50] And while I'm all for those of us who've gone the extra mile to become professional doulas, I think it's dangerous in our culture to to start to separate out support styles of support. We all need support, and we all need it throughout our lives and finding people who we trust to support us in the way we need and want to be supported should be our prerogative, and it shouldn't matter where they came from.

Sarah Trott: [00:02:25] Yes, I love that point because you're highlighting that you don't need a certification from any particular doula training program in order to provide real care and support for someone. Now, if someone has been trained, that's fantastic. That might mean they have experience and skills that a family member may not necessarily have.

Sarah Trott: [00:02:51] And, to be clear, we're not trying to say that this conversation is going to train someone as a doula. This is really about just how to have a sense of what it might be like to support someone through their pregnancy, birth and postpartum. And no one can listen to this and call themselves a doula. That's not what this is. We're not saying someone should just go in and say they are one. Just be yourself. Be who you are in the moment. If you're supporting a birth then in the hospital say, I'm the sister, I'm the whoever, and use this conversation as a guide for some things that you may want to consider offering as support.

Sarah Trott: [00:03:30] And for anyone who's interested in understanding more about what doulas do, Esther and I have recorded a couple of really lovely episodes: one that's on birth doula, the role of the birth doula, and one that's on the role of the postpartum doula.

Sarah Trott: [00:03:46] And they are different things and there are many women such as Esther - you are one of them, for example - who have the skills and experience and practice to do both and provide what you've always called full continuity of care throughout pre birth and post. And there are people who just specialize in one aspect or the other. So go check those episodes out if you're interested in deep diving on the doula roles, especially if you're considering hiring one.

Sarah Trott: [00:04:19] So many, many times we have had conversations, the two of us Esther and also with other guests around the fact that not everyone can hire a doula or afford one. Or there are healthcare deserts in the United States and other places in the world. So, if that's the situation, listen to this. Give it to the person who you think you might want to act as your supporter and see where it takes you. See if this is helpful. That's our hope. That our encouragement and our guidance can help you to have a better supported experience.

Sarah Trott: [00:04:55] So the first thing Esther that you and I were talking about was the selection process, who is an appropriate person to have in your life as to play the supporter role.

Esther Gallagher: [00:05:11] So two things are top of mind. And the first one is somebody and maybe two somebodies. Because we live with Covid, we're much more aware of communicable disease in this day and age. And so having two people who can spell each other in your care, and or back each other up, as it were, is, I think, very important.

Esther Gallagher: [00:05:43] And, they need to be people who you trust to be 100% available on call 24/7 Indefinitely to show up for you. In your labor, birth and postpartum. So asking your next door neighbor who has six kids or two kids might not be ideal - she might be brilliant, but unless she really is able to cover her kids for a week while she's with you, she may not be your first choice. So I think that's the first, most important thing.

Esther Gallagher: [00:06:35] And I think that really having a real face-to-face conversation with people about when and how they can show up is really important and I'll back this up by saying, it's sad to me that the way our culture is structured so often means that friends and family members, however intentional they are, cannot show up. They want to. They might even say they will. And then stuff happens and those things draw them away, or they live too far away, or they're not as able bodied as they need to be to step up to this role.

Esther Gallagher: [00:07:26] So all of these things are important. I think their capacity to make that commitment is crucial. So it's really helpful if these are people with whom you've already had the experience of them stepping up, stepping in and going the distance. Professionals get paid to do just that, right? To be on call to step up and go the distance and to have arranged backup should they be incapacitated or otherwise unable to show up for you. So that's the core of being a doula or a facsimile doula, shall we say, somebody who's going to offer care and support in the perinatal period. So yeah, that's the first thing.

Esther Gallagher: [00:08:40] And then the second thing is. Is this somebody who - I don't care what their gender identification is, what their sexual identification is, what their age, what their college degrees are. I don't care what any of that is. This person is

somebody that you can be at your worst in front of - can be naked, sweaty and leaky all over the place, in front of and with. Who can show up for you no matter what you look like, no matter what comes out of your mouth or your body. With intention and care for however long you need it. So those are the two things.

Sarah Trott: [00:09:38] Yes. And you know it's so nice to catch up on gossip and hear what's going on. But maybe you want someone who's a listener and not necessarily going to chit chat with you or talk about themselves. I know Esther, you've mentioned to me how important it is for this person to have a good sense of their own self-care as well.

Esther Gallagher: [00:10:02] Yep. I would say those are the next two important things on the list for the person you're asking to show up. Absolutely. Sarah. And one of the reasons why we don't want a chit chatter, although if you want a chit chat with them in your labor and you have the capacity, that's great. But one of the reasons for this is that what's in front of you during labor and postpartum is so immediate that your brain doesn't have the capacity to focus on anything else. And whether that's getting through the surges of your labor, pushing that baby out, whatever, or breastfeeding.

Esther Gallagher: [00:10:54] If you're going to be a breast feeder or chest feeder, as we also say, then that is a very immediate intimate engagement. And most feeders don't have the bandwidth to do that and talk and chit chat at the same time. It seems like a leisurely thing that you could entertain guests doing. And someday you might be that person who can do breastfeeding alongside everything else you ever do. However, in the first 2 to 6 weeks, that's not the case for most of us. And it's exhausting if we're asked to do so. So, yeah, thanks for that. Sarah. That's very important. Yes.

Sarah Trott: [00:11:50] Of course. So one thing that you can do if you have access to doula care, but maybe budget is a concern, is that you can seek out an early, trainer kind of doula, maybe someone who's looking to gain experience and who's eager, but innately talented and has passion for this space. So that's also an option.

Sarah Trott: [00:12:13] We talk about expectations and nausea because it's so important. And as it relates to expectations, having those people, that person or your the person in the backup person or the team, whatever you find that's right for you. Having a chance to talk to them pre-birth is really important. Maybe more than once even.

Esther Gallagher: [00:12:35] Several times yes.

Sarah Trott: [00:12:36] Ideally, yes. Thinking about what you want that birth to look like, creating a birth plan or as we call it, birth intentions. And if you want a free template, we have one on our website on fourthtrimesterpodcast.com. So go get the free template that's there. And we've even recorded several episodes that explain every detail on that template, so you can check that out.

Sarah Trott: [00:13:00] But going through that plan with your supporters is important because when you're in the moment of birth, they'll be able to step in and advocate you along the lines of your intentions and what you're looking for. So that's something that we've found to be incredibly useful.

Esther Gallagher: [00:13:19] I'm going to step in Sarah and say that intentions and plans are very important. And I think that, what is a healthy mental mindset for going into and through, such an all consuming physiological, social, emotional and spiritual process as bringing another life into the world and supporting that other life and its early years is that we identify preferences. What we would like to experience.

Esther Gallagher: [00:14:04] So rather than what, alongside, I should say, what it might look like, I think it's very important to kind of rest inside our bodies and imagine what it might feel like. And it's all of these things that we're talking about can become intense, very intense, to the point of overwhelming. And so, again, we want people surrounding us who understand what that is. And if this is our first experience with it, we can do it without making it about them. Can move in our direction with support for that intensity and normalize that intensity. And still move in our direction with some comfort and, and love and some advocacy.

Esther Gallagher: [00:15:04] So long as your labor is otherwise healthy and normal, there's no need for any kind of medical intervention. Whether you want it or not, there's not a need for it. And so if your preferences and your plan are to have a natural childbirth, then you need people around you who will lovingly remind you of that intention when things start to become a bit overwhelming and who know how to support you around. Bringing down the level of external noise so you can really listen to your body first and foremost. Help yourself not be overwhelmed and receive the comfort and support that's available to you. That doesn't have to just numb you out. So understanding how to do that is very important on the part of a support person.

Sarah Trott: [00:16:13] Beautifully said. And of course, people are allowed to change their minds. And having someone who's there to say. You know, remember, your intention was this can go a really long way in the moment. That word of encouragement. You can do this. You got this. As you said, assuming it's a healthy pregnancy and there aren't additional complications.

Sarah Trott: [00:16:40] And by the way, all of this applies for home birth scenario or birth center scenario or hospital scenario. Your supporter can be present in all of these different places.

Sarah Trott: [00:16:52] And you touched on something Esther that reminded me of a different conversation we had recently, with a childbirth lawyer, actually. It's the importance, and I think we've talked about it in other episodes, too, but it's the importance of knowing how to ask the question, is this medically necessary? So if there's a question such as, would you like Pitocin to speed things up? Ask the question: Is this medically necessary?

If someone's asking the question, hey, let's let's break the bag of water so that might get things going again. Ask: Is that medically necessary? Your body has been designed to produce another human, so I just want to leave that one there. But that's an important question for birthing people and their supporters to know.

Esther Gallagher: [00:17:37] Absolutely. Yeah. And I think an important thing for a supporter and postpartum supporter to be open to and understand is that you're not there to run the show. You're there to support the unfolding of the show. And, and we can never predict. The event. It's just unpredictable.

Esther Gallagher: [00:18:09] And so I think having a sense of the difference between your somatic experience in the moment and somebody else's is pretty important. So this person you're supporting may look really overwhelmed. And they probably are, especially if it's transition labor. And that's how it feels. It feels overwhelming most of the time. And most people going through it are going to say out loud, "I can't". So just when things get to be really good in terms of labor progression and getting to the finish line and all the things, people are likely to be saying I can't and thinking they can't and imagining that they ought to, get an epidural because they're also imagining it's never going to stop.

Esther Gallagher: [00:19:17] And I think that's the moment when we all want to dig deep. And so reminding the laboring person. Okay, here's when we need to really dig deep. Go way deep inside. Stay with yourself, okay? Close your eyes in between and rest. One surge at a time. We're not going to be thinking about the last one and projecting into the next one. We're just going to be present with what is in the moment.

Esther Gallagher: [00:19:55] Of course, that's good advice for life. and being able to hold the space for that is, I think, critical. even if and when someone decides, nope, not going to do this, I'm going to opt for an epidural for this one and see what happens next. Again, take a deep breath, because this wasn't maybe in the plan, and now it's being called for and you're there to support. Right. You're there to remember that. You're supporting an adult human being who's capable of making their own best decisions, even under duress. Even though they might want to relinquish responsibility in these moments.

Esther Gallagher: [00:20:45] So reminding them that they're the responsible party. And this is their prerogative. And maybe asking, would you like to try getting in the shower before you do that? Before you get that epidural, why don't we just get in the shower,

see how that is? Doing is all. Know this tip, tip and trick, right? Water is just often a lifesaver in intense moments.

Sarah Trott: [00:21:18] Yeah, beautiful. We're sort of segueing into the birth process. The way that's being described, I'm going to rewind and run through a couple of practical points, and then we'll come back.

Sarah Trott: [00:21:34] So: Pre-birth. A few things you can do as a helper. Practical things. If it is a birthing center or hospital, help pack that overnight bag. We would recommend attending prenatal classes together, whether they're in person or virtual. Often many hospitals will offer free courses, and there are lots of good resources. There's a wonderful place that we like to recommend here in San Francisco, which is Natural Resources (see our Deals Page). They have access to many, really talented perinatal professionals who come and give the courses live and virtually. We have links to that on our website. However there are tons of resources in so many localities, so virtual or in person, do the prenatal classes together.

Sarah Trott: [00:22:23] Also, if you can attend a couple of appointments. So if there are doctors or midwife appointments prenatally, attend those with the person because it's so nice to get to know their care team beforehand. And having that contact information is really valuable too. So if you get the phone call, hey, it's time you can help be the person to speed dial the care team on your phone. It's already programmed the phone number to call, to get the right team alerted that baby's on his or her way.

Sarah Trott: [00:22:54] And then, we always talk about food. I'm obsessed with the snack trays that Esther used to make for me. Food is everything for a breastfeeding mom. Stocking that freezer full of delicious, nutrient rich food, you can stock the freezer beforehand. We have lots of recipes. You can check out our postpartum soup and stews collection that are so good.

Esther Gallagher: [00:23:19] And I'm going to even make the suggestion that if you're a primary supporter who doesn't live in the home, but you've agreed and committed to being the the support person, that this would be a wonderful way to process a lot of

information and care and and translate a lot of that commitment by way of doing, which is to come into the home on a semi-regular basis. Whatever you work out with your birthing person and make big batches of nutritious, iron rich foods.

So soups and stews, as Sarah said, loaded with red meat if they're willing to eat that. And lots of vegetables, maybe bone broth or beef broth or lamb broth or whatever, and make big batches. Eat together. And put all the leftovers in the freezer. This is a process that takes a minimum of three hours. So you get three hours together to do all these things. You know, have an activity, talk while you're doing that activity and really make it count both now and in the future. So, I think that can be a really a wonderful learning and caring experience for people. Yes.

Sarah Trott: [00:24:53] Yeah. I love that suggestion. And also like that it helps develop such a beautiful relationship as well of trust, which is so critical for all of this care.

Sarah Trott: [00:25:05] Finally also, we have a great episode called preparing for the Second Child Transition for anyone who's thinking about all of this in the context of multiple children. And this isn't your first, helping prepare that older child or children for baby, is really helpful. Simple things, routine changes, reading books. The baby is here. We have a whole list of books that we like on the website. So, we have that resource for you as well.

Sarah Trott: [00:25:38] Okay. So we'll go back. Let's go back in time. So or forward in this case. So now we are talking about things that people can do during birth. So practical stuff, bring the overnight bag, drive to the birth center or hospital if you're not having a home birth, providing that comfort and physical support. Things like if you want, someone to do videos or photos and that's something that a helper can certainly do, as appropriate. And yeah, I think there's a lot we can talk about around advocating and, and language. So Esther you probably have a few comments around those topics in particular.

Esther Gallagher: [00:26:29] Yeah. One thing that I think is important is to not imagine that you're a football coach, right? You can do it. It's nice to hear. Right. Something that

goes a little deeper is the reminder, during the course of this surge, not only to breathe right and to slow down and all those sorts of practical things that can be very helpful in the moment. But when somebody is saying, I can't, I can't, remind them that while they're saying that they are doing it. I think that has really made the difference for clients over the years. Just kind of instead of being outside themselves, analyzing this as a painful experience.

Esther Gallagher: [00:27:42] Being reminded that it's an internal experience that their bodies made for and that they are doing that thing. So however they're relating to it with their prefrontal cortex. Is a judgment. It's not reality. Right. The reality is that they are doing it. They are doing it right now and they're bringing their baby forth. So that kind of language, you're doing it. You're doing it so beautifully. You're bringing your baby. Your baby will be in your arms soon. We're not going to talk about that a lot, but we're going to remind them that they're moving in a process and they're moving forward.

Esther Gallagher: [00:28:29] And to stay present with what is a lot of people are taught that they should distract themselves, and they're not taught that that might be just fine in early labor. But once you get to transition labor, actually being very present and in the moment with whatever your body is giving you, can actually help a lot. Because there's a lot less fear, which is just going to jack up your adrenaline and jack up your pain. If you can meet the thing and notice. Oh, yeah, I just need to get bigger around this thing that's going on with my body, which is my baby coming through it.

Esther Gallagher: [00:29:21] So I know that sounds a little odd, but reminding somebody in the moment you just have to get bigger than this, that's all. That's all you have to do right now is just expand yourself. Yeah. And then if you're skillful and you know things, then you're going to know position changes, support positions that you can do with with mama, with birthgiver, to help her body do that thing while her mind holds it all together. Those kinds of things are important, and they continue to be important while mama is healing and recovering.

Esther Gallagher: [00:30:09] That rest is important and that we can take rest in very small increments to do the next thing that is going to be called for. So falling asleep

between surges in transition for one minute. Is great preparation for doing that next two minute surge that you're going to have. So not distracting her in between with a lot of chat. Are you okay? Do you need anything? Can I get you this? No. During real intense labor. It's one at a time. You help her rest in between. And that's that.

Esther Gallagher: [00:30:58] In early labor, it's: Keep drinking, keep eating, keep moving around. Do different things. Sleep if you're tired and you can. but during transition labor, it's to give them a sip of water and encourage them to rest. The term I use with my people is okay. Now just sink down. To sink down inside yourself. And that's all I say because they don't need to hear more. You just need to do it right. so setting them up so that they can really rest deeply and let go fully of their body between surges. And there's wonderful information out in the world about how to help mamas do that.

Sarah Trott: [00:31:53] And in earlier labor, it might feel good to give a little back massage or foot rub or something. And don't be offended if at some point mom birthing person turns and says, that's enough of that.

Esther Gallagher: [00:32:08] Don't touch me. Yes. In which case, do not.

Sarah Trott: [00:32:19] Okay. C-sections do happen. They are a reality if they're medically necessary. Don't necessarily expect to go into the room with that person. So just an expectation setting on that one.

Esther Gallagher: [00:32:54] Let me before we jump ahead, let me say that if you are, if you are the the the support person, typically if it's not an emergency C-section, then a support person is allowed in the operating room because mama will not be under a general, and the anesthesiologist is the person who determines who can be in the room. And these days, in most places that I know of in the US, they would never preclude an intimate support person from being in the operating room.

So do advocate for being there for your person. Unless you don't think you can stay present for that. You don't have to observe the operation. You just have to be intimately available to mama at up to her head and encourage her and help her relax and

understand what's going on. The anesthesiologist will talk you through all of that during the process as well.

Sarah Trott: [00:34:10] Yeah. So may or may not be allowed to go.

Esther Gallagher: [00:34:17] Correct. Yes. To be clear. yes. And you can, it's okay to give a little pressure on that, you know. My friend who I'm supporting would really, really like it. Like to have a familiar face in the room with her or they them. You know, so I intend to be there for her all the way through this process. And they come into your room early earlyish in your admission and talk about C-section to you whether you want to hear it or not. So that's the time to assert we'd like to be together if this turns out to need to be a C-section.

Esther Gallagher: [00:35:08] So now immediate postpartum. And that's one of the reasons we want to support people there is to, help Birth giver stay united with baby from the beginning or as soon as possible, right? I think, there's a lot said about bonding, and we want to support it every way we know how. But in the immediate postpartum, what I'm there to support is moms not being traumatized by distancing from their child. So even if baby can't be immediately put on mama's body, we want to advocate for that baby being reunited with mama as soon as possible. Right.

Esther Gallagher: [00:36:14] So if the baby is at the warmer, with a pediatric team try saying, is the baby ready to be back with mama? Can we get baby back to mama? Baby looks good. Can we give baby back to mama anyway? You know, like you can be the squeaky wheel that gets the grease here. Because while some mamas are very overwhelmed immediately after birth and might not even really feel like they're ready for a baby on their body, and we can honor that, having access to that baby is critical.

Esther Gallagher: [00:36:56] And then having advocating for for birth giver and baby, if they're united, if they're if the intention is that they be united and it's not say, an adoption situation, where there might be very different intentions that you also have to support, I think really advocating and helping. Those two meet as a dyad. Experience each other's bodies and voices and move naturally towards breastfeeding on their own.

Esther Gallagher: [00:37:44] Now, in the hospital setting, there's kind of a directive and a policy that one of the nurses is going to zoom in and get that baby breastfeeding, because there's a study out there that says babies who breastfeed within the first hour are going to be better. Breastfeeders or moms who experience breastfeeding in the first hour are going to be better breastfeeders.

Esther Gallagher: [00:38:12] In my over 40 years of experience, I think there's way more to it. And one size does not fit all. But one thing we also have studied is that there's a thing called breastfeeding self attachment. And most babies are prepared to get themselves to a breast and get themselves on it. And if that's disrupted by somebody grabbing them by the head and grabbing mom's breast and clonking them together, even if that in air quotes "works".

Esther Gallagher: [00:38:49] Even if we get a baby who is now latched on to the breast, baby didn't get to do the thing that they're prepared to do, and mom didn't learn anything about how to let the baby do what they're prepared to do. So I think if you can study breastfeeding, self attachment, maybe watch some videos, there's some nice videos out there and be prepared to advocate for, birth giver and baby to have that experience. You'd be really doing a wonderful, thing to support that relationship. whether it's a C-section, whatever. Right? Whether it's been two minutes since baby was born or two days or two weeks, like, I don't care the minute those two are together, we're going to support that being what gets to happen.

Sarah Trott: [00:39:48] And it's beautiful that babies do have instincts and the ability to move and do things immediately after birth. Do watch some videos. I agree, because I will not adequately describe what this looks like or how it feels, but it's beautiful. Beautiful.

Sarah Trott: [00:40:08] And then, another thing, there's a series of things that happen, in relation to the placenta. There's sometimes some physical repair that happens. There's all this stuff is sort of happening during this golden hour where ideally, baby is in arms and there's this bonding stuff happening.

And everyone has their own experience, of course. But that is pretty common way to describe it, is having this beautiful kind of initial hour or so. And that's something that also can be advocated for is like, just let them have some peace. You don't have to rush off and transfer to another room immediately. Just just know that you can lay and relax for that hour or two hours and settle because it's a lot. It's a lot.

Esther Gallagher: [00:41:05] Yeah. So quiet in the room. You can advocate for more quiet in the room for less people coming and going if that's medically safe. Yeah, things like that. Maybe putting the lights a little lower.

Esther Gallagher: [00:41:28] A great role for a support person is to just once birth giver and baby are settled in and getting to know each other on the outside, is seeing to getting some food for birth giver as soon as possible is a really a really good, good helping loving thing to do. Now, over the next week or so, this body is not going to register hunger in a normalized way. And it's critical, therefore, to make sure that nourishing food is showing up within mouth reach, literally like spoon it in, don't just set it somewhere that they can see it.

Get that stuff right into their mouth like you may have been doing during labor. Making sure the straw is at their lips when they need to take a quick gulp of fluid to keep themselves hydrated during labor. Same postpartum in the next couple of weeks, making sure that three nourishing meals and snacks so that mama is eating whenever she feeds the baby. That's 12 times a day. 12. So put that right. That's a lot. That's every two hours on the clock. That's how often that baby's going to be busy needing somebody to feed them and other stuff. So making sure that mama has a way to be well fed around the clock is going to be a hugely supportive thing to do.

Sarah Trott: [00:43:25] We have a lot of suggestions for what a snack tray could look like, but having a snack tray available is very, very nice. We're kind of now talking about postpartum at home. Having food that you can just grab in the fridge is really, really nice. So as a supporter, that's something practically that you can do to help. I know immediately, in the hospital or birthing center, you can order food as well. the kinds of

things Esther I know you recommended were things like oatmeal with raisins, scrambled eggs, vegetables, fruit, and just tons of water. So things that are protein, fiber, nutritious things along those lines. And same at home. And we have again, lots of recipes and suggestions for snack trays. Deviled eggs are a delight. May I recommend, because you can just take a whole bite of that and be really happy.

Sarah Trott: [00:44:22] So postpartum then, now we're at home, there's this sort of lull at home between doctor visits, it's the six week gap that we have talked about. You can also research a lot of what that looks like. But having a support person present frequently to be there and help with, all kinds of things is just brilliant.

Sarah Trott: [00:44:48] So if you haven't heard of what a postpartum doula is, now's a good time to go check that out and research it and see if it's something you like. But it ranges from I just had a conversation with someone who it sort of blew their mind. They can do laundry. They can cook for you. They can help, look after the needs of an older child. you know, there could be crazy situations where, like, it's their birthday several days after the baby's home, and you might need someone to give them some attention. And that's really brilliant to have a loving person, there to help give your child 15 or 20 minutes of undivided attention which can go a really long way. To be an emotional supporter, you can talk and listen.

Sarah Trott: [00:45:35] And then the I think the number one rule, because there's such a rainbow of things that you can do as a, as a supporter, which is just, but I would say the guideline is don't, don't necessarily ask or expect someone to ask to do anything. Just do it. Just just get up and do it for them. Make the meal, do the laundry. Use your eyes and your intuition and just think what will be really helpful is the clean the kitchen things that will allow the mom and the family to settle in and relax and recover and focus on healing.

Esther Gallagher: [00:46:15] Keep the bathroom really clean. If you're there, a bathroom doesn't take that long to clean, actually. And you know, if you've just given birth and everything hurts and you have to be on the toilet often and be changing your

pads, that's an environment you're going to be spending a lot of time in. So if it's funky nobody enjoys that. It's really nice if somebody can show up to do that.

Esther Gallagher: [00:46:44] And if you're willing to clean the bathroom, maybe you're willing to prepare a sitz bath for mama. If there's a tub in their house, you can get that thing scrubbed to near sterilization and prepare, sitz bath herb tea that will go in that tub. And, just learn how to do a proper sitz bath for a mama that you can then get her into once a day in the first five days. That's a huge help. If that's the only thing that you show up for in the first five days, but that's your job, and you're going to do that one thing for them. I would highly recommend that that be your area of the house that you're going to do, take care of for, for mama. I think this might be a tip for birthgiver if you're alongside the first two things we talked about as being really central, and then the second two things being super important.

Esther Gallagher: [00:47:50] You know, maybe you look for somebody who's housekeeping standards are at least level with yours and not below, because if you're one of the us people who starts to feel a little crazy if things start to get a little chaotic, it's not. You should learn to deal with that, get some counseling around that, because life is chaotic on occasion, and having a new baby doesn't settle that down one bit.

Esther Gallagher: [00:48:23] But if you know that the person who's going to be making daily visits to you in the first two weeks is going to leave the house tidied up, that's just going to be such a nice peace of mind and make for a nice experience. I think it's it's just nice not to see it piling up and thinking, oh, I've got to get out there and deal with that. It really is. Is this a sad and terrible distraction from, oh, I've got this newborn in my arms and I really have this spaciousness to just be with them. Now write for as long as I can in as relaxed a way as possible. It's just healing and recovering and caring about my baby, caring for and about my baby.

Esther Gallagher: [00:49:18] Now I will add that if there's not another person in the home and lots of us are single moms, and if there's either intentionally or unintentionally no other, caregiver in the home, then a real superhero of a support person would be somebody who commits to being in the home 24 over seven for two weeks.

Esther Gallagher: [00:49:47] And the reason is that. There are things that can precipitate postpartum, that a caring and capable adult needs to be able to flag. And get the birth giver back to the maternity ward, not the emergency room, no matter what anyone says, including the obstetrician. Back to the maternity ward. Whether it's a baby thing or a birth giver thing, having someone who will drive you back to be seen, and cared for in a maternity setting. Is potentially life saving.

So without going into a lot of detail, new postpartum bodies need to be deeply cared for and about for a minimum of two weeks. There's all kinds of things, not all kinds of things. There's actually just a short list of things that, if they start to go south, need to be attended to right away. So something as simple as mama says, gosh, I'm having a headache. Okay, that's not a Tylenol moment. That's an actual moment to make sure that there's not something medically concerning underlying that headache. Okay. As an example.

Sarah Trott: [00:51:21] Things that might be otherwise minor, and easily cared for in a non-perinatal situation are a completely different situation when you're cause for concern. Physical things.

Sarah Trott: [00:51:36] Also, as a mental supporter, you can look out for signs of postpartum anxiety and depression. I think that's important to be educated on. There are lots of resources out there. We like Postpartum Support International. There are lots of guides out there around, like signs and things to look for, and flags and things you can do to help support someone who's going through any kind of emotional, mental anxiety and depression. And those things are very common. It's very common. And also it's very common almost, almost always it's very hard for the person who's going through it to self-identify it. And it does take an observer to help step up and help someone get the help that they need.

Esther Gallagher: [00:52:21] So true.

Esther Gallagher: [00:52:24] And I will add that, one of the things that was determined decades ago in terms of when does it happen, when does, postpartum depression arise and one of the things that is a factor can be a factor is when support disappears, right? So when the partner goes back to work and suddenly they're alone with a baby, 24 seven the partner needs to sleep at night because they can't do their job if they don't.

Esther Gallagher: [00:53:06] And yet we're asking a postpartum body person to be on call 24 seven for a newborn who has constant needs. This is what happens to us when we're left, as though we too don't have any basic human needs for nutrition and sleep and bathroom time and, social emotional support, and that we can just do it all for another human being, maybe even another adult human being at the same time, while they go off and do eight hours of work.

Esther Gallagher: [00:53:48] So I think again, I think we all, as potential birth givers and potentially postpartum bodies need to reckon with and recognize that, we need care. For our basic human needs. we always do. But in this culture, we often ask the fertile body to be the one that takes care of everything all the time. And that doesn't work out. Well. It doesn't. It almost never works out well.

Esther Gallagher: [00:54:29] So, again, when if you're the person looking for support, you need somebody that you can check in with daily, even if they're not in your home, but can check in daily and be honest about what your experience is so that they can support you in it. yeah.

Esther Gallagher: [00:54:53] You are vulnerable.

Sarah Trott: [00:54:56] Honest with yourself and with others and having that self trust to say yeah, my body isn't agreeing with something or this doesn't feel right in my, in my heart whatever that is.

Sarah Trott: [00:55:09] And there's a beautiful saying of "mothering the mother". And that is another way of talking about what the support role is. So you're not there to have to hold the baby and take pictures. Although that is nice. You're not there for a mom to

make you your tea and sit and have a conversation. It's really about you supporting her. And it's not a social kind of visit. So thinking about how you can mother that mother is maybe a helpful guideline.

Sarah Trott: [00:55:44] We're going to add lots and lots of resources and links to some of the stuff we've talked about. So anyone who wants to educate themselves further and help prepare, for either finding a support person and asking for what you need in that or being a support person, you can go to our website, which is fourthtrimesterpodcast.com, and get those resources.

Sarah Trott: [00:56:05] Some of the things that we didn't touch on, but you can go much deeper on is just playing a referral role. So having a list of the lactation consultant and all of those people getting that prepped is really helpful. There are ways you can provide physical support. We talked about foot rubs. That's amazing. things like that.

Sarah Trott: [00:56:27] My final thought is, just to the supporters, let the family sleep. Just show up and get things done and let them sleep. That can go miles. That's huge.

Esther Gallagher: [00:56:41] And my final word would be, there are lots of task oriented things that you can do that you do. As Sarah said earlier, you do not have to ask permission to do. You just do them and you do them without asking for support. Right? You get in there, you find the tools you need. You don't ask where they are, kitchens or kitchens. There's only so many possibilities. They either have it or they don't and you do it.

Esther Gallagher: [00:57:10] But when it does come to the baby, if you're visiting. You can ask mama when they're awake. Hey, would you like me to put the baby in the carrier? You know, after this feed so that you can have the bed to yourself to try to get some good sleep. And of course, if you want the baby back, I will bring the baby right back to you. You can do. If you know how to hold a baby in a carrier safely and properly, you can get a lot of things done. Laundry and folding, dishes. All those things can be done while you're taking care of that baby.

For mama to get that sleep, so long as that baby is thriving and will be ready for that next breastfeed, then no reason you can't offer that help. But understand that some mamas aren't going to be able to sleep if they can't see their baby. so offer would you like me to? Is the word the phrasing you're going to use and understand if in fact, nope, that's just going to trigger more anxiety if they're already having any. It's just going to be more so. Yeah.

Esther Gallagher: [00:58:28] Great suggestion Sarah. And identifying a list of auxiliary support like lactation consultant who their OB GYN is. So you have them on speed dial. All those kinds of things are wonderful wonderful, helpful, helpful. Take a lot off the plate of the birth giving person.

Sarah Trott: [00:58:52] We've covered a lot. We will have more information on our website. If you've appreciated this conversation, please click follow or subscribe where you listen to the show so you can hear more from us. Please share this with any new and expecting parents in your life. Share it with anyone who's going to play that supporter role, please. And we are always interested in hearing back from you so you can reach out to us and contact us on our page. You can also follow us on social media. Thank you for listening. Thank you, Esther. It's always a pleasure to speak with you.

Esther Gallagher: [00:59:29] Thank you, Sarah, and I'll just say let everybody listen to this, these suggestions, everyone's going to be involved with somebody who's a birth giver at some point in their lives. Everyone. You just don't get out of it. This is the animal we are. So what you know is going to be helpful, even if it's just to yourself. Thanks again. All right, take care everybody.

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 Spotify](#). 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.