

# Fourth Trimester Podcast

## Episode 104: Improving Birth Recovery: 3 Recommendations from an OBGYN

**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:** [00:00:02] Hi, this is Sarah Trott and welcome back to the Fourth Trimester Podcast. We have a great episode for you. Today we are talking about the OBGYN's top three recommendations for improving the birth recovery experience, about preventing complications and thinking about what can be done before giving birth to help improve the overall recovery experience.

**Sarah Trott:** [00:00:29] I have a special guest with me today who I will introduce in a moment. Before I do, I'd like to remind our listeners to quickly go to Apple iTunes and Podcasts. Wherever you listen to your show and hit follow and subscribe. That helps support the work that we do here at the show, and it will mean that you are alerted every time we have a new episode. You can also follow us on Instagram and follow us on other social media channels as well.

**Sarah Trott:** [00:00:56] Our special guest today is Doctor Melissa Dennis. She is a Medical Doctor. She has completed her training in obstetrics and gynecology at Rush University in Chicago. She also has an undergraduate and medical degree at a BA MD program at the University of Missouri, Kansas City, and in addition to her undergraduate and medical degrees, Doctor Dennis holds her Master's in Health Care Administration from the Oklahoma State University. She has over 20 years of experience in healthcare, and her hallmarks are providing care that is both evidence based and highly compassionate.

**Sarah Trott:** [00:01:36] She has lots of experience supporting both low-risk and high-risk pregnancies. She has held leadership roles, including as a Director of obstetrics and Chair of the Department of Obstetrics and Gynecology at the Advocate Illinois Masonic Medical Center. She's also a female co-founder. I have to mention, we've had lots of female founders and now co-founder on the program, so we appreciate that. She's also a Medical Advisor for NBC Universal's "One Chicago" series - so I'm sure there are some fun stories to tell there.

**Sarah Trott:** [00:02:10] And her current role is chief medical officer at Partum Health. Partum Health is a parent founded startup that provides interdisciplinary pregnancy, and postpartum care that compliments what women receive from their OB's and their

midwives. And full disclosure, I'm an investor in Partum because I truly believe in their belief that all families deserve comprehensive, whole-person care that supports their mental, physical, and emotional health needs. I love what this company does and if you are interested in learning more about them, you can go check them out. Just Google them <https://www.partumhealth.com/> And go to their website. So Melissa lives in Chicago with her husband Andrew, and they have two teenage children. Welcome, Melissa.

**Dr Melissa Dennis:** [00:03:00] Thank you so much for having me. Sarah.

**Sarah Trott:** [00:03:03] Yeah, we're so excited to have you here on the program. And I'm really thrilled that we have landed on such an interesting set of topics. We're talking about your recommendations for improving the birth recovery experience. We're going to talk about the role of the OBGYN birth team scenarios. We're going to go through an overview of the six week check. And then really kind of the theme here is all of your recommendations for anything people can do to prevent complications and improve that overall recovery experience, which I know everyone is interested in hearing. So we're really excited about this set of topics.

**Dr Melissa Dennis:** [00:03:40] Yeah, absolutely. Anything I can do to help people feel more empowered, whether it be for their mental health, emotional, physical, like you alluded to already. And information is key. And going into what is just sort of this abyss of unknown for so many people first time around especially.

**Sarah Trott:** [00:04:00] Yeah, exactly. So we have a tradition on the program, which is asking our guests who are parents if they would like to share some of their takeaways from their own postpartum journey with our listeners. So is that something you'd care to share a little bit about?

**Dr Melissa Dennis:** [00:04:17] Absolutely. I am happy to and I'm always happy to share my story and always would share it with my patients as well. Because I think that it's important to acknowledge that although all of our stories are different, there tend to be some pretty consistent themes. And I saw them when I'd be rounding on postpartum

that 80% of my patients probably had tears for one reason or another, whether it be happy tears, sad tears, exhausted tears. And I was really no different from that.

**Dr Melissa Dennis:** [00:04:47] I went into pregnancy and especially the postpartum period thinking, well, who's going to have this better than me? I am an OB GYN and this is what I do for a living. And I'm used to sleep deprivation because I'm a resident. And so this is going to be just fine. You know, all these things I've heard of preparing myself and what to expect. I thought, that's other people, that's not me. And it just couldn't have been farther from the truth. We are human beings, every single one of us. And no matter how prepared one can be, and we're going to talk a lot about that today and how to prepare yourself the best.

**Dr Melissa Dennis:** [00:05:26] Especially for those of us who are used to being high achievers and in control, Parenthood is really that first time when you realize, like you have now given that control to this little human being, and you are no longer the one who is necessarily in control day to day, hour to hour. And my experience was very similar. You know, I came home with this newborn and thought I would be just a natural and that it would be very comfortable. And I would get the swing of things very easily.

**Dr Melissa Dennis:** [00:05:55] And that just wasn't the way it was for me. I had my daughter, she's my older one and I love her to pieces. But I was not that sort of natural born mother where I felt that instant bond, you know. And so then it starts with, is something wrong with me? And I was exhausted and I was having night sweats and hormonal changes and everything. That just was so challenging for me and a partner who was still working a lot. And so it just it felt very overwhelming.

**Dr Melissa Dennis:** [00:06:29] And so what I would say is looking back, knowing everything I know now, probably I met a diagnosis of a perinatal mood and anxiety disorder that went undiagnosed by me while I was going through it, because oftentimes the person going through it is the last to recognize it. And 20 years ago, in all fairness, it wasn't talked about quite as openly and as much, and there was still much more of a stigma.

**Dr Melissa Dennis:** [00:06:54] So, yeah, my own fourth trimester experience the first time around was definitely hard. Much easier the second time around, I knew more. I was a more relaxed parent. I set up some support that I knew I was going to need the second time around. I had a nanny who was helping, and I was able to sort of give up some of that control more readily. So much easier the second time. But, yeah, I always share it, like I said, very openly, because I think that we should all be willing to talk about what our experience was very openly so that no one is going through this in a silo.

**Sarah Trott:** [00:07:31] Oh, thank you so much for sharing that and for saying that. I couldn't agree more. I really appreciate that you're being open about your experience and sharing in particular, some points around the stigma of talking about certain topics and also about reaching out for help and those two are certainly tied together. If someone doesn't feel comfortable or safe sharing or talking about what they're feeling or going through, then that can lead to potentially not reaching out for the support that they need.

**Sarah Trott:** [00:08:00] So we'll just kind of ask very directly, like I think the answer, we've said it many, many times, but we can repeat it and you can certainly reiterate the resources you recommend because you're talking to patients every day. But if someone does feel like they're kind of not themselves, or they think they might have some mood or anxiety or depression kinds of feelings, what are the resources they should go to?

**Dr Melissa Dennis:** [00:08:25] Yeah. So the first thing I would say is be very open with it, with your support people. You know, the people who are there to help you, whether it be family or friends. This isn't something that we want anyone to be hiding.

**Dr Melissa Dennis:** [00:08:37] The next thing is, as an OB GYN, I know my midwifery colleagues - we expect people to reach out to us. We want people to reach out to us. We don't know that they're struggling unless they tell us and one of the things that I say is people know how to answer questions on a test, right? They know what things they're looking for. So when people come in for their screening or their postpartum visit and are filling out maybe one of those postpartum depression screens, they might give the

answers they think we're looking for. But please give the right answers. Give how you're really feeling so that we can get you the help you need. If you're feeling like you can't do that and are looking for support, Postpartum Support International is an organization that I think is incredible and always recommend, and you can get the support that you need through a multitude of links that they offer there as well.

**Dr Melissa Dennis:** [00:09:26] But I'll also say is if you have a long lost therapist, someone you've worked with in the past and you find you're struggling, reach back out to that therapist, psychiatrist, licensed clinical social worker and just say, hey, I was doing really well, but now I'm postpartum and I feel like I'm struggling. Can we set an appointment back up?

**Sarah Trott:** [00:09:44] Perfect. Yes, we're huge fans of Postpartum Support International as well, and they have a free phone number that anyone can call and get help 24 over seven, which is fantastic. Yeah.

**Dr Melissa Dennis:** [00:09:55] The other thing that I'll say and I don't like, I never like to scare people. But what I will say is that we all talk a lot about postpartum depression or anxiety or baby blues but there can be more significant perinatal mood and anxiety disorders that can put the birthing individual or those close to them, such as the infant, at actually safety risk. And those are not necessarily the times to be reaching out or waiting for a callback. Those are the times to either have a loved one bring you to a hospital, or call 911 and make sure that you're getting that immediate help that you need, just so that you and those around you are safe.

**Sarah Trott:** [00:10:30] Yeah. Thank you. Thank you so much for that great reminder, so real and so important. What we're touching on in part is one of the key roles that you play as an OB GYN - you're helping women get connected to the support that they need. I know specifically we're talking about mental health care support, but in a broader sense, how would you describe the role of an OB GYN in a pregnancy and birth scenario?

**Dr Melissa Dennis:** [00:11:01] Yeah. So I like to describe the OB GYN, I am one, or a midwife if you're seeing a midwife, as sort of the captain of the pregnancy ship. That is sort of what I see the role being, making sure that I am taking care of the entire person throughout this pregnancy, or people, whether it be 2 or 3 or however many requiring direct care during that time during pregnancy, labor, delivery, but it really does take a village slash team. And that's both clinical and non-clinical support to take care of an individual fully.

**Dr Melissa Dennis:** [00:11:36] And so I see the OB's role as being that go to point person, the person you go to with questions, the person who's there for your routine care, but also identifying when there might be another physical ailment or emotional ailment where someone might benefit from additional supportive care, and making those appropriate referrals, and then sort of closing the loop to make sure that those things happen so that that whole person is taken care of.

**Dr Melissa Dennis:** [00:12:36] So much of the focus is on the health of the pregnancy specifically. So when you go in for a prenatal visit, the baby's heart tones are checked. The fundal height is measured checking the growth of the fetus along with the birthing individual's blood pressure and a urine sample. But we're forgetting so much of that birthing individual during that time. And so I think that we just need to really let the OB focus on that whole person and not let the care be so much on on the baby during that time.

**Sarah Trott:** [00:13:13] Yeah. I mean, it's, it's a multitude of roles that you're playing and giving direct care to mom, birthing person, the family who's there to support them as well, plus any of their helpers. I know sometimes we have doulas who will come and, come with women to their even prenatal checkups, which is really cool that they get to meet the OB beforehand. And then also OB's are playing this quarterbacking role where you're making referrals and helping women and families navigate what's next and what what other kind of care support they might need. So it's fairly broad.

**Sarah Trott:** [00:13:48] So just to bring that to life a little bit, what does that look like in terms of the touch points that you have with the women in birthing people in that in that third trimester through maybe that first year after birth?

**Dr Melissa Dennis:** [00:14:02] Yep. So the third trimester is actually when most people are going to be seeing their OB care provider most frequently because we have a pretty regular interval of visits. And for a low risk pregnancy starting at about 28 weeks, that's every two weeks, 36 weeks, every week. So depending on how far someone goes before they deliver, you're in that office quite frequently. And if you're higher risk, you're in for additional testing. And then people just sort of fall off, right? Because that's what happens. That's what we're talking about is this fourth trimester is that you go from seeing someone.

**Dr Melissa Dennis:** [00:14:35] And I'd like to think that a lot of my patients considered me their doctor slash also friendly face to see and someone that was there for just a conversation and that sort of social interaction to all of a sudden you are isolated, you are home with a baby and you get the instructions from the office like, see you in six weeks. If it was a C-section, maybe it's see you in two weeks. And so your interactions with your OB care provider go from being weekly to what do you mean? I'm not going to see you for six weeks. And then after that, depending on what kind of well-woman care is done during that six week visit, you might not see that provider for another year. Again, depending on if you're sort of up to date with those other things. And if you have no plans on conceiving again within that next calendar year, and birth control is taken care of.

**Dr Melissa Dennis:** [00:15:22] If you're in a heterosexual relationship where you need birth control. So it's one of those things where, you go from seeing them all the time to really barely seeing them. I will say, though, is that is changing or should be changing. The American College of Obstetrics and Gynecology has put out newer recommendations on what that fourth trimester really should look like in an ideal sense, and that "see you in six weeks" should not be happening any longer, although it does take time for new things to really take hold in practice.



**Dr Melissa Dennis:** [00:15:55] But really, for someone who is higher risk, maybe they had high blood pressure or severely high blood pressure during the pregnancy. They should be seen within three days postpartum. Or definitely a week to ten days postpartum. All other low risk individuals should have some type of touch point within three weeks being postpartum. Now that can be a phone call. It can be a zoom check in, but some type of check in. And then everyone should have a comprehensive visit by 12 weeks postpartum. So you know, really those touch points in that first 12 weeks should become more frequent and that should become the norm. Probably still not enough. But you know, as far as change coming, it is coming. And hopefully the birthing individual will be seen and problems can be identified sooner.

**Sarah Trott:** [00:16:45] Yeah. Six weeks is a long time. There's a lot that could happen.

**Dr Melissa Dennis:** [00:16:50] It is a really long time. And not only a lot can happen physically and emotionally, but when you say, don't come back for six weeks and 45% of birthing individuals are already back at work by six weeks, that visit doesn't happen 40% of the time. And so people aren't even necessarily getting that visit because life has taken over again. And then you're also caring for a newborn. And so moving up that care just makes sense so that individuals get the care that they need.

**Sarah Trott:** [00:17:24] I mean, I'm kind of just floored to hear you say that nearly half of women in birthing people are not even getting that six week checkup. Correct. It's just birth. And then that's yeah.

**Dr Melissa Dennis:** [00:17:35] It's birth and then they're pregnant again so then they're back in for another pregnancy or they're not. And hopefully they return to their primary care provider for maintenance of their chronic disease state. But yeah, it's pretty shocking. And it's something that we are working to improve compliance on. These people coming in for these six week visits, because it's not just a clearance check, which I think a lot of people it is. It's really that like reentering into that sort of well-woman world of routine health care maintenance.

**Sarah Trott:** [00:18:05] Yeah. Okay. So I want to go deep on the six week check. But before we do, I want to spend a little bit of time before we do talking about that six week period postpartum as it relates to the potential team that's going on for both the birth and maybe the immediate postpartum, because if someone has a doula who also is both a birth and a postpartum doula, that postpartum doula can play a role and be a present constant both before pre-birth and post birth. Postnatally providing in-home care.

**Sarah Trott:** [00:18:44] And certainly a lot of most midwifery practices I've been aware of also do in-home in-home care visits postpartum. So there's a lot of different roles and different actors potentially involved in the birth and the postpartum. And so yeah, while I have you, I really want to hear your perspective on all the people who could be present alongside a birth. Like what is, in your experience, what is typical, and then also your view of what that ideal combination of care team members could look like for the smoothest and most well supported experiences for families?

**Dr Melissa Dennis:** [00:19:22] Sure. So, yeah, it's a big birthday party in there, right? Like lots of people running in and out, especially if you're delivering in a hospital setting and you know, from that if you are at a tertiary care center where there are specialists, there are even more people.

**Dr Melissa Dennis:** [00:19:38] So I think the first thing that people need to decide or that if you're listening here, maybe already have decided, is do you want to work with an obstetrician or a midwife and that is that captain of the ship that I talked about, that's the person or their group who are providing the direct care and are hands on at the time of delivery and are there managing the labor when you know an individual is in labor, there are also going to be if you're delivering in a hospital setting, nurses taking care of you, and then also for the baby after the baby is born, if you are higher risk or the baby has any medical complications, there might be a pediatrician or a neonatologist who's a baby doctor who's there at the time of the birth.

**Dr Melissa Dennis:** [00:20:20] And then if you're delivering in a birth center, then it is a smaller team. So probably going to have your midwife, maybe one other support person

who was there helping you through that labor through a medical standpoint as far as the people you choose to have there to help support this experience.

**Dr Melissa Dennis:** [00:20:38] This is where there's not like a standard or a right or a wrong. It's really I always like to say, who do you want in your birth? Not who does your partner want in your birth, not who does your mother or mother in law want in your birth? But like, who do you want there when you see your best experience? Who are those people who are supporting you? So it's deciding on those people from loved ones, family, friends.

**Dr Melissa Dennis:** [00:21:03] If you're delivering in a hospital setting, most will limit to 1 to 2 visitors with you. If you're delivering at a birth center or an alternative birthing center or at home, that that is generally unlimited with the number of visitors you can have who are not medical professionals, and then it's deciding on whether or not you want a doula with you.

**Dr Melissa Dennis:** [00:21:21] And you talked a little bit about a doula, but I think it's always really important to talk about what a doula is for maybe people who are listening. And it's the first time that they've heard the terms doula. And it is a non-medical professional who does receive special training in supporting birthing individuals and their support, people who are there. So it is someone who is there to help you advocate for yourself who makes sure that you are prepared and that you are educated and that you go into your birth knowing what your goals are and helping you attain those goals. And notice I keep saying you, you, you because it's you know about what you're want wanting.

**Dr Melissa Dennis:** [00:22:00] And a good doula should not come in with an agenda. You know, it's someone who's there to help support you and make sure that you are comfortable and that you're birthing partner feels supported in this birth experience. And so that's what a doula is. So deciding whether or not you'd like a doula and who is a doula, right. For absolutely anyone whether you know you want an epidural and are delivering in a hospital versus delivering at home, and know that you want a completely natural birth experience, a doula can help you with all of those birth experiences and the

evidence shows that they decrease cesarean section rates and improve the Apgar scores the scores of babies when they're born and decreased NICU admissions. So there are a lot of benefits of working with a birth doula.

**Dr Melissa Dennis:** [00:22:41] The rest of your team may not be present in the hospital, but I still think it's really important about talking about maybe setting that up beforehand, knowing that you have this other support group, and that can include people like a lactation consultant or a pelvic floor physical therapist or a mental health provider and again, they're not going to be there with you in the labor and delivery room or in the birthing center, but they are still a part of that, like whole person team that you've created to help support you through your birthing experience, through both preparation and postpartum.

**Dr Melissa Dennis:** [00:23:15] Then once you go home, I feel like this is a lot. And you know, I'm not meaning it to sound like a lot, but you know, there is the option of having a postpartum doula. You know, some people say a night nurse, they are different things. You know, a night nurse really focuses more on the baby, whereas a postpartum doula focuses on the whole family and integrating and becoming new parents. So that is someone that you can keep in mind as part of your team to sort of help you make this transition once you go home. And that's great for anyone, but especially we say all the time it takes a village, but so many of us don't live near our village any longer. We've moved apart. And we're not living in a home with multi-generational family members. And so might be doing this alone. And so having a postpartum doula to help can really be key.

**Sarah Trott:** [00:24:03] Yeah, absolutely. So I'm going to take this opportunity to mention a few recent episodes we've had here on Fourth trimester. The first is Birth Doula 101. So if someone's considering that they can go and have a deep dive on what birth doulas do and what to expect from that experience, and then we also have an episode called What to Expect from a Postpartum Doula Providing Care at Home. So that's could you could have just a birth doula or just a postpartum doula or both. And sometimes often if you're having both, it's the same person ideally. So you can listen to

that episode for the overview where we go really in depth on what those visits are like and what postpartum doulas do.

**Sarah Trott:** [00:24:50] And then we also have an episode honing in on, very, very practical guide on how friends or family and other trusted people in your life can help provide the care that you might need and support the way a postpartum doula might. If you don't have access to a postpartum doula, or it's not affordable for you, or for whatever reason, you don't have a postpartum doula, but you want that kind of support. We put out a guide there for anyone to listen to, to learn what kinds of things they could ask friends and family to do to help support them with all of that. So we have all of that goodness out there on our [fourthtrimesterpodcast.com](http://fourthtrimesterpodcast.com) site and on the podcast itself, so please go check those out if you're interested.

**Sarah Trott:** [00:25:35] So thank you for that overview. It really helps set the stage. And the thing that I liked, Melissa, about what you said in your explanation there of the of the kinds of options and what could be an ideal scene for some people is that the ideal scenario is different for everyone. It's a very personal choice. That's what I'm hearing you say very clearly.

**Dr Melissa Dennis:** [00:25:59] Yes. I mean, there is not a one size fits all with childbirth ever. And so it's just really you kind of have to do some introspection and think about what it is that you want and how you want to experience it and who you want to experience it with you. And there's no right or wrong whatsoever. And and the other thing I'll say is you can change your mind. You know, you might think you want something in the first trimester. And then as you're getting into the third trimester, you're like, whoa, whoa, whoa. Nope. Not how I want things any longer. And that is okay. It is your prerogative to say, nope. You know what? As things have gone along, I've changed what I want or I've changed how I want it to happen. And you know this, this is what my desires are now.

**Sarah Trott:** [00:26:40] Yeah. And even in the moment, we have a birth plan template that we call the intentions document. So even when you're in the middle of your experience, you might decide. I mean, we've had guests talk about this, too. You know,

you might be in the middle of your birthing experience and say, hey that thing that I really thought I wanted that I don't think that's working for me in this moment. I'm going to listen to myself and listen to my body and ask for what I need. And that's 100% okay. In fact, I would consider that a high degree of self-care.

**Dr Melissa Dennis:** [00:27:10] Yes, 100%, 100%. And I love what you just said, actually, because I always call them birth preferences, not a birth plan, because I do think that flexibility is so important. And in this, because no one can foresee how it's going to go. And so definitely it is worthwhile to jot down wishes and think about how you want it to go. But to just be flexible when the actual event is happening and knowing that some things are just out of all of our control. And I seen that go both ways. You know, when people who knew they wanted an epidural and they came in so fast that they just didn't have time to get one, or vice versa, people who wanted a really completely natural experience and for medical reasons needed to be induced. So it's not to say that it's like this is always how it happens. It's just this is a great note for everyone.

**Sarah Trott:** [00:27:59] Yes. And it's kind of this conversation is kind of reminding me about some of the conversation we had before recording. You and I, Melissa, we were talking about preparation in particular. And the act of simply creating the birth preferences or the birth intentions document helps with the whole preparation process, thinking through some of the details and thinking through just being mentally prepared for what this different scenarios could be and what it looks like.

**Sarah Trott:** [00:28:33] And also like your points about the team putting together other people in place. You talked about mental health care, you talked about lactation support. Those are just examples. And we'll probably talk more about those later. But I really I'm sort of remembering something specific that you'd said about how much time people I think it was something like, if people could only spend as much time on preparing as they do on their baby registries, then that.

**Dr Melissa Dennis:** [00:29:00] Sounds like something I would say. Yeah. Yes, but it's true. Like, don't lose yourself in this, you know? Yes, it is so exciting. And of course we

want those things those material things to help us in that postpartum period and to have for this newborn we're bringing home. But just don't lose yourself in that and definitely spend at least as much time preparing your body and your mind for what is to come as you are the nursery. So yeah.

**Sarah Trott:** [00:29:28] Yes. And also, for what it's worth, babies don't need lots of fancy toys.

**Dr Melissa Dennis:** [00:29:33] No they don't.

**Sarah Trott:** [00:29:35] No they need they need parents and caregivers who are present for them and responsive especially for that brain development in the first year we have a a great episode all about that you should go check out as well. So okay. I digress.

**Sarah Trott:** [00:29:52] Let's go back to that six week check. Okay. So, what are the typical things that the ObGyn is there to assess with the mama birthing person and the baby at that checkup? And what are the most typical conversation you've had with parents over the years during this, the one big post-birth checkup?

**Dr Melissa Dennis:** [00:30:14] So really, in an ideal world, a lot should be covered during this six week check. because like I said, this might be that last sort of visit before you're set off for a year for sort of your, well person checks. So, um and an important thing to say also is that the OB now is there for you. So this really is all about you. You know, the baby has its own pediatrician. And so this focus should really be largely about you at this visit. of course we're going to ask about feeding and bonding. But it's really to make sure that that you're taking care of.

**Dr Melissa Dennis:** [00:30:52] So I'd say that there are a lot of different buckets that are going to be covered. And some are going to be a deeper dive and some are going to be a little bit of a quicker conversation. But one of the things for sure is going to be checking on your mental well-being. And I know that we've we've talked about this already today, but you're probably going to be asked to fill out a survey to assess how

you are doing as far as postpartum anxiety or depression. Please, please, please fill it out honestly so your doctor can have a very honest conversation with you. but just to check in to see how you're doing mentally, how are you coping with the fatigue? How is your sleep going? How is baby's sleep going? Are you bonding? You're you might even be asked, do you have any thoughts of hurting yourself or anyone else? And again, like we're asking because we care and we really want to know the truth.

**Dr Melissa Dennis:** [00:31:39] So there's definitely going to be that check on your mental well-being. And you know, if we see that you are struggling, there's going to be recommendation or referral to see a behavioral health provider. or there might even be talk about starting medication for that, although that's generally not the first thing we're going to do. We're probably going to recommend therapy first.

**Dr Melissa Dennis:** [00:32:00] And then we're going to check your physical well-being as well. So are you recovered from the birthing experience, whether it was a cesarean section or a vaginal delivery? are you feeling okay? Are you leaking urine when you cough or sneeze? Are you leaking stool when you cough or sneeze? And again, now's not the time to be embarrassed. Like, answer all of these questions honestly, because we can't help you if we don't know. And we might not detect something on the physical exam.

**Dr Melissa Dennis:** [00:32:26] So you will, at your six week visit, most likely have a pelvic exam. if you're due for a pap smear, then you might have a pap smear done during that time, but it will probably be a speculum exam and what we call a bimanual exam, which is when we put our two fingers inside the vagina to make sure that everything is healed. Okay, we'll look at the perineum the area between the vagina and the rectum closely. So if you had any tears, we make sure that it has healed. We might ask you, when we have our fingers inside the vagina, to do a Kegel or to pull them in. Don't think that's strange. We want to see how your vaginal tone is after that delivery. So try to engage those muscles so that we can make sure that you're doing them properly. And so we can make sure that you start whatever exercises you might need.



**Dr Melissa Dennis:** [00:33:12] And then we're going to talk to you about return to sexual activity. You know, once we make sure that you are actually medically cleared, we're going to talk to you about that as well. So are you feeling ready? Are you feeling emotionally ready? Are you feeling physically ready? if you're not, please take the time that you need before you do. Start engaging in physical activity. You know, sexual activity. As far as the conversations I would always have was it might be uncomfortable at first. And I it might not be it is not for everyone, but it might be.

**Dr Melissa Dennis:** [00:33:45] And I don't want that to scare people. And there are things that you can do to prepare yourself so that it's not number one, lubrication is your best friend. So even if you're someone who never needed any type of vaginal lubrication before, especially if you are breastfeeding, you might need it now because your body is at a really low. Estrogen state. So go buy some lubricant. Silicone based is probably the best, um for your return to intercourse. And if that is not enough, then please reach back out to your OB or midwife because you might actually need some vaginal estrogen while you're continuing to breastfeed to kind of help plump back up that mucous membrane to make it so it's not uncomfortable for you. So we are going to talk about sex, so be ready for that.

**Dr Melissa Dennis:** [00:34:31] And then when we're talking about that again, like I said before, if you're someone who requires birth control, and one thing I will say is if you needed to get pregnant, through IVF, but are in a heterosexual relationship where you're having penis in vagina sex, you still might need birth control. You know, there are a lot of spontaneous pregnancies that happen after IVF pregnancies. So, unless you're okay with that, definitely have that talk about birth control. Um so there's going to be a talk about how long do you think you want to wait before you have another child if you are going to have another child? how many children do you think you want? What does that time frame look like for you? And if you're going through this with a partner, your partner, so that we can talk about what the best birth control options are for you. So that's definitely a discussion that will be had.

**Dr Melissa Dennis:** [00:35:21] And then the last thing I'll say is just sort of that chronic disease management and routine health care management. So if you're someone who

had chronic hypertension or diabetes going into this, we're going to talk to you about optimization of those disease states. If you are someone who didn't have those, but now you do as a consequence of the pregnancy, we're going to talk to you about new management of those. And then I think it's really, really, really important to talk about proper handoff to a primary care physician, because for a lot of people during pregnancy, your OB is the only position you are seeing, like I said, and they are that captain of the ship and managing everything. But once you're not pregnant, it's making sure that there's no drop in your care and making sure that you're back in the hands of a good primary care doctor.

**Sarah Trott:** [00:36:06] Yeah, I mean, that's a lot to cover in one checkup. I've heard the six week checkup referred to as just like the Hall pass to have sex and exercise again. Yeah, it's so much more.

**Dr Melissa Dennis:** [00:36:20] It is so much more. Which is why I'm kind of like, don't miss it. You know, don't miss this opportunity to take care of yourself and to do all of this. And okay, here's what I'll say. Like that is what an ideal six week check should be. Are all of those things going to be covered in depth? Maybe not. Maybe you might have to bring some of them up. So again this is that like empowering you now to know what should be covered in this six week check that it's not just that hall pass so that you have questions prepared for your provider when you go in and are like, oh, hey, should we talk about X, Y, or Z? And that way if it's not something that they bring up, it's something that you're bringing up and making sure that it's taken care of.

**Sarah Trott:** [00:37:02] Yeah, absolutely. And how frequently do do breastfeeding questions come up.

**Dr Melissa Dennis:** [00:37:08] All the time. So I will say that breastfeeding challenges probably when I would round on the postpartum floor when I would be getting calls from postpartum parents, and then in that six week visit, that's like the number one thing that a lot of people were talking about. and so definitely something where bring them up. But preparing before childbirth can actually help with a lot of those questions. Working with a lactation consultant, and working with one before that 3 or 6 week visit can also be

really helpful because for many people it is supernatural and it comes really easily. But for most of us that is actually not the case. And, can be something that brings on a lot of stress and questioning and am I doing this right? And so getting that help during that period is key, not just from your OB or your pediatrician, but also from a specialist.

**Sarah Trott:** [00:38:07] That's where you can do some referring and some research beforehand. Which kind of brings us to sort of the real, big set of recommendations that you have. I want to know more kind of specifically from your perspective when you're consulting with a family during pregnancy, what are the three big recommendations you have for them as it relates to preventing complications and improving that recovery experience?

**Dr Melissa Dennis:** [00:38:35] Yeah, absolutely. So number one I would say is preparation is key. So that actually means doing that self work during your pregnancy. And this kind of comes back to the whole spend as much time on yourself as you do preparing for the baby with a nursery. So getting that care team in place. And so for me, what that means is, if you are planning on breast or chest feeding or even if you're not, but have questions about how to make sure that your milk doesn't come in working with a lactation consultant for just even an hour educational session before you give birth is so important because I like to say, let's put out the fire before it ever happens. So it's just so much easier to do that than it is to be like, oh my God, my house is on fire. And so let's just get that education beforehand and give you those tools and those tips and those tricks that can make breastfeeding more successful for you.

**Dr Melissa Dennis:** [00:39:37] The other thing I'll say is, if you are having certain physical aches and pains or are already having urinary incontinence, seeing a physical therapist before birth can be really important just in how to really engage those pelvic muscles and train and how to push properly. And again some people will benefit from weekly sessions with a physical therapist. But for some, it might be that hour of education that they're really looking for on what are things I can do to help decrease the risk of a significant tear during labor and delivery? Or am I actually pushing or am I pulling in? You know, just learning how to coordinate those pelvic floor muscles can be something that can really be learned before you ever go in and deliver.

**Dr Melissa Dennis:** [00:40:20] Mental health. I cannot, cannot, cannot emphasize this one enough. Find a mental health provider before you deliver. If you are at risk for a postpartum mood or anxiety disorder. And that is really when you think about it, most of us. So if you have any history of depression and anxiety, if you had any mood issues when you were on a birth control pill or hormonal contraception before, if you are a single parent by choice or not by choice. Domestic violence. If your baby's at risk of going to the NICU, if you have a traumatic birth experience and again, we can't predict who that's going to be. The list does go on as far as people who are at risk of a perinatal mood and anxiety disorder.

**Dr Melissa Dennis:** [00:41:03] So it is just so much easier to already be established with a mental health provider than it is to find yourself in this desperate need and be looking for one. So doing a consultation and then even saying, hey, I'm actually doing really great now, but I'll reach out for a visit postpartum. You know, that's all it really takes. and then we've talked a lot about doulas also. So finding that labor doula or postpartum doula, if it's something that you want and that is financially affordable for you. That's something you can really consider beforehand to get in your team as well. So. so that's number one. Get your care team set up beforehand.

**Dr Melissa Dennis:** [00:41:40] Number two, and you touched on this, is be directive in that postpartum period of what you need. Then when you have people asking if they can help take them up on that get all the help that you can, but don't expect people to read your mind or know what it is that you need. So I've read about people having, like, checklists on their refrigerator that is like, if you come over can you do this, this, or this so that you don't forget also because you're going to be kind of tired and some of these things might slip your mind when you see a friendly face and you might want to just sit there and talk.

**Dr Melissa Dennis:** [00:42:15] So, just definitely plan for that postpartum period, have food prep done for beforehand so that you have grab and go things that are really easy. I do feel like my one and two are kind of tying in a lot about preparation, but I do think that's key.

**Dr Melissa Dennis:** [00:42:33] The third thing I will say is, give yourself grace. This is hard and it's exhausting. And social media, although nowadays you are seeing more really true, visualizations of what that postpartum can be like. I think that it is glamorized, and I've done this for long enough to know that that is not the reality for most of us. So you are a new person. After going through this experience, you will never be the person you were before and that's great. You are a new person and sort of embracing that and that bounce back culture. I hate it, like I just hate it. I feel like it just gives such unrealistic expectations to people.

**Dr Melissa Dennis:** [00:43:15] Give yourself grace. Give yourself grace to have a messy house. Give yourself grace to not write thank you notes. And you know, to just focus on yourself and this newborn that you have at home, and to sort of let other things sort of fall aside a little bit, and to know that that's okay. Right then. So I think that that's just a really important thing.

**Dr Melissa Dennis:** [00:43:35] And I did say it earlier too, but and I said it about myself those of us who are very high achieving and are used to being organized, this can be like the hardest part to let go of. And I think that it just can't be emphasized enough that, again, you might be that person who's back in your genes and is out at the grocery store and is making dinner reservations. And like, that is fantastic if that's what you want to be doing and you can be doing it. But if that's not what you want to be doing and you can't, that's great too.

**Sarah Trott:** [00:44:06] Yeah, 100%. There's no going back. There's only through. And so developing an identity for yourself post-natally is a pretty big topic, and it's one that sometimes isn't discussed or proactively thought about or considered. And that's another one that you could potentially put in the camp of spending some time meditating around beforehand, like sit down and journal and think about what being a parent means to you proactively. What kind of parent do you want to be and give yourself grace? I love that so much. I love the way you put that. It's so true because there's nothing worse than feeling pain physically as you recover, but then also like crucifying yourself emotionally on top of it for not meeting some totally unrealistic expectation. so

give yourself love. Hold yourself the way you hold that baby, I think is something we've also said on the show before. but that's really beautiful.

**Sarah Trott:** [00:45:04] I love your just to recap your three things. It's learn about your preventative care for your body to help improve recovery. Working now to put your team in place. and whatever team that looks like. I wanted to ask you, actually, on the mental health support, would it make sense for someone to just potentially proactively put an appointment on the calendar? Because, as you said, even in your own story, it's hard to recognize what your needs are in the moment. So someone might never make that appointment, even if they got back in touch with their therapist or whoever that might be. They might not even make the appointment because they just are. Or they're scared, or they don't want to talk about it. Right.

**Dr Melissa Dennis:** [00:45:45] And that is actually a genius idea. And one that probably a therapist would recommend that I didn't come up with. But. Yeah, absolutely. You know, get that postpartum visit on for your therapist and your lactation consultant. Honestly, knowing that you might deliver a different time than your due date, in fact, you probably will, but at least having sort of that placeholder in there so that you have that already scheduled, because the last thing you want to do is have to be scheduling appointments in that postpartum period. You're going to be you are already going to be scheduling enough for the baby because they see the pediatrician a lot those first few weeks. So having to not then reach out and schedule for you is great. And the other thing is that, it can sometimes take a while to get in with a mental health provider, especially as a new patient. And so that's why one, establishing the care while you are pregnant is really important so that you're already established. But again, emphasizing what you just said, sort of already getting that appointment in the books for postpartum is huge.

**Sarah Trott:** [00:46:46] Yeah. And, maybe a virtual call because it may not. I know for me, postpartum immediately in that first tender six weeks, the first month or so, it's just leaving the house is really hard. Yeah, it is hard physically. And also like often, people just really want to focus on their rest, and eating good food, nutritious food and recovering. So, think about that timeline a little bit, and think about what you can do to

give yourself kind of the optimal level of comfort. And a lot of people will do virtual visits at this point, which is really nice.

**Dr Melissa Dennis:** [00:47:24] For sure. That is the one good thing that came out of Covid is that most people now, especially with behavioral health, are doing telehealth and then for lactation, actually, in a lot of areas, a lactation consultant will actually come to your home. So looking for someone who will come to your home so you don't have to pack up yourself. And the baby and I live in Chicago, so if it's winter time, like, forget it, just getting out of the house can be a challenge. with the 20 layers. So finding someone who can come to your home would be great.

**Sarah Trott:** [00:47:55] Yeah, I'm in California. I can only imagine. Yeah. Okay. okay. And then. And then I was in the middle of the recap, and then your your third of the give yourself grace, like the embracing yourself as your new you, and giving yourself the freedom and flexibility to not be beholden to unrealistic expectations set up by social media or some other third party. So, we are so grateful for those recommendations. I want to invite you to share anything else with our listeners that you just really wanted to mention to the listeners.

**Dr Melissa Dennis:** [00:48:41] You know, I think we really did cover it all, except the one thing that I will say is just remember that you are your own best advocate. And so, I know that health care can be intimidating. I am a physician and have been for many years. I also am a breast cancer survivor, and so have also been a patient. And even as a physician patient, I found sometimes speaking up for myself being a challenge. So what I would just say to everyone is, remember that you know you best and you, we rely on our medical team to provide the best medical care, but they are not inside our brains as the patient. And so speak up, ask up. If something doesn't feel right or doesn't seem right, make sure to question it. And hopefully make this just a really joyful, wonderful, empowering experience for you. But know that if you hit bumps along the way, that's really, really normal. And welcome to the club of parenting.

**Sarah Trott:** [00:49:50] Oh, I love that. I think that's a lovely place to to wrap up, Melissa, thank you so much.

**Dr Melissa Dennis:** [00:49:56] You're welcome. Thank you again, Sarah so much for having me.

**Sarah Trott:** [00:49:59] Of course. And as we wrap up, I want to mention specifically that Partum Health has offered listeners of Fourth trimester podcast a code that they can use its FOURTHTRIMESTER for half off classes offered through Partum Health. So that's available now. it's online, so that's on demand for you. So go check those out. The classes I would mention, Postpartum 101, Evidence based birth, Gentle birth. Definitely worthwhile if you're in that preparation and learning mode, which is a top recommendation from OB GYNs. So definitely go and look at those if you're looking.

**Sarah Trott:** [00:50:46] I also want to mention, because we landed on advocacy there at the end, that there's an app called Irth, which is designed for black and brown people to use for giving feedback for their birth and postpartum experiences with specific hospitals and care providers and pediatricians. So if that's of interest, definitely go check that out, because it's a different way of providing feedback on your experience.

**Sarah Trott:** [00:51:30] I would like to wholeheartedly thank you again, Melissa, and we'll see you next time on the Fourth Trimester Podcast.

**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.