

Fourth Trimester Podcast

Episode 110: Everything You Always Wanted To Know About Doulas But Were Afraid To Ask

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: [00:00:01] Hi everyone. Welcome back to the Fourth Trimester Podcast. Esther and I are here together today and we are here to talk about everything you wanted to know about doulas, but were afraid to ask.

Esther Gallagher: [00:00:22] Yeah, not the Google version. No, you already did that. We're going to give you the other version, probably some overlaps. Yeah.

Sarah Trott: [00:00:36] So we will dive in and we want to remind you to please go to wherever you listen to your podcast and hit subscribe or follow because it helps us out and supports the work that we do. Please, yes, and definitely take a moment to share the podcast with any friends or family or anyone who you know will appreciate it. We think that probably would be everybody, but please do share where relevant. And then finally, if you're enjoying the program, please take a moment to write us a review on podcast or YouTube or wherever you listen. That also helps us out quite a bit.

Sarah Trott: [00:01:16] So like I said, we're talking about everything you wanted to know about doulas, but were afraid to ask. And so we have a few clusters of topics we're going to talk about: Are doulas even worth it in terms of the cost? How do you get them paid for? That's a big topic. We're going to talk about people who have had past traumas and how doula care relates to providing trauma informed care and what that means. And we're also going to talk about advocacy, because, Esther, you've had quite a few questions about what kind of advocacy you can provide over the years.

Sarah Trott: [00:01:52] So those are our topics and I think everyone here knows you Esther. But to remind everyone, Esther, you are a long time birth and postpartum doula, among many other experiences in your life. You've got over 40 years of experience, and I'd love for you to say hi again and reintroduce yourself for anyone who is listening for the first time.

Esther Gallagher: [00:02:20] Yeah, well, I'm Esther Gallagher. I'm here in San Francisco with Sarah. I've lived here for a long time, since 1992. I came here after I graduated college as a single mom of two children, and leapt right into being a postpartum care doula. But my background as a home birth mother and a home birth

midwife kind of sucked me into being a birth doula, so I didn't go through the now traditional route of taking a course and getting a certification. But here I am, all those years later, still practicing. This has been my career. And, it means that a lot of these questions that are coming up today are very salient. They've evolved over time. So, the suggestions I will make here today are also evolving as we speak, which is wonderful. We are always learning new things, aren't we?

Esther Gallagher: [00:03:41] And now I'm a grandma. My grandson calls me Graham-cracker. That's so sweet. Yeah, he's a track star now. He's a big kid. So. Yeah. Shall we leap into the questions, Sarah?

Sarah Trott: [00:03:59] Let's do it.

Esther Gallagher: [00:05:31] So okay, let's jump right in. We've got our little list.

Esther Gallagher: [00:05:37] And one of the first questions has to do with affordability of doula care and specifically how do you pay for it? So I think, it sort of splits the population a little bit into people who feel like they can just go out of pocket, and people who feel like they're going to need some support in paying for their doula care and in general, going forward. In this conversation, we're going to conflate birth and postpartum, but we will mention that they're typically separate. And one of the reasons is that not every birth doula offers postpartum care, and not every postpartum doula is a birth worker. So, just keep that in mind as part of this thread, and we'll try to be mindful to point out where and when those things are more salient.

Esther Gallagher: [00:06:42] When we start off on the people who pay out of pocket level. I'm just going to stay right off the top that over the many years that I've been doing this work, the topic of value has been one that I've had to parse over and over and over again from the earner side of the equation. So originally I was employed by an agency, and I took an hourly rate on 30-hour contracts that evolved into being a sole practitioner, a sole proprietor. And so now I had to figure out, okay, well, what can the market bear?

Esther Gallagher: [00:07:49] But there is always that play that we have in our culture, which is around women's work being undervalued, right? We don't pay moms to be stay at home moms, but they save their families literally \$150,000 a year by not being paid for what they would pay a child care provider. So that's an interesting starting point, I always think, is how do we value ourselves. And we don't value nannies. We don't. We try to pay them the least amount we can get away with, sadly. But here we are.

Esther Gallagher: [00:08:31] And I think originally doulas - and I've even heard this quoted, by medical professionals on the radio many years back - you should be able to pay, you know, whatever you'd pay for a babysitter. Well, we're not babysitters and we're not teenagers, and we have to pay rent and all the things. So on the one hand, we're holding what's the value of my work so that I can pay my rent and feed my children and all the things? And then how do people who need our care afford to pay for it?

Esther Gallagher: [00:09:11] And again, in the olden days, I was sometimes pushed to tell people who were asking me to lower my rates. Well, how much did you spend on your wedding? How much were you able to splash out for a fancy dress and things that you were only going to ever use once in your life? And yet you're preparing for a lifelong engagement that involves your physical, emotional, and spiritual well-being, and you want somebody to show up for you for free or very little.

Esther Gallagher: [00:09:50] So those are the questions you can ask yourself. How much do you value somebody showing up to teach you about advocacy, to help you figure out your health care needs, to be with you on call 24-seven leading up to your labor birth, and plausibly also throughout your postpartum recovery. Yeah, and that can be three months worth of healing and recovering and getting your sea legs and figuring out your child's development and all the sorts of things that you're probably going to appreciate help with. So that's the bottom line.

Esther Gallagher: [00:10:40] In the Bay area currently, birth and postpartum doulas have a range. So if you're getting a newer doula who's recently certified, they may be charging at the lower end of the spectrum. But their rents are high. I have rent control.

Their rents are high, and so even at the lower end of the spectrum there's often not the margin between high and low that there might have been in a bygone era when we didn't have such high rents to pay. But you can imagine somewhere as low as \$1,500, which is cheap, all the way up to \$4,000 just to cover your birth. And that would be prenatal visits, of a number of hours determined by you and the doula being on call, showing up at your house, probably in labor or at the hospital with you if you're going to be induced. And if it's your first baby, it's likely to be a longish labor, meaning 12 hours or more. And if it's an induction, you can bet it's a lot more. So, for most people again. so that's a thing. And then there are no doubt, at least one postpartum visit attached to that birth contract.

Esther Gallagher: [00:12:16] These days, more and more insurance companies are stepping up to help fund this form of perinatal care. It's not health care per se. It's not medical care. Doulas are non-medical support. Okay, now, that doesn't mean we're not concerned with your physiological well-being. And some of us are very well informed about what that is. It just means that we cannot give medical advice or prescribe drugs or any of those sorts of things.

Esther Gallagher: [00:12:57] There are incentive packages. So big comp, tech companies, for example, now are signing up with an incentive package called Carrot. But we're hearing all about Carrot all the time now because it's specifically aimed at family support care. So doula care is covered by Carrot. Carrot, they have requirements of the doula. And specifically, it means that the doulas can show that they're certified. There are certified doula. There are other services as well.

Sarah Trott: [00:13:55] Not to single out Carrot, but yeah, it can be a fantastic benefit. And I think the companies who are out there thinking of creative ways to support their employees are actually pretty brilliant. So if you have one of these services - Hello Cleo is another one - they're fantastic. So I think the companies who are doing this, I applaud them frankly. Yeah.

Esther Gallagher: [00:14:17] And by the way, they do also bundle in things like lactation consultation visits, which are pretty great. And they cost a pretty penny if you

have to pay out of pocket. So that's also another wonderful thing. And that does include a form of medical care. Your lactation consultant isn't going to prescribe drugs per se, but they're going to interface with your pediatric team and possibly your OB team. And if they spot a problem, they would be communicating directly to your medical care team. So on behalf of your baby and you potentially, so pretty sweet, I think. And I think these services are learning to come into alignment with what doulas need to be able to make it financially, which is grand. I'm not a first adopter. I'm a slow adopter of these kinds of programs. But I think the doula community is getting on board with these sorts of programs.

Esther Gallagher: [00:15:40] So we're going to flip to what if you feel like doula support might not be affordable for you? Well, we've always advocated on the program that when it's time to have your baby shower, just tell everybody that you don't need more gear. you need money for birth and postpartum support. And you'd be surprised how many of your friends who have children think so. Oh, yeah, it's true. Like, all that gear just gave it to the next one. I just gave it away. I didn't even use most of it. And the babies grew out of the clothes really fast. And oh, but they're willing to pitch you the money they would have spent on gear and clothing and cute stuff to get some good in-home care for yourself. So that's one angle.

Esther Gallagher: [00:16:39] And then the other thing is that Sarah and I, Sarah, did a deep dive, and we're discovering that Medicaid programs are getting on board with funding, doula support care. So it's a state by state initiative, but we can point to California and specifically San Francisco. And so we know that, if doulas are willing to sign up and do a little onboarding program, they can then be working with Medi-Cal, as we call it in California, Medi-Cal, clients, and get reimbursed for the care that they provide their clients. And I think that's brilliant. I think it's really great.

Esther Gallagher: [00:17:35] So Sarah found a wonderful website. That can point you to state by state what your state's doing in terms of Medicaid in your state vis a vis doula support. So pretty cool, I think.

Sarah Trott: [00:18:42] Yes, we will post that information on the article for this episode. And in our show notes it's <https://healthlaw.org/doulamedicaidproject/>. And you can look for your state and find links and information so that you can figure out how to get the support that's available to you through your state.

Esther Gallagher: [00:19:00] Yay! So that's a little overview, but don't be afraid to ask your doula, hey, do you take this program? Are you enlisted in that program? Do you know somebody who is if you don't, because they might be able to find the doula that does and it might be a great match. So.

Sarah Trott: [00:19:21] Absolutely. And now's a good time for us to mention, we've done a couple of prior episodes on Doula 101: what is a birth doula? What is a postpartum doula? What you can expect from those kinds of visits and that service and that care. So go back and listen to those episodes as well. Because if you're thinking "are doulas worth it", I think there's a notion of a sense of survival. I can survive without one. But go listen to those episodes and really decide, because you might really appreciate those added benefits and the support that you get and the major difference that it can make in your experience for your birth and your postpartum.

Sarah Trott: [00:19:58] And the other part that we've just been talking about on affordability and cost, is it worth it from a cost perspective? I mean, the answer here that we're saying is it's not necessarily out of pocket. So that's the big takeaway here. Find out what your options are for where you live and see if there's something that you can't take advantage of in terms of your private insurance. Good job Rhode Island, and half a dozen other states that are getting closer and closer and also through potentially Medicaid if you qualify for some of those supported programs. So that's fantastic.

Sarah Trott: [00:20:35] And then there's also the idea of virtual support for doulas, because accessibility is also an issue here. Do you want to talk about that?

Esther Gallagher: [00:20:44] Yeah. So of course, coming through Covid, doulas had to get on the learning curve around, you know, using online programs to interface with their clients. And virtual support is a thing. And I think that anyone who's in the medical

system now recognizes that it's a thing. You know, so many of the visits that were provided by our other doctors are coming across virtual as well, and they're basically billed the same. And so doulas, the doulas I know of have come to rest on, know if I'm giving support, I get paid, and my hourly rate is my hourly rate. And, you know, whatever I would have done in your home, I'm happy to do not in your home. And frankly, for some very busy families, virtual makes more sense. They can get home, they can chill out. They don't have to do any other special preparations to have somebody come visit them in their home. Or they live sufficiently far away from each other that virtual support is better than no support. So all of these things are in the mix. I think there's some very appropriate uses for virtual care.

Sarah Trott: [00:25:08] Great. Let's move on to our next topic. So this is a question that someone might ask if they themselves have had past trauma. They might want a little bit of extra special support. That is something called trauma informed. But I'd love to hear from you. What does that mean? Are all doulas capable of supporting in that way? and what kind of resources and tools might be helpful for someone in that situation?

Esther Gallagher: [00:25:51] Yes. So, I think it's interesting that the term "trauma informed care " is coming to us in this day and age from two very distinct areas of life. But I think it's fascinating that these are the areas of life that these two places come from. And one is war. People who've been in war zones and warzones and either physically and or and or mentally and spiritually seriously traumatized by what they've experienced in a war zone. And women, particularly women who have gone through the perinatal experience. And that's from fertility through childbirth, postpartum care, right? Healing and recovery. I just think it's fascinating that the evolution of trauma informed care is overlapping so distinctly in these two realms. And I don't have experience per se in war zones. But I'm a woman in this culture, and I dare say it's pretty generalizable across the world, that women are living in war zones and women are experiencing the whole sort of rainbow of physical, emotional and spiritual trauma.

Esther Gallagher: [00:27:51] When I was a young woman, a new mother - and that's 47 years ago in 1978 - I was listening to a news on news on the TV, and I heard this report that 1 in 3 women had been sexually traumatized by the time they were an adult.

And I said out loud to my partner at the time who was in the room and I said out loud, "oh, that just seems like a lot. That can't be true". And he wasn't the best guy on the planet, but he had the presence of mind to turn to me and say, "You're one of those three". It just opened my world into a place that probably for a lot of women of my generation and the previous generations listening to the news, hopefully it just sparked something in us. And so the evolution of trauma informed care is long - it didn't just happen yesterday, but we only recently have the term for it, right? And a basis upon which to build the care for people who've been traumatized. Sarah, I would love for you now to read the definition, because I think it's very concise and lovely and and important.

Sarah Trott: [00:29:53] Trauma Informed Care (TIC) is a framework for helping people who have experienced negative consequences from dangerous situations. It involves recognizing, assessing, and responding to the side effects of traumatic stress on all parties involved, including health care providers, caregivers, and children.

Esther Gallagher: [00:30:17] TIC can improve patient engagement. So if you're getting trauma informed care, if you're showing up for any form of care and the practitioner understands TIC then the way they behave and interface with you is going to improve your engagement. It's going to make sense to you, it's going to resonate with you and you're going to feel safer, is my guess. So treatment adherence. So if your psychiatrist is somebody who's practicing trauma informed care and they suggest to you that perhaps this medication could help bridge your recovery you might be more inclined to not only get that prescription, but take it home and see it through. And interface with your psychiatrist. Health outcomes. So we're going to get you closer to the kinds of health outcomes that we would like to see in traumatized people. So wellness right. And the wellness of everybody involved. Not just not just the patient, but all the caregivers in this situation. I think that's fascinating. Like it's working for everyone. If somebody can provide TIC.

Esther Gallagher: [00:32:09] Now, I have not trained in trauma informed care. I've received trauma informed care. And I'm here to tell you. Wow, did the needle move? And it was decades after the trauma that I might have named in a session. Okay.

Decades later, I have still been able personally to reap tremendous wellness on all those levels that I've named many times before through trauma informed care.

Esther Gallagher: [00:32:52] One of our questions is, are all doulas able to support trauma survivors? We're able to support trauma survivors. I think, generally speaking, a good doula training at least names the fact that many of the people who come to us for support are knowingly or unknowingly people who have survived trauma at some point in their lives. It could be a car accident. Could be sexual abuse. Could be any number of things. Could be child abuse. It could be any number of forms. Could be they were in a war zone. We don't know. And our and our clients don't always name that they've experienced trauma. What they often name is anxiety and depression. So mental health is often named. Or it might be just something showing up like, 'I'm really nervous around doctors, or if I walk into a clinic, I feel nervous'. So clinical settings might be a source of triggering for some reason.

Sarah Trott: [00:34:50] And yeah. So doulas are increasingly able to support this, but it's probably something that's worth discussing with your doula or anyone you want to work with if it's a special kind of support that you want. Yeah. I don't think we want to assume everyone is necessarily prepared to help support you in that way. So have that open conversation.

Esther Gallagher: [00:35:11] Yeah. And remember that doulas are non-medical support. So they may suggest or recommend any number of supportive nicely aligned resources to you. Which leads to the resources and tools. These are my "go to's" that I'm recommending to anybody, anybody and everybody on the planet at this point, but particularly because people in the perinatal space are coming to me.

Esther Gallagher: [00:37:22] One of the first things I'm going to say to anybody, who asks the following questions: trauma informed care? Childbirth classes? They're asking for resources, and I'm first thing on my list because I feel like it gets people in the boat is mindfulness based stress reduction. It's a long time proven program. It means you have to commit. It's not a quickie, but you commit to this program. I believe it typically takes about eight weeks, once a week, and you learn some skills for being in the present

moment. Reducing your reactivity. That's your whole body kind of going off at a moment's notice, about any old thing. Or your brain just constantly turning, turning, turning. You can't stop thinking. You're always thinking, thinking, thinking, thinking about the past. You're thinking about the future. You're barely ever in the moment. So it's top of the list. I think anybody who's anybody that doesn't live in a Zen monastery could benefit. If you're living in a Zen monastery, you're already getting this program. okay.

Esther Gallagher: [00:38:52] The second on my list is, and I've mentioned this many places before, is somatic experiencing, which, by the way, has developed specifically out of and is a component, I would believe, of most trauma informed care because what we're talking about when we're talking about trauma is a nervous system reactivity. And somatic experiencing helps one attune to that nervous system and work the nervous system's own program to try to bring the nervous system into a state of calm and presence. It's very powerful and very simple. It's not that hard to do. It's surprising. Like, I really, really can't say enough about it, except that it's beautiful and simple and one of the best non-medical things that I can think of that's out there that's going to really help you, self learn to self regulate when you're experiencing fight, flight or freeze. Those are the three components of nervous system reactivity. Okay.

Esther Gallagher: [00:40:25] And then of course there's talk therapy and or psychiatry which typically would involve some potentially some talk therapy. So of course the question - TIC - I can't speak to medications, but I know there are some good ones out there. I happen to know that there's some good ones out there and people who are really, really unwell, right? If it were diabetes, they'd need insulin, right? It's this instead. And they need some form of medication that can bring them medically a little bit into the present so that they can make good decisions about the other forms of care that they need to to work into their programs.

Esther Gallagher: [00:41:28] So, and I just want to say from professional experience that people who are running high anxiety don't function well and don't make good decisions about their own care and their baby's needs when their anxiety gets past a certain point. They may believe that they're functioning. But they're just holding on by their fingernails. And it shows up as a lot of constant need for reassurance. Instead of

actually doing the thing like feeding the baby or sleeping when it's time to sleep. Because you need to sleep when you have a baby to calm down and make good decisions when you're awake. So this squirrel cage behavior is a real magenta flag if not pure red. And I and I don't want to catastrophize, but I do want to suggest that there's a nicer experience to be had when trauma and its concomitants anxiety depression are addressed. Parenting is hard enough. Parenting is hard enough if you're not being plagued with this kind of health issue. Okay. Yes.

Sarah Trott: [00:43:18] Yes. We highly recommend mental health support from a proactive place, even if you don't have a history. If you are starting a family and you're in the early stages of postpartum, certainly.

Esther Gallagher: [00:43:29] And if you're listening to this podcast as a supporter, family, doula. Grandparent. Whatever. and you're seeing some of these things that we've spoken to many times in the program. Find a loving, compassionate way to help reflect and support the person experiencing this. They're hanging on by their fingernails and they don't need your judgment. They don't need a heavy hand. But if all the reassurance you're offering isn't working, then you might be the person who can lovingly say, I'd really like you to consider a first step, which is maybe we go to the family Services clinic in our neighborhood, and you talk to somebody.

Esther Gallagher: [00:44:33] My mother, before we had all the fancy stuff. She had four kids in five years and was starting to break down. She was having some major symptoms of depression, and I don't think she minds me sharing this because she shared it with a lot with a lot of people. Her doctor said, I've run all the tests. There's nothing physiologically wrong with you. But I just heard of this new thing in our county called Family Services Agency, and they have counselors. Would you mind going and reporting back to me? I thought that was brilliant. Her doctor, like, enlisted her as a kind of a spy to check out this new program. And my mom says it saved her life. Okay. It saved her life. Which brings me close to tears because again, we needed our mom.

Esther Gallagher: [00:45:49] And when I was struggling as a mom, my kids needed me and I wanted to be a mom. And I was struggling and there wasn't much out there, but

there was this. Sometimes you just need the right person at the right time out of the blue to just be there and be on your side and be willing to drive you to the place and sit with your kid to make sure they get fed. So any of us could be that person at the right time for the right person that needs us.

Sarah Trott: [00:46:30] Thank you for sharing.

Esther Gallagher: [00:46:32] Sure. Okay. Which leads to the next thing, which is advocacy. A lot of people at the one of the first things out of their mouth when they come to us as doulas are, I need an advocate or. What's your style of advocacy? What is advocacy even mean? What does it look like? And it's a fair question. And I think people going into getting a doula have a lot of their own ideas about what that looks like. And I think it spans everything from just like, just show up for me. Just just be there in the room with me. That's going to feel like a kind of support that I really need. Yeah. And would just give me the reassurance that I have somebody on my side. Right? Pretty simple and basic. All the way to people saying, well, I don't trust the medical system at all. I don't trust my obstetrician. I don't know who's going to be there. And I don't want them doing terrible, terrible things to me. So I need an advocate. And I will say, to be fair, that doula trainings also span the same. It's almost like they've just been built to sort of cover the same sort of arc. I think. I think on the one hand, just being willing to be with a woman at all ever in her life feels like advocacy.

Esther Gallagher: [00:48:20] And at the far end of the spectrum and coming out of, I think, I think to be very fair, coming out of, the days my, my own mother's days of being in the perinatal space and there was no informed consent.

Esther Gallagher: [00:50:24] So I think doulas are just one of the natural sort of outgrowths, as was a return for white women to home birth. In this country, Black women didn't have a choice for home birth or hospital birth in many states and rural counties because they weren't allowed in hospitals. You could be turned away at the door in some states if you weren't the right color in this country, which is hideous. So women's health care in general and perinatal care in particular, has a long, dark history. And we're still in a space of looking at patient well-being. From both sides, right? More

progressive hospitals are on board with figuring out how we can be part of a healthier, more satisfying experience for the birth givers who come through our doors. Right on as it should be, of course.

And in the meantime, doulas have been enlisted to provide all of that now. Doulas are different people. We're individuals and we advocate differently, and we have different personalities and styles of addressing issues. That's just a given. It's a perfectly fair question when interviewing a doula to ask them, what's your style of advocacy? And also what are the parameters within which you're going to advocate for me, and how will you do that with medical care? Doulas have different answers.

Sarah Trott: [00:54:53] I would add that, we need to be clear that no one can do anything to your body without your consent. So that wasn't always the case. As we look back into history and as Esther shared. But to be clear now you. Are. You are in control of your body and the decisions made about your care when you're in a hospital, birthing center, or any kind of setting with medical professionals present. So nothing can be done to your body without your consent. And we do have an episode with a birth lawyer, that you can go back and listen to to hear more about that.

Sarah Trott: [00:55:49] As a doula, Esther, are you ever pulled aside by the mom or birthing person and asked, hey, can you please, you know, go talk to my partner or my mother in law or someone and just kind of be that middle person there to help smooth the situation out? Is that something you get asked, and is that something that you can do and want to do?

Esther Gallagher: [00:56:19] It's very much something I get asked sometimes indirectly, like, well, we're we're having our so and so relative. You know, our friend going to come and I think, oh great, that sounds nice. And then we hear the list of the things and why this is problematic. So I do get asked this question, and recently I came upon a question that I ask back. Okay? And hopefully people don't understand that it's my best attempt not to be heavy handed, but to be very clear and realistic. So if I'm hearing the laundry list, whatever, whatever about who, whomever, and I'm hearing the laundry list. And of course, I could be being surreptitiously asked to address each one of

those things, right? Impossible. I used to try. And now I've come to a new approach, which is, okay, you're an adult. You're telling me these things about these relationships based on your usually long experience. And this is habitual behaviors you're talking about now. And you're about to enter into one of the most profound, life changing events of your life. It's a journey. It's not one moment. It's a long period. And it involves a lot of movement and learning and all kinds of things that are going to add up to your experience.

And I want to ask you, I have personally no problem with you inviting anyone into your space that you want to invite for whatever reasons, but I want you to ask yourself. Given what you've told me. Are you willing to risk this behavior? And the form of a person you love will show up during this event, whether it's your birth or your postpartum recovery, which is my purview, right? That's the period I'm being asked to be involved in. So I'm throwing the ball back in everyone's court. What hope do you have that everything about this person's problematic behavior is just going to magically change because you're having a baby? And what of that? Are you willing to risk while you're doing this? And I don't want to say that people can't change or whatever. I'm not going to say that it isn't really worth doing a deep dive into these relationships with these people. If you have time. You had nine months. It's not a lot of time, it turns out. So really consider that question.

Esther Gallagher: [00:59:51] Now the answer to that question isn't no, I am not under any circumstances. No, I'm kicking them to the curb. But it might be close. It might be something like that. It might be gosh, yeah. You know, actually I don't think labor is a time in my life, or the first two weeks healing and recovering and trying to get breastfeeding established is the time when I also have bandwidth for whatever this person brings home. But I can spend quality time with them in these ways at these times.

Esther Gallagher: [01:00:34] So sometimes it's about getting to the good enough way of doing things. Am I willing to speak to people? Yes, I speak to people all the time on this podcast. I give them do's and don'ts, don't I? Sarah it's like if you think you're showing up to help, we got a list for you, right? Please don't do that thing and please do

this thing. And I've come to learn that those are surprisingly hard for people to figure out. But I offer people classes in their homes. I try everything to get people on board for actual support and help and setting aside problematic interactions and behaviors for this span, if possible. And I am willing to speak with people directly and indirectly. And I am not your fairy godmother with a magic wand. It's just important to understand that, yes, I'm brave. I'm willing to talk. I'm willing to try to be really nice about it. It's a big thing. And you're right to ask your doula..

Esther Gallagher: [01:01:59] But hopefully your doula has good boundaries and can give you the appropriate answer, depending on what it is and who it's with.

Sarah Trott: [01:03:59] Yeah yeah, yeah. So if you're wondering if your doula can talk to other people on your behalf, have that conversation with her and see what's right in that situation, because it sounds like it's a mix, depending on who it is, the setting and your circumstances.

Esther Gallagher: [01:04:15] And the circumstances. Yeah.

Sarah Trott: [01:07:12] Yeah. Well, thank you, Esther. And thank you, listeners for joining us today on everything you wanted to know about doulas, but were afraid to ask. And we are going to wrap here if there are more questions that you have and you'd like us to help answer, then please do reach out to us. We have a contact form on our website which is fourthtrimesterpodcast.com, so we'd love to hear your additional questions. Hopefully this has been informative for you today. Again, if you have found it helpful, please share the podcast with other people in your life. Thank you so much and we'll see you next time.

Sarah Trott: You can find out more about Esther Gallagher on <http://www.esthergallagher.com/>. You can also subscribe to this podcast in order to hear more from us. [Click here for iTunes](#) and [click here for 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.