

Fourth Trimester Podcast

Episode 127: Sitz Bath Guide: Natural Healing & How to Help a New Mom

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 and welcome back to the Fourth Trimester Podcast. I'm Sarah Trott and I'm joined by my co-host Esther Gallagher today for a topic that is near and dear to our hearts, which is visitation, and we thought it would be helpful to provide a guide for all of you listeners. A DIY guide on your first visit to a family who has a newborn at home. And we already have some great content on this, as you know, if you've been a listener. So we want to reference one episode that we recommend in particular, which is the do's and don'ts of being a helpful and respectful visitor. So that's the companion episode to this one, but we're going to go a little bit deeper on some of the topics, specifically around nutrition and food support, and then also on sitz bath support in this particular episode. And we're also going to just dovetail at the end into talking about perinatal mental health and signs to look out for, because that's really important for the role of the visitor to just be aware of maybe what to anticipate, but also some of the signs to keep an eye out for, for your loved ones and your friends.

Sarah Trott: [00:01:20] So. Hi Esther, welcome to the show today.

Esther Gallagher: [00:01:22] Hi Sarah, it's great to be here. I'm excited about these topics. They're perennially inspiring for me in my work as a postpartum doula. So I'm glad we're revisiting, revisiting some of these things today. Thanks.

Sarah Trott: [00:01:43] Yes, for sure. And we've had an article on our site for some time, which is a sitz bath guide with a list of herbs and everything you would need. So we're going to reference that as well, but really just talk you through how to do it, because it's one thing to know the factual procedure and it's another thing to really be in the moment and actually support someone in this way. To that end, Esther, it would be lovely if you could set the scene and the framework for that first visit.

Esther Gallagher: [00:02:20] Wonderful. Okay, great. So most of us going about our daily lives without little kids in the house can forget or just have never experienced what it's like moment to moment, day to day. And, especially if we've never been inside a postpartum body we are often really not able to attune to the levels of sort of emotional roller coaster and physical exhaustion and just the changes day to day that the body is going through in the first two weeks after having given birth. But I also want to

reference, like if you're thinking you want to visit your wonderful dear friend who just took in a foster child, or is in the process of adopting or has recently brought home an adoptive baby, these things hold true as well. So I think just taking a deep breath and imagining yourself for a moment what it would be like, and especially that it's touch and go moment to moment.

Esther Gallagher: [00:03:43] Right. You're constantly having your awareness out for whether that child is all right. If they're in the room with you, you're watching over them. And if they're not in the room with you, you might be especially vigilant about are they okay? Are they breathing. Are they sleeping. Are they looking for food? All the things.

Esther Gallagher: [00:04:02] So the idea that you're going to have a visit with your friend postpartum, where it's just you and them having a glass of wine and chatting about work is maybe really super inappropriate. So really setting aside the normal everyday idea of what visiting with friends is like and remaining open to the possibility that at your timing, despite you putting it in the calendar and showing up on time, may not be appropriate to the actual situation you're going to walk into, and being sensitive to the fact that for most new parents, while they may not even be aware of this themselves, they really need to be able to veto a visit at the last moment. So you could be at the door having rung the bell and they show up. And they haven't. They don't have their street clothes on and they're looking just punch drunk and exhausted. And they are, you know, if they look that way, they are that way. So a really sensitive visitor is not going to insist that they somehow rally. And. You know, get tea and cookies for the visitor.

Esther Gallagher: [00:05:31] It might be a better idea if you're noticing how tired they are to say. Gosh, it's clear that you're struggling for rest. I can come back another time. Or how about you go back to bed and I'm going to whip up some food while you're sleeping. I'll prepare a sitz bath for you when you're awake, and we'll get you into the bath with a snack. And if you need to breastfeed the baby while you're in the bathtub, great. So, speaking as a postpartum doula, that's exactly what I do in the first two weeks. It pretty much comes down to all of those things: being mindful, making appropriate suggestions for how to spend the next hour. And we take it, you know, in 30

minute increments throughout the day. And we don't hold tight to anything that we plan, because, you know what they say about plants.

Esther Gallagher: [00:06:39] That sort of sets the scene as you asked for Sarah. And then let's imagine being organized around that as a possibility for your visit. So the first thing would be that you would have already thoughtfully done some grocery shopping and some sitz bath herb shopping and run yourself through how do I get this done in a timely fashion while staying aware of what's actually happening in the home while I'm doing these things.

Esther Gallagher: [00:07:20] So you don't just show up with a packet of sitz bath and put them on the counter and expect somebody else in the house is going to prepare those for the the birthing bodied person. You already know how because you listened to our previous episodes. You've gone through the wonderful article about how to prepare a sitz bath. You've reviewed the instructions on the packet, if you bought a packet of sitz bath herbs, or if you decided to be really fancy and go out and get the individual herbs in the right proportion, you've mixed them up in a nice big bowl and you've created packets for the sitz bath. So a nice big fistful of herbs, mixed herbs into a clean brown paper, small little bag that makes one sitz bath so it's ready to go.

Sarah Trott: [00:08:19] Esther, for the sake of definition, can you tell us what a sitz bath is and why someone would do it? And when someone would do it? When it's appropriate?

Esther Gallagher: [00:08:27] Yes, that is very important. So sitz bath is a healing tea in nice, very warm water that, someone who's delivered a baby vaginally who might be sore, feeling a little bruised, may have had to have stitches, is going to lie down in. It's a shallow bath. They can lie down in it, sit in it back, sit back on their sacrum so that that warm water tea in this shallow bath, it's not up to their armpits. It's just bathing the vulva and the anus area.

Esther Gallagher: [00:09:16] And it has properties that are going to soothe and heal and be antiseptic so that it's anti-infection and just help, nourish that area in such a way

that it can heal and recover nicely and, and also just offer a lot of soothing because it's, it can be really sore. And that soreness can make it hard to relax, hard to sleep, difficult to breastfeed because you're kind of managing pain. so it can be a very, very helpful intervention in the healing and recovery period in the first two weeks, usually the first five days, if you can get a sitz bath prepared for you once a day for the first five days, you can do them twice a day if you want to. can be really good.

Esther Gallagher: [00:10:12] You don't want to overdo it because some of the herbs are astringent and therefore a little bit drying. And so we don't want to go overboard. But we also don't want to not do this if there's any possibility that we can have this experience.

[00:10:30] So when I say a shallow bath, if you're preparing the bathtub by scrubbing it out really clean, getting it nicely rinsed when you make that tea in a nice big pot, you're going to pour it into a plugged tub. after you, by way of straining it through a sieve into the tub. Because we don't want all the herbs to go into the tub with it. but you can strain it through a colander into the tub, a fine mesh colander. And then you're going to be adding tub water, hot tub water up to about 4 or 5 inches.

Esther Gallagher: [00:11:17] Once the birthing body person gets into this solution, you can raise the level of the tub up to the top of their pubic bone, but no higher. and it's okay to add hot water as you go along if the water's cooling down. The other thing about this is you probably want to have the bathroom be nice and warm for them when they get into the tub, just so that they're not cooling down while they're enjoying their tub. You want them to be able to soak for about 20 minutes.

Esther Gallagher: [00:11:55] So you can imagine throwing a big pot of, like a big pasta pot size pot on the stove filled with water. When it comes to a boil, you turn that off, you add the sitz bath herbs, put the lid on, and let that steep for 20 minutes while you go scrub out the tub. Rinse it well and plug it so that when you come back with those herbs. Which, and this is the most important thing when a birthing body person is ready to get in. Okay. When you know that there's nothing else they need to be doing instead. And they're like, yeah, that would be great. Then in goes the hot water, in goes the herb

tea. And they can get into the tub. Right away while it's still nice and warm, they can enjoy a 20 minute or more soak.

Esther Gallagher: [00:12:58] And if baby's hungry, baby can go right in there with mom because the water's not high enough for the baby to be dunked into the water, their toes may dangle. They probably won't mind. Probably like it, in fact, but it wouldn't be harmful to them. And they can enjoy a nice, kind of sauna experience while mom's hopefully relaxing in the tub. So that's a sitz bath. All of that. When you get to the house, you've got all your stuff with you. You can start that. Right. You can really encourage.

Esther Gallagher: [00:13:41] You can ask the person you're visiting. When was the last time you had something to eat? Okay. Good to know. You go to bed. And so once the sitz bath process is started, while that spaghetti pot is coming to the boil, you can start making them a bunch of snack boxes (snack trays), right? So you go into their cupboard, you find every little container that has a nice lid. And you pull out your groceries and you start washing, chopping, divvying up into bite size all the wonderful things that you've procured and brought along with you. And into each box goes two of those items. The lids go on, they get stocked up, they go in the fridge, but one of them's going in the bathroom for mom while they're in their sitz bath. Because it's just been too long since they had anything to eat. Almost always. Almost always.

Sarah Trott: [00:14:49] Yeah. It's hard to relax when someone's hungry.

Esther Gallagher: [00:14:53] It is. Yeah. And if you're somebody who's not getting enough sleep already and you're also hungry, it's not great for your mental health. It's just not great. You're not going to sleep. If you're hungry, even if you don't feel hungry. So part of the reason we ask somebody, when's the last time you had something to eat is that they might not remember. And then for sure, it's been way too long. Right. So that's a red flag. They may think they had something recently, but really actually you go into the kitchen and the dining room and the living room and you realize, oh, well, they prepared it. Somebody prepared it, but it didn't get eaten. So they didn't really even eat the thing that they thought they ate. This is not an unusual circumstance for postpartum families.

Esther Gallagher: [00:15:55] So your visit needs to be ultimately a loving, proactive visit where you see to it that they get fed. And I think, Sarah, you and I both can attest to the fact that, boy, once something is actually in front of us, even though we say, well, we weren't really hungry, we're not really hungry, it just disappears like a vacuum cleaner came along. Right? It's just you are hungry. Even if you don't don't understand how hungry you are.

Esther Gallagher: [00:16:28] So. Visitor. Don't imagine that. You know, a cookie and a cup of tea is a snack. Right? A cookie is great. That's not a bad start, but how about some cheese? Maybe some cured meat even or a and a deviled egg or two some crackers, some peanut butter, some fresh fruit. some fresh and or lightly steamed vegetables. Does this sound like a meal? Good, because it should be a meal. and it doesn't have to be a tiny meal. It can be a substantial meal. In fact, if you're preparing all these things, you can make a big plate for this person and then make all the other sort of snack sized ones to go into the fridge for later. Do not scrimp. Somebody who's making all the caloric and nutritional needs met with their body for another body is hungry. And I know I really harp on this all the time.

Sarah Trott: [00:17:46] You know, it's so true. Yeah. Breastfeeding. I recall eating, say, double the amount of tuna salad on my toast that I would typically eat. Why? Because I was just far more hungry. And it was really about breastfeeding and a change in my appetite. You know those things went hand in hand and I didn't feel overly full. The other wild thing about it was that I could eat a huge amount. Be breastfeeding continuously you know before or after. You know mostly I was eating and sleeping and breastfeeding and recovering and doing these things. Uh so I can just tell you, I can remember like yesterday having a beautiful snack tray or a series of snacks like Esther's describing, presented, you know, just magically appearing next to me. That was the best, because I'd look over and they were gone. Turns out I was hungrier than I thought. Yes. Yeah.

Esther Gallagher: [00:18:47] I will say that it's a pink flag if somebody's not eating right, especially in the postpartum period, you know, three days have gone by, you need to be

eating. And it would be optimal if you had a hearty appetite for it all. But if you don't, it might be because you haven't gotten enough nutrition. So sometimes we just have to spark the appetite by making sure that the food is getting into this healing, recovering, transformative body. so that all of the neurological and hormonal signals start firing in all the right ways.

Esther Gallagher: [00:19:40] And I will say, vis a vis our subjects today, that if somebody who's going through all of these changes and is otherwise being well supported continues to have a really dampened appetite. That's a pink flag. It might even be a red flag because it's a in some bodies, it's a sure sign of depression, right? Anxiety as well. So we want to witness that somebody is at least eating.

Esther Gallagher: [00:20:17] Even if they're not expressing hunger, they're at least eating to full capacity, which is, you know, an extra minimum 500 calories. And I would shoot for 1500 calories a day for somebody who's full on taking care of a baby and breastfeeding. without a problem. And that's above, like the 2000 that just maintains your brain. Right. So it's a lot of caloric intake. There's a real range in what people say is necessary for the postpartum body. But I think given that everybody has such different metabolisms, I don't want to be prescriptive about how much a postpartum mom is eating, and the more the merrier in my world. if you put it in front of her and it disappears, that's all good. We can think about other things later. But for right now, we want good food going in as often as possible. And it's not too much to ask that she get at least a snack every time she breastfeeds, which is how often a day Sarah.

Sarah Trott: [00:21:31] Oh. Almost constantly.

Esther Gallagher: [00:21:34] Yes.

Sarah Trott: [00:21:36] Like, we've had all kinds of people come on the program talking about the size of a baby's stomach and initially brand newborns their stomachs can hold about a teaspoon. Right. So it makes sense that they're awake and they're feeding constantly, or they're cluster feeding because they're growing. It's their way of expanding their stomach. It doesn't mean you don't have enough milk. It doesn't mean

that there's something wrong. It means they're growing. Yes. And whenever that happens, that signaled your body's getting to make more milk is also a signal. Oh, hey, you might need more food and energy to follow the process and follow your baby in that process. Yeah. Pretty cool.

Esther Gallagher: [00:22:17] Yeah, things happen kind of in waves and cycles. And so, you know, you want to be prepared to kind of flex with your baby's needs because your body has to flex if you're if you're actually showing up for your baby. And newborns need to breastfeed 12 times a day, that's minimum every two hours. So hopefully you're listening and watching for their cues and responding to those cues and not watching the clock instead. and sometimes those feeding cues are going to come a little closer together, and sometimes they're going to spread out just a tiny bit, no more than three hours. Throughout the day, it will never be more than three hours. It'll always be less. And if you have a baby who's not waking themselves every two hours minimum, then we need to intervene. We need to get more calories into them so that they will wake up more often and, and fulfill their caloric needs because they really need a lot of input in those first weeks.

Esther Gallagher: [00:23:35] So, yeah. So I think we're painting a picture of you're visiting, you send them to bed because this isn't visiting as in chit chatting for 2 or 3 hours. You're putting the sitz bath on. You're getting a meal / snack plate ready and prepared and into the fridge. And when you next see that person, you ask them, well, the sitz bath herbs are ready, would you like me to prepare the bath? It'll take me ten minutes, and then you can get in and I'll bring you the baby to feed when they're ready. Or I'll hold the baby while you get dressed, jump in the tub and hand the baby to you. so that's kind of the order of business now.

Esther Gallagher: [00:24:34] Once they're sitting in the sitz bath, if they're the kind of friend or family member that it's cool for you to see them naked, watch them breastfeed. You don't have to ogle. You can just be in the room sitting on the toilet chatting with them. If they want peace and quiet. And you should always ask, would you like me to shut off the lights and let you just chill in here? And you can just call out if you want me to come return, help you get out of the tub, or any of that kind of thing. If they're up for a

visit, now would be a good time because they're just hanging out, right? They're not taking extra time out of their daily stuff to sit on the couch, which is, by the way, probably uncomfortable no matter how they gave birth, by the way, right? Sitting on the couch with a C-section isn't comfy. Sitting on the couch with stitches. Not comfy, right? So they can be a little more comfy.

Esther Gallagher: [00:25:39] They're sitting in the tub and you can ask them questions like, so how are you sleeping? You know, what's it like for you? And that's all it takes sometimes for a lot of new parents, if they're feeling anxious, it's often going to bubble right up. If they feel close enough to you to give you the real story. And if you hear them saying things like, gosh, you know, I just lay there awake because I'm worried that the baby's dot dot dot. Right asleep. Not asleep, awake, not, you know, hungry, going to get hungry, gonna, you know, going to wake me up again. So that might be a moment when they say to you something that could maybe alert you to the possibility that they're having some anxiety.

Now, it's not going to help if you diagnose them and tell them, you know, you need a psychiatrist. That's never helpful. psychiatry could be very helpful, but a friend out of the blue saying you're in deep trouble is never helpful. Asking questions. Is there anything that you think would help ease this for you? Maybe you could use a reset with sleep. And if the baby's old enough and it's appropriate, maybe I could take the baby while you nap and give them a bottle. Or maybe I can sit with the baby quietly in the room with my book while you try to fall asleep so that you know that there's eyes on the baby. Things of that nature can be really helpful.

Esther Gallagher: [00:27:36] I was reading an article that really aimed all of mom's anxieties at the baby in terms similar to what I just suggested. But I want to say that it's often the case that moms are becoming anxious because they're sleep deprived. And they are sleep deprived. Not because the baby never sleeps. The baby sleeps 12 hours a day. Almost guaranteed. It's that. Moms either aren't being allowed the opportunity to sleep when the baby sleeps, which I'll talk about in a moment. Or moms aren't allowing themselves opportunities, which I'm going to talk about first, which means that every moment the baby's actually asleep and they could be closing their eyes and resting.

They're on social media or looking at their phones or checking emails or etc., etc., visiting with friends when they could be sleeping. Now, it's not that any of those things are sinful or evil. But when you are postpartum in the first 6 to 12 weeks. You don't get to just wait till later and get a nice four hour chunk. That's never going to happen. That's not going to happen. You don't get a replay or a do over or a next time to sleep when you have a newborn.

Sarah Trott: [00:29:37] Yeah, and this is probably obvious, but just in case, when you say newborns or sleeping ten, 12 hours a day, they are for sure. But it's worth noting that it's not continuous.

Esther Gallagher: [00:29:49] No, it could be 20 minutes if you're lucky. It could be a nice 2.5 hour stretch, but you don't know when that's going to happen. Right. This next time they sleep, there's no guarantee on the length of it. So yes. Brilliant. Sarah it's very important that you understand that those 12 hours accrue over a 24 hour period. Hour by hour.

We never know what they're going to do next, right? We know that they need to feed. That's critical, right? So we don't want them to sleep too long. And on the other hand, we don't know how long they will sleep when they do. and there's a real learning curve in sorting through, like, what's your baby's cycles and and you know, it takes a long time before you can say anything to yourself about what they're going to do next with any reliability. So making yourself available to sleep is your most important job. And the way you do that is you feed yourself while you're feeding your baby. Right. So those three rules we talk about all the time: eat when the baby's eat eats, use the bathroom while baby somebody else hopefully is diaper changing and burping your baby between breasts or whatever. And you go back for the the next round of feeding.

Esther Gallagher: [00:31:29] And then because you've eaten and you've gotten the baby situated crossing fingers, then you have a playing field for sleep. If you do anything else. Oh, I'm just going to. Fill in the blank, right? You're already starting to crash your sleep, I promise you. So.

Sarah Trott: [00:31:55] Laundry can wait. And that's also something that's great to ask someone else who's visiting to help support. Absolutely. And it's a perfect time to let go of the expectations of a perfectly clean house and perfectly presented self with everything done. This is, you know, real life. Yeah, you get a pass on taking care of yourself and your family first and foremost. And the other things will happen. They'll fall into place. But give yourself grace is the takeaway. Yes. And doing that means sometimes letting the other things wait, and that's okay.

Esther Gallagher: [00:32:34] Yeah. Really letting go of those things as your job.

Esther Gallagher: [00:32:45] Now I want to circle around to that first thing I alluded to and that is that while it sounds like I'm blaming postpartum people for all the things they're doing that they don't get sleep for, there's no blame in that. It's just awareness. Right. It's just I'm hoping to help you be aware of all the choices that you have in terms of how you do your self-care.

Esther Gallagher: [00:33:20] But then there's another side to all of this, which I experienced. And, and I don't think we talk about it enough. So I'm going to go in and again, I'll reference the fact that whenever I read articles about postpartum anxiety and they have this little mention about, well, hormones could be affecting how you feel and whether or not you're sleeping. That's very, very true. And if you're still feeling pretty jacked up by the time you're four weeks postpartum, 4 to 6 weeks, it might be time for a thyroid check.

Esther Gallagher: [00:34:07] But having said that, let's back up. No amount of self care. And self-care preparations and good intentions on your own behalf are going to work out well for you if the people in your environment insist on being unaware of your needs. So I'll use myself as the example. I was aware of my needs and I did ask that those around me try not to wake me in the baby. When I went in small little windows that I would maybe get for sleep. That seemed to be a non-issue for the people around me. So the phone could not get unplugged despite me asking for it to get unplugged. And we're talking about the old kind of phone that sticks in a jack. coming in and out of the house, crashing the door, coming into the bedroom when I'm sleeping, the baby and I

are sleeping. These are just sort of the most obvious examples. The idea that you know. It's just natural and I should be able to do it. Somehow. so what was I complaining about when I asked? And then tried to be more insistent and then got angry? There was something wrong with me. That I was somehow not managing to keep my equanimity.

Esther Gallagher: [00:35:49] When I was becoming progressively more sleep deprived and therefore anxious, and also, in my case, angry, becoming angry because I was not being seen and not being heard and not being listened to and not being supported. So, when women show up at their OBs and say, I'm anxious and depressed and nobody asks them, well. What's your partner doing? I feel resentment. Me personally, when I know that nobody's bothered to ask, what's your household situation like? And nobody uses words like, well, it's neglectful not to let you sleep. It can become abusive, not to let you sleep. I find myself getting upset on behalf of new parents. And then I have to remind myself that this is the culture, right? The culture of women just take care of it all. And the rest of the culture benefits from women taking care of it all, managing food, managing housekeeping, managing everyone else's well-being before their own.

Esther Gallagher: [00:37:10] And so this is, again, as everyone knows, who's listened to the podcast, this is why I show up in this space with Sarah and try to remind us that, you know, it's not enough to say it takes a village. The village needs to wake up and be aware and be caring enough and compassionate enough. The needs of new parents must be intelligently, compassionately addressed. And this is a critical element. I personally think that the terrible statistics, the high rates of anxiety and depression that we see in the postpartum period. Could be just cut right down if we managed to do what seems to be the impossible in this culture, which is to really actually care at all about whether or not people are being nourished and getting the kinds of sleep that they could get and should get on a day-to-day basis. So yeah, that's my download on the subject.

Sarah Trott: [00:38:31] Well, Esther you had a particularly rough time of it.

Esther Gallagher: [00:38:34] Oh, I don't think I did.

Sarah Trott: [00:38:36] Having someone not respect your request, though. I don't think we should normalize that. That's not okay.

Esther Gallagher: [00:38:41] Absolutely should not normalize it. And I'm here to tell you, after 30 years, it's often the case that I have to instruct partners or hope that they hear me when I say, look, you can't just go up into the bedroom with your download about what happened at work. You can't. That might have been the one time they got to sleep today. Please don't.

Sarah Trott: [00:39:07] Exactly right. And I appreciate you sharing your first hand story and your experience. Esther. it really brings it to life and some of the statistics that's probably worth mentioning. I mean, there's the baby blues. It's almost everybody, eight out of ten parents are going to experience that. And that lasts for you know, an early period. And then there's the other PMADs, the perinatal mood and anxiety disorders. And looking at the research in those, there's anxiety, which is about 20%. So that's significant. you know, and then there's the deeper sadness and depression, which is where, you know, those initial feelings of sadness are actually getting worse and not better over time. And that's when you're seeing 1 in 7. So that's 14%. That's also really high. It's a high percentage.

And then the comorbidity is really high. So if you have the depression you probably also have the anxiety. most likely by the numbers. There's PTSD. The numbers say around 6% of people are having that as some kind of traumatic triggering that happens during the pregnancy, delivery or postpartum. And then there's the rarest psychosis, which is impacting 0.1%. So really, really rare, but worth a mention because it does happen. We've had Lisa Abramson come and share her own story of that experience because she had that. and you can listen to that episode if you want to learn more about what that is.

Sarah Trott: [00:40:47] But what all these numbers are telling us is that it's pretty common, and there's no shame and there's no stigma in having any of these disorders. They're incredibly common, and getting the help you need is important. So we're bringing this up as part of this episode, in part because as a visitor, you can observe

Esther suggesting asking gentle questions and helping support people get their sleep. Esther, I'd love to hear more from you. I mean, you've had so much experience with this. When you're suspicious of something that's more than the baby blues, you want to give someone support. Like, how would you go about doing that? Because I've talked on this program a lot about some of the ways that people get help, but how do you connect those dots?

Esther Gallagher: [00:41:39] Well. You know. First of all, I try to plant seeds in the prenatal period. Right. And just talk about all the things. You know, those three when the baby eats kinds of things, like if, if you're still pregnant, let's start setting your life up this way before you give birth. Right. In late pregnancy, your body's need for sleep and rest is starting to be more like the postpartum body than people often give credit for. So they're trying to get through an eight hour work day without having a nap, for instance. Right? But the late pregnancy body needs to sleep during the day. Right. So figuring out a way that you're going to be able to sleep during the day before you have a baby in there might be really smart.

Esther Gallagher: [00:42:46] So that's a thing, right? Having those conversations with partners, family members, friends circle who've said, oh, we'd love to help. Well, I hear that the most important thing is going to be for me to sleep when the baby sleeps. So let's get organized around that idea. And around what it looks like for me to be able to do that. And then the reality check of, yeah, the house is going to be quiet and peaceful, and it's not going to be a carnival of every family member coming one at a time through the house. And people are going to keep food ready and available for me, but without a lot of rigmarole that I have to manage. So there's that aspect.

Esther Gallagher: [00:43:45] And then for me, I want to see that in fact, in the early days postpartum body people are not managing. So if they're insisting on managing, that's a pink flag for me already. Because that tells me they're being vigilant. And they don't trust. And they're anxious about everything that's happening. So then I'm going to try to address that. Right. It's very important that you give over this to people who, as I'm looking around, are doing a pretty good job of doing these things for you.

Esther Gallagher: [00:44:32] So how do we get you to take some deep breaths? Lie down. Rest your eyes. Let sleep come. and then when that is being pushed back on, which, by the way, often is right, like in these cases, I just get pushed back at every turn. And that's a red flag for me as a care provider.

Esther Gallagher: [00:45:02] And then the reddest flag of all is the parent who doesn't see the baby. Right or sees the baby in a clutchy, clingy, desperate way. But isn't actually ever following through to address the baby's needs. So. Right. I know this sounds unusual and strange, but I'm here to tell you. This does manifest itself in the postpartum period, right? So an inability to just set aside what's going on outside their own skin and. Support themselves and their baby in a really naturalistic experience. I experienced it a naturalistic way of like, I'm just, oh, feeding cue. Great. Let's feed the baby, you know, let's address what's not going well. But, you know, we're going to feed the baby. We're gonna burp the baby. We're gonna change this diaper. Those basic human needs are being met by this dyad and hopefully in a triadic way. Right. The care provider who supports the postpartum body may be breastfeeding body chest feeding bodied person so that they can provide for the newborn. The baby. If that's not what's happening, there's already a pink flag and probably a red flag.

Esther Gallagher: [00:46:40] How do I address it? Well, I speak to it, I speak to it, I say I'm observing this and I'm wondering, can we talk about maybe how to shift this so that everyone's getting a better shot at what they need on a moment to moment basis in this situation? If that doesn't seem to be something that's getting through. And, you know, again, there can sometimes be a learning curve. Then it's resources, right? I'm concerned about you. I'm concerned about your baby. I think it would be more than appropriate for you to make sure that the baby is seen by the pediatrician and the lactation consultant. Right. I want you to consider the following forms of mental health therapeutic healing and recovery.

Esther Gallagher: [00:47:46] And often it's, you know, who can we get in here that's going to be an extra layer of support. Would it be smart for you to have a night doula? Would it be smart for you to, I know you said you can't wait for your sister to come visit because you just feel like she's just the best. Maybe they can come sooner rather than

later. You know, just that kind of suggestion provision. and, you know, in my capacity there's a limit. I'm not a medical care provider, so I can't actually do it. Some of these things, and I have to leave the ball in their court. And now I've had a couple of what I would call, you know, more extreme cases where. I had to address this to the other adults present and say, this person isn't able to make a good, healthy decision on their own behalf. And here's why I'm saying this, here's what I'm seeing and why I'm saying this. And I think it's imperative, right? I've gone to those lengths in terms of my expression, of my concern. I think it's important that this person be seen by their OB tomorrow at the latest because. They're really in trouble, and I'm concerned for them and the baby. so.

Esther Gallagher: [00:49:19] And surprisingly, on some of those occasions, people still haven't thought that it was important enough. On the rare occasion I've also had to say, well, I consider myself a mandated reporter, and I'm very concerned for your child's well-being. And if I don't see a shift, I'm really going to have to consider calling protective Services. Again. You know, we're talking, like, way out there on the concern level. right.

Sarah Trott: [00:49:56] And I think that's something that people are worried about, right, of admitting that there might be something wrong or that they're not feeling the way that they normally feel. There's shame and stigma associated with that. Yes. So maybe a fear like, oh, are you going to take my baby?

Esther Gallagher: [00:50:11] Yeah. Oh, and I've even had people jump in with, well, is this just your opinion, or are you just judgmental? Right. And fair enough. Right? They don't know me, and they may think I'm really dug in in my opinions, and I can sound that way. I imagine someone talking to me the way I express myself, and I imagine that some people would be pretty sensitive to it and push back on it. And that's perfectly understandable, right? And I have found myself in situations where I've asked myself, is there a better way to express this? For this person on their behalf. Right.

And so I think family members especially need to maybe check that box and be really careful about, you know, do I think I can just get away with talking the way I always talk

to this person? which has never worked before, by the way, and done deal. And I'm off the hook and I think, yeah, finding a way to express things in a way that hopefully will be understood to be non-judgmental, non opinion, opinionated but caring, compassionate, supportive. You know all the things. It's a tricky business for sure. Right. We can hold ourselves accountable to our compassionate expression. And ultimately we have to hold them accountable to their self care and good judgment on behalf of themselves and their babies. so yeah.

Esther Gallagher: [00:52:02] And I want to be clear that the friend who's coming over to do a nice visit and is ready, willing and able and gung ho to prepare a sitz bath and some food and be a listening ear is not obligated in any of these ways necessarily. Right? I mean, when it comes to mental health, none of us are experts. And, we're there to love and support, and that's the most important thing. You know, saying, gosh I'm feeling some concern for your emotional well-being. Perfectly acceptable. Doesn't have to be more than that. Maybe, is there a way that I can help you get connected with some resources? I'm happy to do that on your behalf. great. but I think. You know, backing away from, oh, my God, there's a mental health crisis here. And, just just being willing to do the sorts of things that are basic human needs based and critical, because those things are always important, always important no matter what else is going on. Right. Somebody who isn't having emotional, social, existential crisis or mental health issues still needs to be fed and watered and get some sleep, right? Those who are need those as their baseline if they're going to heal and recover and get better. So it is always important. And if you can do that, hit those notes. Excellent.

Sarah Trott: [00:54:07] Yeah, yeah. And we'll reference postpartum Support International as we often do. So if someone does say sure, that would be great. If you could help me research some resources. There's a free phone number there. They have online support groups that are free for many different kinds of scenarios for pregnancy and postpartum. And we would always recommend someone work with their doctor or their pediatrician or their lactation consultant if they have specific concerns, like do work with a medical professional and. I think that's really what we wanted to cover today. Is there anything else you want to mention? Esther.

Esther Gallagher: [00:54:50] Well I do want to mention that, though I wish it were not the case, if you understand that while your physiological health may be fairly normal and you're doing okay physiologically, if you are concerned for your emotional mental well-being. And the first, medical practitioner you see, is in any way dismissive. Seek another. This is not the wheelhouse or the skill set for every single practitioner you might have already encountered or are going to encounter on your mental health journey. You deserve, you're entitled, I'm going to say it stronger to be taken seriously in your mental health journey. Just like if you had a physiological issue. And we're sometimes not heard by the first, second or third person that we see when we lay out our symptoms and, and say how concerned we are and, and try to describe our suffering. You get to be taken seriously in this. This practitioner or set of team of practitioners can do a deep dive on your behalf to try to find the best approach that's going to work for you and your family.

Esther Gallagher: [00:56:30] And this is the thing, I personally know how hard it is to access care. And then have to advocate when you're depressed on your own behalf, it's hard to do. And that's why if you have a friend who's expressed some willingness and energy around helping you become resourced. Let them. Let them help you. You're not going to feel up to it necessarily. All by yourself. You. You know, I hope that if you need this care and there is no one else, you'll find a way to get on this journey and stay on this journey. But it's understandable if you need the support of a close friend or family member to get you to those appointments, make those appointments get you connected with the people who are going to, and groups that are going to be nourishing and supportive of you. So yeah, that's a long ad, but thank you for asking.

Sarah Trott: [00:57:45] Thank you for sharing, Esther. And thank you so much to our listeners. We hope you enjoyed the episode, and we'll see you next time on the Fourth Trimester Podcast.

Sarah Trott: You can 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.