Beyond The Baby, Postpartum Care with Phindile Chowa MD: The Coalition Talk Show Transcript

(Transcripts are generated by AI and may contain errors)

Introduction and Guest Welcome

Welcome to the coalition. This is a talk show dedicated to discussing health, wellness and inspiration. I'm your host, Doctor Shani Belgrave. Hello, everybody.

Thank you so much for joining the coalition. I am excited to welcome to the show today, Doctor Pindi Chawla. Doctor Chao is the founder of e m care to U, a concierge medical practice that focuses on postpartum care.

Hi. Welcome back to China. Thank you so much for joining the coalition. Thank you for having me. I'm so excited to talk today. Okay, so I know in the introduction I was telling the viewers a little bit about you.

You also host a podcast called Fourth Trimester Voices. So can you please give us a little bit more information on who you are and what you do? Absolutely. So my name is Doctor Cho.

I am a board certified emergency medicine physician, and after residency I moved to Atlanta, Georgia, where I worked in academics for quite some time.

I got married, had a child, and then went through a series of just difficult postpartum, times. Essentially, I struggled with postpartum depression and, you know, really went through a change in my mentality about how I viewed life.

And, you know, then Covid came and Covid had me thinking, you know, how do I want to practice in the next ten years? Is this what I'm doing? Sustainable.

Dr. Chawla's Journey Into Postpartum Care

Am I going to have the time that I have with my children? So I just went through this crisis where I was thinking about my purpose and what I really love.

And in all of that reflection, I ended up doing concierge medicine, and it was one afternoon taking care of one postpartum lady who was dealing with pre-eclampsia.

And I went to her house, and instantly it was as if I knew what I was supposed to be doing right. We ended up dealing with her blood pressure issues, called her O. B., got her back to the hospital, and when I left that place, it was like something hit me.

I knew that there was a gap, when it came to women in the postpartum period, and that my experiences going through what I went through postpartum and my experiences in the emergency department could help build this gap and could help women in this time to make sure that they didn't have to go through what I went through.

So born came out of, you know, postpartum care. This is how m care to you came alive. It was just a really odd, way of getting there, but I truly think that it was just divine intervention.

And purpose coupled with experience. And so, yeah, that's what I do in Atlanta, Georgia. I take care of postpartum moms through my concierge practice.

Well, that is wonderful work that you're doing for people who may not be familiar with concierge medicine. What does that mean? Absolutely. So concierge medicine, there is no middleman in terms of, like, a hospital insurances.

There is a relationship that exists between a physician and the client or the patient. And so what that means is that

a patient has more access to a physician.

They're able to, you know, get sooner appointments, are able to have conversations, or they're able to have those discussions that often do not happen in a busy clinic appointment because, you know, insurance and all the bureaucracy that goes with medicine.

People have to see patients, right? You have to bang out 30 patients, 20 patients. You have a full schedule. And so you may have a passion and a true desire for you know, what you do.

But sometimes there's just that business of medicine where you have to move the meet. And so concierge slows things down. It's a more personalized approach.

There's a lot of shared decision making, and it's just a really great relationship with your clients because they can come to you, they can ask you questions.

You help navigate the health care system for them. A lot of concierge systems don't have, don't you take insurance? Some people take insurance. I personally don't take insurance, but a lot of my clients are able to get, a lot of the services reimbursed.

And so it just helps bring I feel like, dignity back to medicine. The physicians love it, the patients love it. It's just overall a great way to practice medicine.

Outstanding. So, you know, I thought it was fascinating that you are an emergency room doctor who now has that extensive training and vast experience influenced what you do now as the postpartum expert.

So I've seen so much, right. When you think about access to care and where people go when they can't get an appointment, where people go when they're having a postpartum emergency.

So crazy enough, in my experience, especially working in a hospital in Atlanta, that is a baby hospital moms give birth. We get a lot of complications in the emergency department.

So I've taken care of the woman with postpartum preeclampsia. I've seen a lot of, young females with cardiomyopathy.

What Concierge Medicine Means

I've seen postpartum depression. I've seen postpartum psychosis. I have seen, you know, a whole bunch of complications. Carpal tunnel. You know, pops, rashes, hives, anything that you can think of that has to do with, complications of pregnancy, postpartum, I've probably seen.

And even hemorrhages. Right. Or infections. Because ultimately, when a patient needs to be stabilized, they're not going to labor and delivery for us. Right.

They're coming to the emergency department in an ambulance, in the car. And then we are gathering our resources on board, getting the ObGyn involved to take care of this patient.

So it is quite amazing how everything sort of fit because, you know, I and when I was doing this, I wasn't even thinking about that experience. It just it just made sense that I was able to do this care because I see the emergencies all the time.

And so it just was a perfect it just makes sense. Right. And so how from a logistics standpoint, how does this work? You're engaged with mom from the time it's she knows she's pregnant and you kind of work along with the OB or is it only postpartum or how do they get plugged into you? At what point?

Yeah. So initially people would call me after the fact. So, you know, people would call me because maybe they

found me on a Facebook group where I may have helped one mom, and then that mom referred.

Oh, I know who you can talk to, contacted show us. So initially people were calling me in crisis mode because they didn't know. They didn't know what they didn't know. Right.

And so once I realized that oftentimes when I saw these patients in the postpartum period, that it was too late, I really have changed my my marketing to try to market to pregnant women because if I get to you in your postpartum, we're always going to be in crisis mode.

So there's a lot of things that we can do in terms of and there's a lot of education that can happen. There's a lot of coordination of care with your ObGyn.

There's a lot of coordination of care with your care team at that point, especially if you're a mom who is at risk and you've had a high risk pregnancy before, you've had, complications before you had postpartum depression.

It makes sense that we plan ahead of time.

Emergency Medicine Experience and Postpartum Complications

So now what I do is I talk with the midwives that OB GYNs before. It is very hard, though, I must say, because OB gyns and midwives are delivering babies.

And so sometimes getting introduced in that conversation early is almost like a patient notifying, hey, I'm working with this concierge doctor. It's not like that direct.

You know, this is what's going on. But they know if things happen that they can say, this doctor can come to her house and get the blood work. This doctor can come to her house and try to navigate that appointment with psychiatry or get her into the emergency room scene.

And so I let my patients. Now, please tell your ob gyn that you're working with me, and then I try to contact them, but oftentimes I will say it is difficult, because medicine is so busy and that OB GYNs are in clinic, they are operating and they are at the forefront of maternal health research.

And so I try to lessen the load. And so meeting with them too early about multiple patients can be overwhelming. So I let the patient introduce me and have that conversation.

And then I try to call the doctor and make sure that we can have just a little meet and greet. And most times I actually just stop by the office and I just introduce myself and what I do so that I'm at the top of their brain.

Wonderful. So then how does this work? Because some of the work that you do with telemedicine and then planning also in home, right? Yes, yes. So sometimes I get on the phone, let's say, midwife or most times I'm getting referrals from lactation consultants, doulas.

If they call me and say I have a, an X, Y, and Z is happening, you know, I'll get on the call and I'll do a screening call. And sometimes I'll get on the screening call and I can't, I can't do this virtually. Right.

For example, if I get a call and a mom says, you know, I'm swollen or I don't feel good, you know, I can't do the complain of, I don't feel good virtually.

Right. Because that requires, you know, an assessed body assessment. So exactly and really in-depth conversation to figure out, well, what does it mean? Let me take your vitals.

Let me take your blood pressure. Let's, you know, let's look at this and you look at your legs. And so that complaint typically is always in person. There's very few complaints.

Virtually that happen. And that will be like, you know, oh, my, my medication is out or I have a respiratory illness, you know, very simple urgent care, fast track complaints.

The vast majority of postpartum, issues that women call me for, I have to go in person. And this is really your emergent urgent care visits? I have clients who are.

I have it's like full service care. They are with me from the minute they, you know, they hire me during pregnancy, and then I'm basically. I have set visits for them.

So after 48 hours, after they give birth, I go and check on them. But they have my phone number in that entire period. So if they have a question about breastfeeding, they can call me.

I connect them with a lactation consultant. If they have a question about, you know, is this vaginal bleeding? You know, normal. Is this vaginal bleeding not normal?

How Patients Connect and Receive Care

We'll we'll talk through that a little bit. But within that 48 hour period of time, I'm at their house, I'm assessing them. We're talking we're making sure that all the questions are answered.

Because let's be frank, we've all struggled with breastfeeding. And sometimes, you know, a lot of women just kind of give up or they just wait to get the help that they may need or, you know, their is buying them or the latches uncomfortable and they just give up.

And so we talk about the goals like if breastfeeding is your goal, I don't want you to give up. And so I have my lactation consultants go and see you.

And we try to work through that so that you may have a good postpartum experience overall. And then when I was reading about your work, there was a mention of, I think it was pelvic physical therapy.

Yeah, I'm on that a little bit. Absolutely. So when I about two years postpartum after I give birth, I was struggling with constipation and I was, you know, I ate my vegetables, I eat healthy, I drink my water.

So I just did not understand what was going on. And so I was back and forth with gastroenterology. I also had this terrible hip pain, that every time I would run, it would hurt.

I would have to do a certain stretches if I said I would hurt. And it had started during pregnancy. And so I was going through the motions of that physical therapy, you know, gastroenterology and, you know, the gastroenterologist put me in for this extensive workup to work out my constipation.

They put me in for an MRI, you know, tre and basically we found out that my pelvic floor was weak, extremely weak. And so I got referred to euro gynecology, and euro gynecology referred me to pelvic floor therapy.

And then when I got to pelvic floor therapy, she asked me a series of questions about, you know, my pregnancy, my childbirth, my postpartum. And she was like, yeah, you know, we honestly should get every woman in to see a public or a therapist because most times moms are not even thinking about that.

Their constipation, their back pain, their hip pain is related to their pelvic floor. We exercise all sorts of parts of our body. And then when we take a break or when that, you know, part of our body takes an insult, what happens?

We lose muscle mass, we lose tone, and we have to work that part of a body over and over again. But for some reason, we put moms through carrying a baby for nine months and we don't put them through.

They go through carrying a baby for nine months. Then they, they go through childbirth, which is a traumatic experience. And then, you know, after six weeks, we send them off, we tell them you're good for exercise, you're

good for, you know, having sex, but really they a way to do it.

We have to make sure that their strength is intact. We have to make sure that they're not doing things that are going to actually aggravate the pelvic floor and make it worse, you know, certain exercises running.

And then we have to retrain that part of their body over again so that they can prevent long term complications. And for a lot of these complications, if we catch it early, we're able to prevent moms having constant constipation, urinary incontinence, a lot of different complications that come with pelvic floor dysfunction, hip pain, back pain.

You know, I'm six years postpartum. I tell people my kid is six, but I still struggle with that pain in my piriformis. I still struggle, with issues with my pelvic floor.

I still see a pelvic floor therapist.

Pelvic Floor Therapy and Long-Term Recovery

I still have to do the exercises because, you know, in the future I would like to conceive again and I don't want it to be worse. And so all my moms who come into my practice, I make sure that they are put in touch with the pelvic floor therapist.

If you ask them if they want to see a pelvic floor therapist, they won't think they need one because no one's really telling them to go see a pelvic floor therapist.

But I just think everybody should have that, relationship with the pelvic floor therapist. It should just be a standard for women, because it just helps.

It doesn't harm. It can only help a woman recover faster. And in other countries in Europe, it's mandatory. So we could do the same. Wow. That is, really good information.

I think that what you're doing is filling a gap, because as I think back to when my kids were newborns, I had the pediatrician nurse hotline on speed dial.

How many diapers do I need? You know, but then for things that you may be experiencing, you don't really have that same immediate, direct contact. Not sure that's really helpful. Exactly.

And I think, you know, when you think about just how busy our colleagues are, you know, this service is meant to work with my colleagues, right? Because ultimately I love my ob gyn, but I knew my ob gyn is busy and doesn't have, you know, all the time in the world to take my calls about my my terrible carpal tunnel or my acne or my postpartum hair shedding or my, you know, my stressors at home and my my baby who keeps biting my nipple like, that's a lot for somebody to keep getting those phone calls every day.

And so I work to relieve that pressure. And so moms will call me and I tell them, you can call me about anything, right? Because I do have the time to sit down and talk through these things and say, okay, I can help you. I know who can. Right?

That's where that triage specialist comes in handy. It's like, all right, this is not within my will. This is not what I do. However, I know who can help you and let me get you over to that person.

So what sort of feedback have you gotten from your patients in terms of the benefit of concierge, postpartum care? I really think that a lot of moms feel like they should have done it sooner, right?

Because a lot of moms who come to me were in a crisis mode, and we helped navigate the system. And for a lot of them, it was talking to their physician, talking to their midwife.

Because oftentimes, you know, when patients are trying to get the help that they need and there's that middleman

and you're just trying to I'm trying to get my thoughts across, but my doctor's not really seeing me, so they can't really understand what I'm saying.

And so now it's like if I go to the patient's house and I'm seeing it. Yeah, you know, this is what I'm concerned about. This is what? And I'm talking to the doctor.

It helps build that bridge where it doesn't feel like there's that, you know, misunderstanding between the patient and their doctor, because now there's another doctor who's in their house, and now you're able to have a direct doctor.

Doctor? You know, conversation. So that's there's that advocacy piece which a lot of moms in the postpartum period, I think, struggle with. And then also not knowing what is actually an issue.

I went into moms homes and it would be literally just for I remember one mom, I went to go she was concerned about her C-section scar, and I went to check in on her C-section.

And and I'm like, what? I'm going to do your vitals. Why you do my vitals, like, literally like, let me just just check my C-section, you know, and I'm like, well, I vitals are vital.

Go check your vitals, you know? And so checked her vitals and her pressures were in the 180 over 100.

Patient Advocacy and Real-Life Impact

And then, you know, having further conversation. Are you having headaches? Well, you know, I've been having a little bit, but, you know, I'm not sleeping and I'm stressed out, and, you know, there's a lot going on.

I'm trying to manage the home. You know, I'm worried about going back to work and so it's not even really that big of a deal of a headache. I'm like, how about swelling may still have swelling from like, you know, postpartum.

And so, you know, and I'm like, we're going to have to call your doctor like I'll wait a little bit. We'll take, you know, two more blood pressures. But at the end of the day, we're going to have to call you doctor.

And sometimes they're like, no, like, I don't want to go back into the hospital like, I'm fine, I'm fine, I'm fine. I'm like. And then I have to explain to them why the blood pressure.

And I know their doctors had this conversation, but I have to explain to them why having blood pressures in the 100 seconds is dangerous, whereas if I wasn't there checking on their C-section, they wouldn't have told anybody that they're having headaches every day.

They wouldn't have told anybody that their legs are not going down and swelling. Right. And so ultimately we call that doctor. And then they had to go in and get started on medicine, get all the blood work.

And they got diagnosed with postpartum preeclampsia. Right. And so that these are the things where it's like women are either they're not paying attention to their symptoms or they know something's wrong.

But also there's like, I'm dealing with my child here or I'm dealing with the household. I'm worried about the cash flow, whatever it may be, that they start ignoring some of these things or just frankly, they just may not know that it's of concern.

So having someone see them in the house, is truly helpful because you just get a full we ask all the questions, we ask about the mood. You know, the agitation could be postpartum depression.

And you're just thinking it's nothing. You know, I'm just having, you know, issues, you know, marital issues or I'm having this, but it could be deeper than that.

So I just love having those interactions because I feel like, truly, our moms are like men. I just didn't know that was

a problem. But I'm just grateful that you were able to come in and we talked through it and we got the help that I needed.

Well, I'm happy that you have tapped into that purpose because I'm sure so many, so many people. Yeah. For the people watching that are interested in getting connected with you, what is the best way for people to reach out to you?

Yeah. So I, you know, everything kind of filters through Instagram is the best way just because it's dark way. But you can also go to my company website which is WW dot e m Kerikeri, the number two u.com and you know 15 minutes we talk and there's no charge to you just for discovery call and we just have a conversation about your needs.

How to Reach Dr. Chawla and Closing Remarks

And I will say for a lot of moms who, truly find me before the crisis period, those moms are usually high risk moms or moms with Nikki babies or moms who have had really traumatic birth, right?

Traumatic experiences, either with the health care system, during their childbirth. They're terrified, of going through pregnancy again without that support.

So if that is you and, you know, you remembering what you went through and you're thinking about having a child again, I love what I do. I just want to be there with you.

I've had, you know, my experiences with childbirth postpartum. And so I come from that lens, and I just want to see moms thrive in the postpartum period.

Because we can. Right. And I just want you to have a village of support. And so that's why I'm here. Absolutely. Well, Doctor Schauer, thank you so much for joining the coalition.

Thank you for having me. Because you have an open invitation to come back any time. Yes, ma'am. I will be here. Thank you. You're welcome. We'll see you soon.

Well, everybody, thank you so much for tuning in to another impactful episode of The coalition. I'm your host. Doctor Shani Belgrave. I'm a minimally invasive and bariatric surgeon in Atlanta.

You can stay connected with me at WW. Dot doctor Shani belgrave.com. Very special thank you to Doctor Pindi Cho of M care to you. She joined the show today to share her expertise on postpartum care.

So make sure you check her out either on her website M care to you.com or also on Instagram. Thanks everybody for watching. I'll see y'all next time.