Postpartum care gap and support needs

The postpartum period is an extra The postpartum period is an extra special time in life where so much is special time in life where so much is happening in your body happening in your body and it can feel like a black hole in and it can feel like a black hole in your health. Meaning your health. Meaning there's no conversation around really there's no conversation around really what to expect with your body, what kind what to expect with your body, what kind of support you can be getting, and of support you can be getting, and basically you're left with a 6-week basically you're left with a 6-week visit that is just clearing you for visit that is just clearing you for activity and leaving you wondering activity and leaving you wondering what you should do with your body, when what you should do with your body, when to actually be recovered or not. That's to actually be recovered or not. That's why this week we're talking with two of why this week we're talking with two of the founders of Ma'an Wellness. That's the founders of Ma'an Wellness. That's Dr. Kate Hom and coach Savannah Miller.

Dr. Kate Hom and coach Savannah Miller. We're talking about how you can take an We're talking about how you can take an integrative and functional approach to integrative and functional approach to postpartum and what to really look for postpartum and what to really look for and the team to assemble to really and the team to assemble to really have the best support and thrive through have the best support and thrive through postpartum and into motherhood. I love postpartum and into motherhood. I love this conversation. We touched on a lot this conversation. We touched on a lot of different aspects, even just the of different aspects, even just the cultural aspects of being postpartum and cultural aspects of being postpartum and the kind of support we get or don't get.

the kind of support we get or don't get. I think we bust a lot of myths with this I think we bust a lot of myths with this conversation as well as really talk conversation as well as really talk about what should be normal and what is about what should be normal and what is just common.

just common. So So So if you are going into postpartum period, if you are going into postpartum period, if you're newly postpartum, I think if you're newly postpartum, I think you'll get a lot of really great you'll get a lot of really great insights from this conversation and insights from this conversation and hopefully feel just a little bit more hopefully feel just a little bit more heard, a little bit more understood, and heard, a little bit more understood, and be able to give yourself so much grace be able to give yourself so much grace as you're moving through this as you're moving through this transition. All right. Well, Dr. Kate transition. All right. Well, Dr. Kate Hom and Savannah Miller, thank you so Hom and Savannah Miller, thank you so much for both being here with me today.

much for both being here with me today. >> Thank you so much for having us. We're >> Thank you so much for having us. We're grateful to be here. grateful to be here. >> Yeah.

>> Yeah. >> Yeah. >> Before we dive in, I'd love to start >> Before we dive in, I'd love to start with like can you share a bit a bit with like can you share a bit a bit about just what you got you into the about just what you got you into the postpartum care space.

postpartum care space. >> Sure. I think our society really >> Sure. I think our society really underestimates postpartum. We have a underestimates postpartum. We have a wealth of resources for women in wealth of resources for women in fertility and pregnancy, but not a lot fertility and pregnancy, but not a lot that I found in postpartum and in my that I found in postpartum and in my training in OBGYN residency, we don't training in OBGYN residency, we don't really talk much about postpartum, quite really talk much about postpartum, quite honestly. And everyone talks about their honestly. And everyone talks about their kind of perfect birth plan and no one kind of perfect birth plan and no one really talks about the post-birth plan.

really talks about the post-birth plan. So, what I find it is a a more of like a So, what I find it is a a more of like a black hole in women's health and it can black hole in women's health and it can often be overlooked, especially in often be overlooked, especially in the conventional medicine setting. And I conventional medicine setting. And I

think a lot of women are left to kind of think a lot of women are left to kind of just figure it out on their own.

just figure it out on their own. And what I see from more of an And what I see from more of an integrated medicine perspective lens is integrated medicine perspective lens is postpartum is such a critical time to postpartum is such a critical time to set the foundation for long-term health set the foundation for long-term health and well-being. I think a very healthy, and well-being. I think a very healthy, fulfilled mom is the foundation to fulfilled mom is the foundation to building a very thriving family and building a very thriving family and community.

community. community. But I think in the typical allopathic But I think in the typical allopathic conventional setting, we have a very conventional setting, we have a very fragmented postpartum system where fragmented postpartum system where mothers are left feeling unsupported and mothers are left feeling unsupported and vulnerable leaving the hospital with vulnerable leaving the hospital with really limited education really limited education and and direction. And and and direction. And specialties are often very split up and specialties are often very split up and really unconnected for the providers really unconnected for the providers that can support postpartum women. Which that can support postpartum women. Which I think leads to a lot of like the I think leads to a lot of like the mental health crises we have postpartum, mental health crises we have postpartum, the the the social needs that they they're social needs that they they're unaddressed and unaddressed and it just I think postpartum deserves just it just I think postpartum deserves just a really a really good guidance and support. It's such a good guidance and support. It's such a life-changing experience.

life-changing experience. And micronutrient stores are depleted And micronutrient stores are depleted and I think this is where integrative and I think this is where integrative and functional medicine really help and functional medicine really help women with hormonal balances, digestive women with hormonal balances, digestive functioning, micronutrient needs.

functioning, micronutrient needs. So, So, So, I felt we needed to build some sort of I felt we needed to build some sort of support system. coach Savannah, our support system. coach Savannah, our co-founder Brooke, and I developed this co-founder Brooke, and I developed this phone app called Mom Wellness to help phone app called Mom Wellness to help kind of serve as a guide for mothers in kind of serve as a guide for mothers in navigating the postpartum experience.

navigating the postpartum experience.

Why postpartum recovery takes longer than six weeks

So, kind of fill that gap. So, kind of fill that gap. >> Amazing. I love how you sort of are >> Amazing. I love how you sort of are reframing it from I mean, not just being reframing it from I mean, not just being a black hole a black hole if or have something like no one really if or have something like no one really knows to talk about or what to expect, knows to talk about or what to expect, especially going into our first especially going into our first pregnancy. I think a lot When I talk to pregnancy. I think a lot When I talk to a lot of women a lot of women they either don't know at all what to they either don't know at all what to expect or they're trying to prepare and expect or they're trying to prepare and they still don't really know how to best they still don't really know how to best prepare. And prepare. And I think I I like that reframe of looking I think I I like that reframe of looking at it as a really big opportunity to at it as a really big opportunity to support the mom, to build a foundation, support the mom, to build a foundation, and really have it as this beautiful, and really have it as this beautiful, nourishing space. There I agree, I think nourishing space. There I agree, I think there's so much more that we could do there's so much more that we could do there. So, that's amazing. And I think there. So, that's amazing. And I think you you you perfectly kind of show that gap that's perfectly kind of show that gap that's there in care, you know, what are the there in care, you know, what are the things that interesting to me is that we things that interesting to me is that we talk about postpartum as the fourth talk about postpartum as the fourth trimester. And there there's a lot of trimester. And there there's a lot of traditional wisdom around postpartum.

traditional wisdom around postpartum. But still in the conventional system, But still in the conventional system, it's like that 6-week visit and that's it's like that 6-week visit and that's it. Sort of an that is no-man's land of it. Sort of an that is no-man's land of getting actual support. It is very getting actual support. It is very fragmented. So, I mean,

what's kind of fragmented. So, I mean, what's kind of what's your take on that?

what's your take on that? >> I think there's >> I think there's like this idea that women should just like this idea that women should just bounce back after this 6-week mark and bounce back after this 6-week mark and just cuz we have this 6-week postpartum just cuz we have this 6-week postpartum checkup in allopathic medicine. And checkup in allopathic medicine. And there is sort of like a historical there is sort of like a historical significance to it cuz it marks the time significance to it cuz it marks the time the uterus usually fully involutes or the uterus usually fully involutes or goes back to its pre-pregnancy size.

goes back to its pre-pregnancy size. It's a good time to kind of check on It's a good time to kind of check on postpartum complications for vaginal postpartum complications for vaginal tears or C-section incisions to make tears or C-section incisions to make sure they're all healing properly. And sure they're all healing properly. And it sort of marks the clearing for a it sort of marks the clearing for a patient for basic activity. But I think patient for basic activity. But I think what's really important is women to know what's really important is women to know that it's not a point where your body's that it's not a point where your body's fully healed and you should feel ready fully healed and you should feel ready or you should feel ready to have sex at or you should feel ready to have sex at the 6-week postpartum mark and that your the 6-week postpartum mark and that your body's still recalibrating hormonally body's still recalibrating hormonally and your pelvic floor and your core can and your pelvic floor and your core can also take like more than that more than also take like more than that more than months even up to a year to really gain months even up to a year to really gain strength and coordination.

strength and coordination. So I think it gives kind of women a So I think it gives kind of women a false false false time point of postpartum where time point of postpartum where everything's just going to be fine and everything's just going to be fine and you should be back to normal in this you should be back to normal in this kind of over productivity.

kind of over productivity. I feel like emphasis we have in society I feel like emphasis we have in society where women should just bounce back where women should just bounce back after having a baby get back into after having a baby get back into society after that 6-month mark and society after that 6-month mark and there's so much more involved in that. I there's so much more involved in that.

Cultural support, myths, and the need for rest

I think a lot of women get frustrated or think a lot of women get frustrated or beat up themselves because they haven't beat up themselves because they haven't reached that point and I want to reached that point and I want to emphasize that it's usually like a year emphasize that it's usually like a year before your hormones kind of go back to before your hormones kind of go back to normalizing postpartum.

normalizing postpartum. And you're not alone and you have this And you're not alone and you have this you can have support and you can have support and think yeah.

think yeah. >> Nothing just like >> Nothing just like adding on to what you're saying Kate is adding on to what you're saying Kate is something that we all talked about when something that we all talked about when we first kind of met and decided what we first kind of met and decided what demographic you know we wanted to help demographic you know we wanted to help and and postpartum women like you and and postpartum women like you mentioned earlier it's such like an mentioned earlier it's such like an underserved undertalked about incredibly underserved undertalked about incredibly difficult transition for a lot of women difficult transition for a lot of women and you know like Kate mentioned some of and you know like Kate mentioned some of the stats like physical recovery is the stats like physical recovery is realistically a minimum of like a year realistically a minimum of like a year to 18 months. Emotional recovery is like to 18 months. Emotional recovery is like hormonal recovery is like 2 years hormonal recovery is like 2 years and you know I and you know I at birth you lose like 500 to 1,000 ml at birth you lose like 500 to 1,000 ml of blood like it's a major event life of blood like it's a major event life event and I feel like society puts you event and I feel like society puts you know it in this glamour spotlight of all know it in this glamour spotlight of all babies brought to the world, happy babies brought to the world, happy birthday, but a lot of the time the mom birthday, but a lot of the time the mom is is is in our opinion underserved during this in our

opinion underserved during this transition, and so transition, and so we want to make it like the norm that we want to make it like the norm that it's okay to ask for help and also get it's okay to ask for help and also get the help you need in all these different the help you need in all these different branches of your life because it's not branches of your life because it's not just mental health, it's not just just mental health, it's not just physical health, it's all these physical health, it's all these different things like you talk about, different things like you talk about, you know, your environment, your you know, your environment, your relationships, relationships, relationships, your exposure. So, I think trying to your exposure. So, I think trying to kind of pull all of those different kind of pull all of those different pieces together in a way that can be pieces together in a way that can be helpful and useful to a mom on the go helpful and useful to a mom on the go who's busy and wants, you know, short who's busy and wants, you know, short snippets of information that she can snippets of information that she can implement into her life.

implement into her life. >> Yeah. Well, that's amazing. I think >> Yeah. Well, that's amazing. I think that's, that's, that's, you know, amazing for women to hear.

you know, amazing for women to hear. That probably blew some women's minds That probably blew some women's minds of, you know, it can take up to 2 years.

of, you know, it can take up to 2 years. Maybe that sounds a little discouraging Maybe that sounds a little discouraging to some people, but, you know, give to some people, but, you know, give yourself that patience and grace to let yourself that patience and grace to let your body your body it not even get back, but, you know, be it not even get back, but, you know, be able to recover and get to a new normal able to recover and get to a new normal maybe. I think it is interesting that maybe. I think it is interesting that that we have that 6-week visit, and as that we have that 6-week visit, and as you mentioned, kind of like getting back you mentioned, kind of like getting back into your normal routine, going back to into your normal routine, going back to work. You know, we only have so long on work. You know, we only have so long on disability, and so usually those time disability, and so usually those time points are like, "Okay, well, 6 weeks points are like, "Okay, well, 6 weeks you're supposed to be back to you're supposed to be back to quote-unquote normal." And then, you quote-unquote normal." And then, you know, whatever it is, maybe like know, whatever it is, maybe like depending on your, you know, work depending on your, you know, work benefits and things like that. Once you benefits and things like that. Once you go back to work, then, you know, you go back to work, then, you know, you should be back to work, you should be should be back to work, you should be back to normal, you should be ready to back to normal, you should be ready to leave your baby and all of that. And I leave your baby and all of that. And I think that think that is just so not the case for so many is just so not the case for so many women, and we really struggle then when women, and we really struggle then when we're having a hard time we're having a hard time focusing at work or feeling the energy focusing at work or feeling the energy for that, things like that. We're like, for that, things like that. We're like, "What's going on with me?" And it really "What's going on with me?" And it really isn't the person's problem. It is a isn't the person's problem. It is a societal problem that it's just not societal problem that it's just not talking about what's actually going on talking about what's actually going on in a woman's body.

in a woman's body. Are there any other like big myths that Are there any other like big myths that you see and you're having to correct you see and you're having to correct over and over again about the postpartum over and over again about the postpartum experience?

>> I guess going along with you're not >> I guess going along with you're not meant to do this alone. meant to do this alone. And support I think is not optional in And support I think is not optional in this time period. I think people again this time period. I think people again in our product productivity driven in our product productivity driven societies societies societies and we're sort of like we take care of and we're sort of like we take care of kids just in a single family, you know, kids just in a single family, you know, and traditionally that wasn't the case.

and traditionally that wasn't the case. You look at other cultures across the You look at other cultures across the world and like India, Korea, China and world and like India, Korea, China and they have a completely different road they have a completely different road map of how they raise their children and map of how they raise their children and what postpartum recovery means. Where what postpartum recovery means. Where it's more of like a structured support it's more of like a structured support system in this almost confinement period system in this almost confinement period where the community actually serves a where the community actually serves a

postpartum woman with different rituals postpartum woman with different rituals or practices.

or practices. Versus I feel like women are just Versus I feel like women are just expected to kind of know it all after expected to kind of know it all after they leave the hospital and just like they leave the hospital and just like take care of it with their partners if take care of it with their partners if they have one and just figure it out, they have one and just figure it out, you know, and I think that's like a you know, and I think that's like a misconception misconception misconception and that's not and that's not I don't think that's how we were meant I don't think that's how we were meant to be as humans, you know.

to be as humans, you know. >> Yeah, I agree with you. It's crazy to me >> Yeah, I agree with you. It's crazy to me that that that in other cultures it is such a it could in other cultures it is such a it could be such a beautiful transitional time be such a beautiful transitional time where they have lots of support and a where they have lots of support and a lot of focus about the mother like you lot of focus about the mother like you were speaking to before. You know, in were speaking to before. You know, in our society it's also just this big our society it's also just this big focus all of a sudden you have the baby focus all of a sudden you have the baby and it's like just take care of the and it's like just take care of the baby.

baby. baby. There really isn't There really isn't >> Yeah. >> Yeah. >> Yeah. >> much talk about caring for the mom and >> much talk about caring for the mom and you know, as much as there should be you know, as much as there should be and that's really what traditional and that's really what traditional cultures would do. They'd be caring for cultures would do. They'd be caring for the mom during this entire time so she's the mom during this entire time so she's really not doing anything so she can really not doing anything so she can recover also.

recover also. So, yeah. So, yeah. >> And with like the the physical recovery >> And with like the the physical recovery like you had mentioned like you had mentioned I think society paints this picture of I think society paints this picture of like, "Okay, you have 3 weeks, you like, "Okay, you have 3 weeks, you should be back full should be back full full going." But, a lot of social media full going." But, a lot of social media I think portrays, you know, these women I think portrays, you know, these women doing these workouts, these core doing these workouts, these core workouts, and really it's just it's very workouts, and really it's just it's very misleading, especially depending on your misleading, especially depending on your circumstance. So, like everyone's birth circumstance. So, like everyone's birth was different. Everyone's recovery is was different. Everyone's recovery is going to be different. So, I think going to be different. So, I think individualizing it and making it a norm individualizing it and making it a norm for there not to be a norm, you know, for there not to be a norm, you know, cuz everyone is different.

cuz everyone is different. >> Yeah, what a great point. Yeah, I see >> Yeah, what a great point. Yeah, I see those also, and it can make people crazy those also, and it can make people crazy because there are women who are like 5 because there are women who are like 5 years postpartum and still have a little years postpartum and still have a little bit of a belly or something. And it's bit of a belly or something. And it's like, you know, we're all created like, you know, we're all created differently. We can't be doing this like differently. We can't be doing this like comparison of before and afters and just comparison of before and afters and just expecting that we can have this like expecting that we can have this like flat belly right away. And yeah.

flat belly right away. And yeah. It just puts so much extra pressure on It just puts so much extra pressure on us, for sure. And, you know, that us, for sure. And, you know, that external rather than to focus on our external rather than to focus on our internal that can often times be really internal that can often times be really struggling too during this time to just struggling too during this time to just like find our identity during this like find our identity during this phase, too. Yes. I think there's a huge phase, too. Yes. I think there's a huge shift spiritually, too. And partner shift spiritually, too. And partner dynamics is a huge topic I feel like we dynamics is a huge topic I feel like we don't even discuss in sexual health and don't even discuss in sexual health and postpartum, too.

postpartum, too. Like, again, everything's going to be Like, again, everything's going to be normal after 6 weeks. All that can normal after 6 weeks. All that can drastically change for the rest of your drastically change for the rest of your life, you know? Going from life, you know? Going from like maiden to mother, too. And you're like maiden to mother, too. And you're kind of taking a more spiritual side of kind of taking a more spiritual side of things and almost losing an identity is things and almost losing an identity is also undiscussed, also undiscussed, I think as

well.

I think as well. >> Yeah. >> Yeah. >> Yeah. Yeah, even as we're talking about it, Yeah, even as we're talking about it, I'm just thinking about how moms in I'm just thinking about how moms in general kind of like it's like this general kind of like it's like this we'll just fade into the background now we'll just fade into the background now because your kids are all that matter.

because your kids are all that matter. Yeah, and women are, you know, kind of Yeah, and women are, you know, kind of supposed to be overachieving for their supposed to be overachieving for their kids. Like not taking Okay, take care of kids. Like not taking Okay, take care of yourself, but only make things about yourself, but only make things about your kids. And it really just starts your kids. And it really just starts within postpartum. You know, it's like within postpartum. You know, it's like once they're born, okay, they're the the once they're born, okay, they're the the start show. You keep them alive, but start show.

Mental health, nutrient depletion, and supplementation

You keep them alive, but don't actually worry about yourself. And don't actually worry about yourself. And it's crazy because how are we expected it's crazy because how are we expected to, you know, live and thrive that way?

to, you know, live and thrive that way? Without two, you know, we kind of Without two, you know, we kind of mentioned the physical piece of healing mentioned the physical piece of healing and recovering. The mental aspect of and recovering. The mental aspect of postpartum can be really tough, too. Are postpartum can be really tough, too. Are there some big areas that you think there some big areas that you think that you see a lot in terms of maybe, that you see a lot in terms of maybe, you know, the actual like frank you know, the actual like frank depression or baby blues, but also just depression or baby blues, but also just with that transition, areas that women with that transition, areas that women aren't being supported the way they aren't being supported the way they should or areas of opportunity?

should or areas of opportunity? >> I think nutrient depletion has a lot to >> I think nutrient depletion has a lot to do with depression and mental health in do with depression and mental health in postpartum. About 30% of women postpartum. About 30% of women experience some degree of postpartum experience some degree of postpartum depression in the year following birth, depression in the year following birth, and and and I think the risk of maternal depression I think the risk of maternal depression may increase due to the depletion of may increase due to the depletion of nutrient reserves. And I think vitamin D nutrient reserves. And I think vitamin D and omega-3s, when they're optimized, and omega-3s, when they're optimized, really there is some research showing really there is some research showing how it can prevent maternal depression how it can prevent maternal depression and how they can be incredibly and how they can be incredibly beneficial for mental health. Vitamin D beneficial for mental health. Vitamin D helps support your serotonin production.

helps support your serotonin production. And then, I mean, I recommend various And then, I mean, I recommend various food sources and then supplementation a food sources and then supplementation a lot of times I do in postpartum and lot of times I do in postpartum and pregnancy. And then the omega-3, pregnancy. And then the omega-3, specifically DHA, specifically DHA, it's key for baby's brain, nervous it's key for baby's brain, nervous system, eyes, and really supports, in system, eyes, and really supports, in addition to the mental health aspect of addition to the mental health aspect of it. And when I read the research it. And when I read the research with that and how like conventional with that and how like conventional medicine doesn't even check omega-3 medicine doesn't even check omega-3 levels or vitamin D levels in pregnancy, levels or vitamin D levels in pregnancy, and and and how I think it was, like the baby takes how I think it was, like the baby takes up about 67 mg per day of DHA through up about 67 mg per day of DHA through the placenta in the last 3 months of the placenta in the last 3 months of pregnancy, and how that definitely gets pregnancy, and how that definitely gets depleted in breastfeeding.

depleted in breastfeeding. How much of a difference we can just by How much of a difference we can just by giving them a fish oil or a vitamin D? giving them a fish oil or a vitamin D?

That can really help their their mental That can really help their their mental health. I I was like I'm blown my mind health. I I was like I'm blown my mind when I learned that. So, I think that when I learned that. So, I think that needs to be more emphasized in the needs to be more emphasized in the conventional hospital setting more so.

conventional hospital setting more so. It has to do with mental health from my It has to do with mental health from my opinion. opinion. opinion. >> Yeah.

>> Yeah. >> Yeah. >> And piggybacking off of that, like same >> And piggybacking off of that, like same thing with just overall nutritional thing with just overall nutritional intake. Like if you're constantly low intake. Like if you're constantly low blood sugar or you're constantly blood sugar or you're constantly fluctuating from high to low and it's fluctuating from high to low and it's not balanced throughout the day, that not balanced throughout the day, that can affect mood, which can affect your can affect mood, which can affect your sleep, which can affect your circadian sleep, which can affect your circadian rhythm, which is just kind of like that rhythm, which is just kind of like that full everything's connected picture.

full everything's connected picture. And I think, you know, mental health for And I think, you know, mental health for postpartum women is postpartum women is you know, often looked at and, you know, you know, often looked at and, you know, okay, here's a medication, but it's not okay, here's a medication, but it's not like, okay, well, let's look at your like, okay, well, let's look at your sleep. Let's look at your nutrition.

sleep. Let's look at your nutrition. Let's look at your environment. Let's look at your environment. So, I think like there's a lot of So, I think like there's a lot of different factors which can be different factors which can be overwhelming, but also could bring you overwhelming, but also could bring you some peace knowing that there are some peace knowing that there are different things you can work on and different things you can work on and implement to make improvements.

implement to make improvements. >> Yeah, absolutely. Yeah, I feel like the >> Yeah, absolutely. Yeah, I feel like the mental health piece is very like common mental health piece is very like common and over normalized a little bit. Like, and over normalized a little bit. Like, oh, yeah, a lot of women go into oh, yeah, a lot of women go into postpartum again when they when I talk postpartum again when they when I talk to them in pregnancy, they're worried to them in pregnancy, they're worried about it ahead of time.

about it ahead of time. But people aren't generally telling But people aren't generally telling them, oh, well, you could simply take an them, oh, well, you could simply take an omega-3 and vitamin D and, you know, omega-3 and vitamin D and, you know, maybe hedge your bets a little bit even maybe hedge your bets a little bit even if it isn't a guarantee. So, that's if it isn't a guarantee. So, that's that's such a great point that can be so that's such a great point that can be so empowering to, you know, take care of empowering to, you know, take care of your nutrition.

your nutrition. On that note, are there any other new On that note, are there any other new big nutritional gaps? Like places where big nutritional gaps? Like places where we're seeing a lot of nutritional we're seeing a lot of nutritional deficiency in postpartum? I think the deficiency in postpartum? I think the ones you mentioned already are huge ones ones you mentioned already are huge ones in terms of omega-3 and vitamin D.

in terms of omega-3 and vitamin D. >> I think definitely iron as well. Just >> I think definitely iron as well. Just from blood loss in delivery and from blood loss in delivery and increased demands, especially in increased demands, especially in breastfeeding. That can lead to a lot of breastfeeding. That can lead to a lot of the fatigue, the hair loss, the fatigue, the hair loss, poor wound healing, poor concentration.

poor wound healing, poor concentration. And so, I think emphasizing that as well And so, I think emphasizing that as well as magnesium really helps support as magnesium really helps support relaxation and sleep and stress relaxation and sleep and stress regulation. So, regulation. So, I think deficiency in mag or iron can I think deficiency in mag or iron can really lead to like anxiety and really lead to like anxiety and irritability symptoms. So, those are irritability symptoms. So, those are additional ones I would recommend to additional ones I would recommend to emphasize.

emphasize. emphasize. >> Good to be on people's >> Good to be on people's >> Please please calcium. Doesn't it take >> Please please calcium. Doesn't it take like a year like a year to replenish your calcium stores after to replenish your calcium stores after pregnancy? Cuz the baby takes pregnancy? Cuz the baby takes >> Yeah, sounds about right.

>> Yeah, sounds about right. >> Which is oh crazy. Well, one is just >> Which is oh crazy. Well, one is just give and give, literally everything. give and give, literally everything.

>> Little like it. >> Little like it. >> Yeah, I say I feel like I say it over >> Yeah, I say I feel like I say it over and over again to my patients. Like you and over again to my patients. Like you literally created a human being out of literally created a human being out of your body.

your body. >> Yeah, and I mean nothing came out come >> Yeah, and I mean nothing came out come out of nowhere. Like yeah, some came it out of nowhere. Like yeah, some came it from your food, but it also largely came from your food, but it also largely came from your body. So, you have to replete from your body. So, you have to replete afterwards.

afterwards. afterwards. >> Yeah. >> Yeah. >> Yeah. And with that too, I mean even just like And with that too, I mean even just like talking about caloric needs, I feel like talking about caloric needs, I feel like that's just a no man's land of oh, well, that's just a no man's land of oh, well, you're not pregnant anymore and you're you're not pregnant anymore and you're not trying to gain weight anymore.

not trying to gain weight anymore. People are trying to bounce back to this People are trying to bounce back to this previous weight. But, you know, what can previous weight. But, you know, what can you say about, you know, caloric intake you say about, you know, caloric intake or just like general nutritional intake, or just like general nutritional intake, especially while we're breastfeeding?

especially while we're breastfeeding? >> Yeah, do you want me to take this one, >> Yeah, do you want me to take this one, Kate? Kate? Kate? >> Yeah, take it.

>> Yeah, take it. >> I mean, our recommendations are >> I mean, our recommendations are obviously like 4 to 500 extra calories obviously like 4 to 500 extra calories if you are breastfeeding. So, a lot of if you are breastfeeding. So, a lot of the time that looks like 2,500 the time that looks like 2,500 a day, but a day, but it's more like uh especially with having it's more like uh especially with having worked with a lot of different women on worked with a lot of different women on their nutrition, instead of trying to their nutrition, instead of trying to hit a number, I think it's more feasible hit a number, I think it's more feasible to try to just get small frequent meals to try to just get small frequent meals throughout the day when you can. You throughout the day when you can.

Nutrition, calories, and practical postpartum fueling

You know, prioritizing know, prioritizing protein, prioritizing fiber, protein, prioritizing fiber, prioritizing calories where you can get prioritizing calories where you can get them, and trying to like enhance the them, and trying to like enhance the meals. So, instead of just having meals. So, instead of just having crackers, have crackers with a crackers, have crackers with a hard-boiled egg, have crackers with hard-boiled egg, have crackers with cheese. So like trying to get in where cheese. So like trying to get in where you can those calories even if you're on you can those calories even if you're on the go, if you're breastfeeding, if the go, if you're breastfeeding, if you're you know, driving the kids you're you know, driving the kids somewhere.

somewhere. somewhere. So I think So I think a lot of it is like figuring out how to a lot of it is like figuring out how to fit these snacks into your lifestyle, fit these snacks into your lifestyle, make it convenient, make it doable.

make it convenient, make it doable. Because if some women go in with like, Because if some women go in with like, "Oh my gosh, I have to fit this many "Oh my gosh, I have to fit this many calories." It's overwhelming and they calories." It's overwhelming and they don't even get anywhere close to it don't even get anywhere close to it rather than just say, "Okay, I'm eating rather than just say, "Okay, I'm eating this typically at this time. How can I this

typically at this time. How can I make this even better for myself? How make this even better for myself? How can I enhance it and get more?" can I enhance it and get more?" >> That's great. Yeah, nutrition can feel >> That's great. Yeah, nutrition can feel so overwhelming especially with so many so overwhelming especially with so many voices you're hearing from social media voices you're hearing from social media and things about food and nutrition and and things about food and nutrition and a lot of people are trying to take care a lot of people are trying to take care of themselves and their kids and then of themselves and their kids and then they're worried about certain foods that they're worried about certain foods that are bad and so that's a great point.

are bad and so that's a great point. It's like fit it in how you can. It's like fit it in how you can. >> Yeah. >> Yeah. >> Yeah. >> Perfect always but getting nutrition how >> Perfect always but getting nutrition how you can is is going to be supportive.

you can is is going to be supportive. And what about some of the cultural And what about some of the cultural things? We kind of touched on some of things? We kind of touched on some of the cultural things in postpartum.

the cultural things in postpartum. Traditionally around food, things like Traditionally around food, things like warm foods, broths, organ meats, things warm foods, broths, organ meats, things like that. Is there anything to be said like that. Is there anything to be said for those or is it more of just like for those or is it more of just like kind of cultural preference?

kind of cultural preference? >> I don't know if there's actual evidence >> I don't know if there's actual evidence base randomized controlled trials as we base randomized controlled trials as we know for those traditions but I know for those traditions but I I feel like just because it's been used I feel like just because it's been used for so many years and like just passed for so many years and like just passed down from the almost as like wise women down from the almost as like wise women tradition from woman to woman and tradition from woman to woman and like traditionally when women were more like traditionally when women were more midwives and kind of the main doctor for midwives and kind of the main doctor for a lot of like tribes, a lot of like tribes, I feel like that has something to say, I feel like that has something to say, you know? I think just from previous you know? I think just from previous experience and I think we should utilize experience and I think we should utilize those things. If it's not harmful and those things. If it's not harmful and women feel supported in it and it women feel supported in it and it creates a community atmosphere too and a creates a community atmosphere too and a bonding I think. I think there's much bonding I think. I think there's much benefit. I mean, Yoni steaming is an benefit. I mean, Yoni steaming is an example where as an OB/GYN, like I'm a example where as an OB/GYN, like I'm a pediatrician and the only OB/GYN I know pediatrician and the only OB/GYN I know in the area that maybe promotes it in in the area that maybe promotes it in certain situations and especially in certain situations and especially in postpartum. And I think steam has like a postpartum. And I think steam has like a beautiful way of like healing those beautiful way of like healing those tissues, but I don't think there's tissues, but I don't think there's actual like evidence for it, but it's actual like evidence for it, but it's just been used in so many cultures.

just been used in so many cultures. And And And yeah, I think there's a lot of that in yeah, I think there's a lot of that in medicine where I think I had a hard time medicine where I think I had a hard time when I first started in practice of just when I first started in practice of just like utilizing the modalities that if like utilizing the modalities that if it's not randomized control trial, we it's not randomized control trial, we don't have anything like we shouldn't don't have anything like we shouldn't use it. Like it might harm, but I'm use it. Like it might harm, but I'm starting to see especially I've traveled starting to see especially I've traveled a lot globally and worked with a lot of a lot globally and worked with a lot of midwives and they just show me their midwives and they just show me their different traditions and their different traditions and their connections to botanicals and connections to botanicals and how that I don't know. They just have a how that I don't know. They just have a more more more like authentic connection to nature and like authentic connection to nature and I think that heals drastically people's I think that heals drastically people's mental health as well and can really mental health as well and can really help in these like tough vulnerable help in these like tough vulnerable transitional times like perimenopause transitional times like perimenopause and postpartum where that's really and postpartum where that's really needed. So, I'm all about that.

needed. So, I'm all about that. >> Awesome. >> Awesome. >> Awesome. >> I mean those things. I think like belly,

>> I mean those things. I think like belly, you know, belly binding too is like a a you know, belly binding too is like a a big thing they do in Asia and there is big thing they do in Asia and there is some evidence with that with abdominal some evidence with that with abdominal binders for C-sections post-op. But it binders for C-sections post-op. But it yeah, it's all about like the nourishing yeah, it's all about like the nourishing warming foods and keeping that kind of warming foods and keeping that kind of area very like protected and not exposed area very like protected and not exposed to wind or kind of the environment. So, to wind or kind of the environment. So, I think it kind of goes along with the I think it kind of goes along with the cultural cultural cultural message of just like protecting the message of just like protecting the postpartum woman in this vulnerable postpartum woman in this vulnerable space, which is really beautiful, I space, which is really beautiful, I think.

think. think. >> Yeah, that is beautiful. I mean, I love >> Yeah, that is beautiful. I mean, I love how you bring up the point of like how you bring up the point of like evidence-based is great. We love evidence-based is great. We love evidence-based, but sometimes there just evidence-based, but sometimes there just isn't research done in a certain area.

isn't research done in a certain area.

Movement, pelvic floor recovery, and safe exercise

Pregnancy is the big area of this in Pregnancy is the big area of this in general. So, so taking those traditional general. So, so taking those traditional wisdoms and just knowing, like you said, wisdoms and just knowing, like you said, if there's no risk to something, then if there's no risk to something, then you know, or very low risk, then, you you know, or very low risk, then, you know, you can feel a lot safer in that, know, you can feel a lot safer in that, and especially if something's been used and especially if something's been used for for so long. There I think there is for for so long. There I think there is a lot of wisdom that we've lost, a lot of wisdom that we've lost, unfortunately, and there's a lot of unfortunately, and there's a lot of wisdom in the earth that we don't wisdom in the earth that we don't utilize the way we could with like plant utilize the way we could with like plant medicines and things.

medicines and things. >> Oh, I know, and I love seeing the >> Oh, I know, and I love seeing the research out with like how nature heals. research out with like how nature heals.

Too, like the forest bathing and Too, like the forest bathing and >> Mostly grounding. >> Mostly grounding. >> Yeah, grounding exercises, you know, >> Yeah, grounding exercises, you know, I've I've I've I feel like we're going backwards kind I feel like we're going backwards kind of. What evidence-based research is of. What evidence-based research is trying to catch up to like what we trying to catch up to like what we actually know intuitively, but actually know intuitively, but >> Yeah, we're trying to scientifically >> Yeah, we're trying to scientifically prove what's prove what's >> Yeah.

>> Yeah. >> Yeah. >> You know, normal for us trees, yeah. >> You know, normal for us trees, yeah. Absolutely. Yeah, I mean, we like to act Absolutely. Yeah, I mean, we like to act like we're separate from the earth, but like we're separate from the earth, but >> part of it, so, yeah.

>> part of it, so, yeah. Well, to go back to our nutrition a Well, to go back to our nutrition a little bit, in terms of supplementation, little bit, in terms of supplementation, are there any big areas that you're are there any big areas that you're typically recommending? Like is a typically recommending? Like is a prenatal enough? Is there more that's prenatal enough? Is there more that's >> I Sorry, Kate, I didn't mean to >> I Sorry, Kate, I didn't mean to interrupt.

interrupt. interrupt. >> No, you're in. >> No, you're in. >> I'm going to say typically my >> I'm going to say typically my my recommendations for like my nutrition my recommendations for like my nutrition clients are vitamin D depending on what clients are vitamin D depending on what your level say, because we know that we your level say, because we know that we can dose that in a way where we can can dose that in a way where we can bring your levels to the optimal optimal bring your levels to the optimal optimal amount, which is typically 40 to 60, amount, which is typically 40 to 60, even though even though our I think you get marked on a blood our I think you

get marked on a blood test if you're below 20 as being test if you're below 20 as being deficient, it might be 30 now, but we deficient, it might be 30 now, but we know that optimally it's like 40 to 60.

know that optimally it's like 40 to 60. I think it's nano nanoliters per I think it's nano nanoliters per deciliter. deciliter. deciliter. >> Yeah. >> Yeah.

>> Yeah. >> So that it's it's amazing because it's >> So that it's it's amazing because it's such a huge nutrient. It acts as like a such a huge nutrient. It acts as like a steroid hormone in your body and does steroid hormone in your body and does all these different things from mood to all these different things from mood to gut health to immune system.

gut health to immune system. And we can get it measured, and we can And we can get it measured, and we can dose accordingly based on what we want dose accordingly based on what we want to get you at. And so, I think vitamin D to get you at. And so, I think vitamin D would probably be the first one that would probably be the first one that comes to my mind, omega-3, and then comes to my mind, omega-3, and then obviously, like depending on the mom's obviously, like depending on the mom's situation, if they're iron deficient, situation, if they're iron deficient, anemic, looking at you know, their anemic, looking at you know, their lifestyle and their diet and lifestyle and their diet and kind of the big picture of what they kind of the big picture of what they could ideally supplement if they can't could ideally supplement if they can't get from food, cuz we know that get from food, cuz we know that obviously food is the best source, but obviously food is the best source, but then there's a lot of different factors then there's a lot of different factors that play a role in that that play a role in that also.

also. also. What would you say, Kate? What would you say, Kate? >> I agree. I keep everyone on a prenatal >> I agree. I keep everyone on a prenatal vitamin for at least a year.

vitamin for at least a year. And then And then from like a functional medicine from like a functional medicine standpoint, I screen for kind of standpoint, I screen for kind of nutrient depletion, postpartum anemia, nutrient depletion, postpartum anemia, thyroid dysfunction, thyroid dysfunction, and then kind of go from there. And sort and then kind of go from there. And sort of replete their vitamin D and omegas of replete their vitamin D and omegas based on their their lab levels.

based on their their lab levels. >> And would you say a year after and a >> And would you say a year after and a year before or both? year before or both?

>> Uh oh, before they >> Uh oh, before they get pregnant? get pregnant? >> conceive and then >> conceive and then >> Yeah, I mean, ACOG >> Yeah, I mean, ACOG talks about starting prenatal vitamins 3 talks about starting prenatal vitamins 3 months before conceiving actually helps months before conceiving actually helps prevent nausea and vomiting.

prevent nausea and vomiting. So, definitely at least 3 months before, So, definitely at least 3 months before, but yeah, ultimately when I'm doing but yeah, ultimately when I'm doing pre-conception visits, pre-conception visits, if they come to see me a year before if they come to see me a year before they get pregnant, that's so great.

they get pregnant, that's so great. >> I mean, yeah, >> I mean, yeah, start them on the prenatal. start them on the prenatal. So, I agree with you, especially So, I agree with you, especially >> believe it's a concurrent pregnancy, you >> believe it's a concurrent pregnancy, you know, like they've already again, know, like they've already again, created that human created that human and lost those nutrients.

and lost those nutrients. >> No, I know. >> No, I know. >> I I you know, I'm sort of in the camp of >> I I you know, I'm sort of in the camp of just staying on a prenatal while you're just staying on a prenatal while you're in your in your a year a year after your first kid, just keep staying after your first kid, just keep staying on it, cuz then you're prepared for the on it, cuz then you're prepared for the next one. You'll like maybe be less next one. You'll like maybe be less likely to be depleted after that one, likely to be depleted after that one, so.

so. so. >> Yeah, though, I know. It it gets tricky, >> Yeah, though, I know. It it gets tricky, too, when they're in their

40s and they too, when they're in their 40s and they want to have another baby and I'm like, want to have another baby and I'm like, "Oh, you got to wait the 18 months." But "Oh, you got to wait the 18 months." But still like still like it Yeah, it's like I feel like such it Yeah, it's like I feel like such individualized discussion too with that.

individualized discussion too with that. Wait, how long do you wait? But like Wait, how long do you wait? But like when your ovarian when your ovarian is is is being depleted, like being depleted, like when's the right time to to conceive when's the right time to to conceive again when you want your nutrients again when you want your nutrients most repleated? So, yeah.

most repleated? So, yeah. >> So, taking it to that movement, you >> So, taking it to that movement, you talked a little bit about being cleared talked a little bit about being cleared at 6 weeks for, you know, movement in at 6 weeks for, you know, movement in general including sex.

general including sex. Where what would you actually recommend Where what would you actually recommend You want me to take this? You want me to take this?

>> Sure. I can add Well, I was just going >> Sure. I can add Well, I was just going to chime in and say to chime in and say it typically depends on the type of it typically depends on the type of delivery they had and then how delivery they had and then how comfortable they feel, but starting off comfortable they feel, but starting off with just some simple movement exercises with just some simple movement exercises in bed can be so beneficial of just in bed can be so beneficial of just working on connecting your breathing working on connecting your breathing with your body again and that core with your body again and that core connection from your upper to lower connection from your upper to lower body. I I feel like those things can be body. I I feel like those things can be started a little bit sooner if you started a little bit sooner if you obviously feel well and you don't have obviously feel well and you don't have else like certain circumstances that else like certain circumstances that would contradict that, but Yeah, what would contradict that, but Yeah, what would you say, Kate? Six Is 6 weeks the would you say, Kate? Six Is 6 weeks the mark for mark for most vaginal deliveries?

most vaginal deliveries? >> It gets so individualized. Yeah, like >> It gets so individualized. Yeah, like don't like to make a good general don't like to make a good general statement. It's a really good question statement. It's a really good question just because just because your pelvic floor is just your pelvic floor is just connected to your abdominal muscles, connected to your abdominal muscles, your back muscles, your diaphragm, and your back muscles, your diaphragm, and they all work together and reinforce they all work together and reinforce each other. And if one's weak, others each other. And if one's weak, others will kind of pay the price.

will kind of pay the price. So, So, So, I feel like we need to emphasize at I feel like we need to emphasize at least like the first week. I really least like the first week. I really emphasize kind of the lying-in period emphasize kind of the lying-in period and just like taking it super easy. And and just like taking it super easy. And then the first 6 weeks after that, just then the first 6 weeks after that, just like posture and breathing.

like posture and breathing. And then kind of I mean I wish all my And then kind of I mean I wish all my pelvic all my patients would have a pelvic all my patients would have a pelvic floor therapist to kind of fully pelvic floor therapist to kind of fully assess their pelvic floor muscles and assess their pelvic floor muscles and their core stability and then kind of their core stability and then kind of decide from there when they feel the decide from there when they feel the best time to restart everything.

best time to restart everything. In the perfect world. In the perfect world. >> And with that too, I remember you know >> And with that too, I remember you know like in the first few weeks, I remember like in the first few weeks, I remember hearing different sayings like bed for a hearing different sayings like bed for a week I I'm butchering this and then like week I I'm butchering this and then like around the bed for around the bed for a week and then around the house for a a week and then around the house for a week or something like that. I remember week or something like that. I remember hearing that especially my first child hearing that especially my first child and I was like, "But I'm feeling good and I was like, "But I'm feeling good enough. It's fine." I kind of just like enough. It's fine." I kind of just like went back at it to just go up and down went back at it to just go up and down stairs and things like that.

stairs and things like that.

Warning signs, check-ins, and postpartum support systems

You could have mentioned maybe just You could have mentioned maybe just staying in bed at first or kind of like staying in bed at first or kind of like what do you usually recommend there?

what do you usually recommend there? >> It's half because ACOG kind of >> It's half because ACOG kind of recommends against doing this, but like recommends against doing this, but like traditionally traditionally traditionally in a lot of like traditional Chinese in a lot of like traditional Chinese medicine and Ayurvedic cultures, there's medicine and Ayurvedic cultures, there's like this like this 40 days of just like don't even do 40 days of just like don't even do anything.

anything. anything. So, So, So, it's a good question. I kind of see also it's a good question. I kind of see also how the delivery went, like if they had how the delivery went, like if they had pretty significant tears, was it a pretty significant tears, was it a complicated C-section, complicated C-section, how are they doing mentally, do they how are they doing mentally, do they have like the support at home and kind have like the support at home and kind of guide my of guide my recommendations based on all of that and recommendations based on all of that and then probably involve a pelvic floor then probably involve a pelvic floor therapist just to kind of therapist just to kind of use a multidisciplinary team to kind of use a multidisciplinary team to kind of help when the specific guidance should help when the specific guidance should be.

be. be. But again, I think our culture just But again, I think our culture just really emphasizes bounce back mentality. really emphasizes bounce back mentality.

So, really emphasizing I think at least So, really emphasizing I think at least the first one or two weeks just to take the first one or two weeks just to take it easy and just let everyone do it easy and just let everyone do everything for you and everything for you and at the most like just walking around at the most like just walking around kind of the bedroom. Maybe even not even kind of the bedroom. Maybe even not even going up and down the stairs. Just going up and down the stairs. Just I think we need to emphasize more rest I think we need to emphasize more rest in our culture. I feel like I in our culture. I feel like I always emphasizing that more so with my always emphasizing that more so with my patients versus the other way around.

patients versus the other way around. So, yeah. So, yeah. >> It's been really interesting. It's been >> It's been really interesting. It's been really interesting collaborating with really interesting collaborating with pelvic floor specialists and some pelvic floor specialists and some physical therapists that work in that physical therapists that work in that realm and they help rehab postpartum realm and they help rehab postpartum moms because moms because we have had actually some of them create we have had actually some of them create content for our app and I'm watching content for our app and I'm watching this content as like a former D1 athlete this content as like a former D1 athlete and college coach that was like, all and college coach that was like, all right, let's go. Like, hurry up type of right, let's go. Like, hurry up type of a thing.

a thing. And they're just such simple movements. And they're just such simple movements. It's literally them laying in bed It's literally them laying in bed connecting their core with their breath connecting their core with their breath and just really slowing down which I and just really slowing down which I feel like will be a challenge for a lot feel like will be a challenge for a lot of women to like look at that as like of women to like look at that as like an not like an exercise, but a movement an not like an exercise, but a movement to try to work on. is just literally 360 to try to work on. is just literally 360 breathing, lifting your heel to your breathing, lifting your heel to your bottom while you're laying in bed flat, bottom while you're laying in bed flat, like things like that.

like things like that. Just trying to reconnect your body. Just trying to reconnect your body. And it's so And it's so simple and so slow, but it's obviously simple and so slow, but it's obviously so useful for a mom during this period so useful for a mom during this period of time because they shouldn't be doing of time because they shouldn't be doing a uh a uh hit workout, you know, on YouTube.

hit workout, you know, on YouTube. >> Mhm. >> Mhm. >> Mhm. >> at home. >> at home. >> Yeah. Yeah. Well, I mean, if you think >> Yeah. Yeah. Well, I mean, if you think about it, the remodeling that happened about it, the remodeling that happened cuz it's such a big transition. Our body cuz it's such a big transition. Our body goes through this goes through this major remodeling over, you know, a major remodeling over, you know, a 24-hour period of, you know, the baby 24-hour period of, you know, the baby being in your belly and then not being being in your belly and then not being in your belly.

in your belly. And so all of those, like you mentioned, And so all of those, like you mentioned, the pelvic floor being connected to the the pelvic floor being connected to the ab muscles and the back muscles, all of ab muscles and the back muscles, all of those those those muscles and tissues are like, what just muscles and tissues are like, what just happened? And so it makes sense that happened? And so it makes sense that even just getting out of bed, even even just getting out of bed, even though it seems so simple, could be like though it seems so simple, could be like our our body could not be sure how to do our our body could not be sure how to do that properly. So, just getting back to that properly. So, just getting back to the basics with breathing and connecting the basics with breathing and connecting those back together makes a lot of those back together makes a lot of sense.

sense. sense. >> Yeah, and they even brought up like how >> Yeah, and they even brought up like how to carry your baby, how to hold your to carry your baby, how to hold your baby while you're sitting, your posture.

baby while you're sitting, your posture. So, it's it's something to really be So, it's it's something to really be aware of, I think. A lot of moms don't aware of, I think. A lot of moms don't think, "Oh, I need to be careful how I think, "Oh, I need to be careful how I do this." or you know, rehab to be do this." or you know, rehab to be stronger in order to do this.

stronger in order to do this. But, like you said, it's a huge But, like you said, it's a huge transition and you're regrowing so many transition and you're regrowing so many different things in your body from different things in your body from tissues to tissues to blood volume, to everything.

blood volume, to everything. >> So, and I think it's also important to >> So, and I think it's also important to recognize relaxin in pregnancy rises.

recognize relaxin in pregnancy rises. So, it loosens your ligaments, softens So, it loosens your ligaments, softens your cervix, it allows your pelvis to your cervix, it allows your pelvis to expand for birth. And that drops after expand for birth. And that drops after delivery, but not immediately.

delivery, but not immediately. So, it can be elevated for the first So, it can be elevated for the first weeks to months postpartum. And when you weeks to months postpartum. And when you breastfeed, it also can stay higher for breastfeed, it also can stay higher for longer. So, it can really increase that longer. So, it can really increase that joint laxity.

joint laxity. Joints may feel less stable. There's a Joints may feel less stable. There's a higher risk for kind of sprains or higher risk for kind of sprains or strains. There's reduced structural strains. There's reduced structural support. So, again, just emphasizing support. So, again, just emphasizing delayed return to high impact activity, delayed return to high impact activity, I think is important just I think is important just physiologically. So.

physiologically. So. >> What a great reminder. Yeah. I may be >> What a great reminder. Yeah. I may be feeling fine, but you know, not that I feeling fine, but you know, not that I would ever tell someone don't trust your would ever tell someone don't trust your body, but maybe keep in mind that your body, but maybe keep in mind that your body's been through a lot and there are body's been through a lot and there are things that are not, things that are not, you know, back to normal yet. So, that's you know, back to normal yet. So, that's good information.

good information. And with that, kind of just with taking And with that, kind of just with taking a better approach then to all of these a better approach then to all of these things, like what can someone do? We things, like what can someone do? We kind of mentioned, you know, being on kind of mentioned, you know, being on top of our diet and our movement.

top of our diet and our movement. Maybe checking some of those different Maybe checking some of those different things. Like what testing maybe would things. Like what testing maybe would you recommend and kind of in what time you recommend and kind of in what time >> Testing is for like functional medicine >> Testing is for like functional medicine labs?

labs? labs? >> Yeah. Yeah, or maybe basic or more >> Yeah. Yeah, or maybe basic or more functional. You mentioned things like functional. You mentioned things like checking vitamin D levels.

checking vitamin D levels. >> Yeah, and thyroid. I would definitely >> Yeah, and thyroid. I would definitely check cuz I think that postpartum check cuz I think that postpartum thyroiditis, which is an autoimmune thyroiditis, which is an autoimmune condition where the thyroid gland condition where the thyroid gland basically becomes inflamed and it can basically becomes inflamed and it can happen within 1 year after pregnancy, is happen within 1 year after pregnancy, is really missed a lot. So, I definitely really missed a lot. So, I definitely would emphasize doing thyroid labs in would emphasize doing thyroid labs in addition to the vitamin D and omega-3s.

addition to the vitamin D and omega-3s. I think just overall just asking about I think just overall just asking about sleep and partner dynamics is really sleep and partner dynamics is really important in the history, too.

important in the history, too. For postpartum. For postpartum. Yeah, just asking about the support they Yeah, just asking about the support they have.

have. have. And if you have assessments on like And if you have assessments on like different symptoms, bleeding, fatigue, different symptoms, bleeding, fatigue, yeah, sleep quality, yeah, sleep quality, mood.

mood. mood. Cuz I think a lot of women like just are Cuz I think a lot of women like just are in survival mode, so they're just trying in survival mode, so they're just trying to get through each day and they're not to get through each day and they're not really doing self-check-ins throughout really doing self-check-ins throughout the day. It was actually like a the day. It was actually like a difficult thing for a lot of women to do difficult thing for a lot of women to do is to be like, "Okay, let's take a is to be like, "Okay, let's take a minute. How am I feeling? How is my minute. How am I feeling? How is my body? How is my sleep? Did I eat a body? How is my sleep? Did I eat a balanced meal?" balanced meal?" And then obviously speaking with like And then obviously speaking with like their health care provider if things are their health care provider if things are atypical or atypical or they see patterns.

they see patterns. Which is actually what we like tried to Which is actually what we like tried to do with the app was it will recognize do with the app was it will recognize patterns and like ping the user and say, patterns and like ping the user and say, "Hey, we noticed your mood's been down "Hey, we noticed your mood's been down for 6 days and we noticed your sleep is for 6 days and we noticed your sleep is down. So, these two things can down. So, these two things can impact each other and these are ways to impact each other and these are ways to help it, etc., etc." help it, etc., etc." >> That's amazing. Yeah, I was going to ask >> That's amazing. Yeah, I was going to ask like what are the some of the, you know, like what are the some of the, you know, warning signs or red flags someone warning signs or red flags someone should watch out for then because again, should watch out for then because again, some of these things are maybe over some of these things are maybe over normalized. Where there's like, "Oh, I'm normalized.

Building a postpartum tribe and where to find Mom Wellness

Where there's like, "Oh, I'm feeling really down, but is that just feeling really down, but is that just part of it?" Like, at what point should part of it?" Like, at what point should they, you know, get more help? And it they, you know, get more help? And it sounds like sounds like something like this app can be helpful something like this app can be helpful for for helping them understand that.

for for helping them understand that. Are there any big things that you'd flag Are there any big things that you'd flag >> Yeah, we look at specifically like >> Yeah, we look at specifically like bleeding patterns as well.

bleeding patterns as well. I mean, we're always looking for signs I mean, we're always looking for signs of

preeclampsia, headaches, vision of preeclampsia, headaches, vision changes, right upper quadrant pain, changes, right upper quadrant pain, epigastric pain, epigastric pain, potentially blood pressure issues, too.

potentially blood pressure issues, too. Signs for infection to if you've had a Signs for infection to if you've had a C-section, if the wound looks C-section, if the wound looks there's discharge, there's redness, there's discharge, there's redness, there's pain, there's pain, as well as vaginal tears, as well as vaginal tears, looking for infection. Those are kind of looking for infection. Those are kind of like the big severe things, and then like the big severe things, and then breastfeeding, there's mastitis we breastfeeding, there's mastitis we always want to watch out for. So, always want to watch out for. So, any development of fever, I would say any development of fever, I would say postpartum, is is concerning for some postpartum, is is concerning for some sort of infection of the breast or sort of infection of the breast or incision.

incision. incision. And so, the we we have that in the app And so, the we we have that in the app where we where we monitor kind of like what you can do, monitor kind of like what you can do, common symptoms, what to expect, that common symptoms, what to expect, that they can log every day versus more they can log every day versus more severe symptoms, and if they have severe symptoms, and if they have recurrent severe symptoms, recurrent severe symptoms, it tells them that they should seek it tells them that they should seek medical care medical care right away.

right away. >> That's great. That's so helpful. And it >> That's great. That's so helpful. And it has the check-ins there, too, it sounds has the check-ins there, too, it sounds like. So, it's a list. Tracking room.

like. So, it's a list. Tracking room. What's going on? What's going on? >> And they can also print it out and give >> And they can also print it out and give it to their provider, it to their provider, because it's kind of like hard to keep because it's kind of like hard to keep track of everything track of everything when you're a first-time mom. Probably when you're a first-time mom. Probably hard for anybody to keep track of like hard for anybody to keep track of like all their symptoms.

all their symptoms. >> Being newly postpartum. >> Being newly postpartum. >> Amazing. >> Amazing. >> Amazing. And what kind of support, you know, like And what kind of support, you know, like are there certain are there certain sub- times of support that you'd sub- times of support that you'd recommend doing things outside of just recommend doing things outside of just the visits? Again, we you know, like the visits? Again, we you know, like mentioned the OB visit at 6 weeks or so, mentioned the OB visit at 6 weeks or so, but are there also other things that but are there also other things that you're generally recommending in terms you're generally recommending in terms of lactation support or pelvic PT you of lactation support or pelvic PT you kind of mentioned, things like that in kind of mentioned, things like that in certain time frames and when you're certain time frames and when you're thinking about those types of support?

thinking about those types of support? >> I would say during your third trimester >> I would say during your third trimester of pregnancy start of pregnancy start accumulating your postpartum tribe. That accumulating your postpartum tribe. That would be lactation specialist, pelvic would be lactation specialist, pelvic floor therapist, who's going to be floor therapist, who's going to be cooking your meals at home.

cooking your meals at home. I think those are like the big ones I I think those are like the big ones I would say. Having some sort of reliable would say. Having some sort of reliable somebody you can talk to mental health somebody you can talk to mental health wise, you know, having some good wise, you know, having some good girlfriends that you can always turn to girlfriends that you can always turn to when you're having like a rough day.

when you're having like a rough day. Honestly, doulas are amazing. Honestly, doulas are amazing. So all my patients could have doulas So all my patients could have doulas during pregnancy and postpartum, which I during pregnancy and postpartum, which I don't know if people know there's doulas don't know if people know there's doulas postpartum as well that can like support postpartum as well that can like support you through that time period. Those are you through that time period. Those are my big support my big support people for my patients.

people for my patients. >> Amazing. And it sounds like, you know, >> Amazing. And it sounds like, you know, even

if maybe someone can't afford all even if maybe someone can't afford all of those, you know, like a doula, night of those, you know, like a doula, night nurse, things like that, just then nurse, things like that, just then having someone like assemble your tribe having someone like assemble your tribe of people who can support you and of people who can support you and you maybe do a meal train or have you maybe do a meal train or have someone cooking, someone to do laundry, someone cooking, someone to do laundry, like really try to offload things as like really try to offload things as much as possible. Yeah.

much as possible. Yeah. >> I'm curious, did you have a meal train >> I'm curious, did you have a meal train when you're postpartum? when you're postpartum?

>> And for me, I didn't. Well, >> And for me, I didn't. Well, >> Okay. >> Okay. >> Okay. >> No, I mean we had people drop things by, >> No, I mean we had people drop things by, but we didn't have an official train.

but we didn't have an official train. Yeah, yeah, but my husband was on top of Yeah, yeah, but my husband was on top of that. So yeah, but it was funny. It is that. So yeah, but it was funny. It is interesting, you know, cuz even, you interesting, you know, cuz even, you know, at the time of my first pregnancy know, at the time of my first pregnancy especially, I was already working with especially, I was already working with women with fertility and things like women with fertility and things like that, but you still just don't really that, but you still just don't really know and going through it. We had all know and going through it. We had all these people over at our house the first these people over at our house the first weekend.

weekend. weekend. And I was like kind of going into And I was like kind of going into entertaining mode and like in retrospect entertaining mode and like in retrospect I was like, "What was I doing?" And so I was like, "What was I doing?" And so for our second one we We sort of in for our second one we We sort of in lockdown then. We were just like, I'm lockdown then. We were just like, I'm mean, granted, it was soon after the mean, granted, it was soon after the pandemic, too. But, you know, we were pandemic, too. But, you know, we were just like, oh, wait, we realized for just like, oh, wait, we realized for ourselves that we just needed a little ourselves that we just needed a little bit more closed off, you know?

bit more closed off, you know? Just our own, you know, closer family. Just our own, you know, closer family. So, yeah. And that can be part of it, So, yeah. And that can be part of it, too. Just kind of understanding too. Just kind of understanding yourself, I feel like, and yourself, I feel like, and knowing, okay, if this is going to be knowing, okay, if this is going to be overwhelming to have a lot of people, overwhelming to have a lot of people, then maybe pull back on that. Maybe they then maybe pull back on that. Maybe they just drop things at through the door and just drop things at through the door and not, you know, do more than that or not, you know, do more than that or something.

something. something. >> Also, I think like a >> Also, I think like a sexual health therapist, too. Want to sexual health therapist, too. Want to add that in there.

add that in there. Yeah. Just because Yeah. Just because I don't think this is discussed enough. I don't think this is discussed enough. Rachel Rubin, I don't know if you're Rachel Rubin, I don't know if you're familiar with her. She's an OBGYN that familiar with her. She's an OBGYN that specializes in sexual health. She taught specializes in sexual health. She taught She made this new term of genital She made this new term of genital urinary syndrome of lactation that a urinary syndrome of lactation that a meta- menopause would typically see. And meta-menopause would typically see. And the same sort of physiological the same sort of physiological changes that happen when you're lactate changes that happen when you're lactate when you're breastfeeding when you're breastfeeding as in menopause. And I think a lot of as in menopause. And I think a lot of women don't realize this, so it can lead women don't realize this, so it can lead to like vaginal dryness, just and to like vaginal dryness, just and discomfort, and lower like the hormone discomfort, and lower like the hormone changes as well, lower in the libido and changes as well, lower in the libido and arousal. So, arousal. So, I think also, and then again, partner I think also, and then again, partner dynamics when you add a newborn in, dynamics when you add a newborn in, changes.

changes. changes. So, I'm going to add that to my So, I'm going to add that to my postpartum journey. That's a

postpartum journey. That's a >> Yeah. >> Yeah.

>> Yeah. >> might be another good one I just thought >> might be another good one I just thought of. So, of. So, >> Yeah. I love that you added that in. And >> Yeah. I love that you added that in. And that's still like maybe the pelvic floor that's still like maybe the pelvic floor PT can be the support.

PT can be the support. >> Yeah, true. >> Yeah, true. >> Well, but that's such a great point to >> Well, but that's such a great point to bring up because that's huge with the bring up because that's huge with the relationship dynamics and there's relationship dynamics and there's probably a lot of pressure on the male probably a lot of pressure on the male side to want to get back to things, but side to want to get back to things, but there's so many reasons why your body there's so many reasons why your body might not feel great with it. So, that's might not feel great with it. So, that's really good to have awareness around.

really good to have awareness around. And with that, I mean, you've offered so And with that, I mean, you've offered so many incredible tips and insights so many incredible tips and insights so far. Are there any other, you know, far. Are there any other, you know, tips that you want to leave recommend tips that you want to leave recommend woman who's going through, you know, the woman who's going through, you know, the postpartum phase, particularly if it's postpartum phase, particularly if it's >> That's a great question.

>> That's a great question. I I feel like the first thing that comes I I feel like the first thing that comes to my mind is that to my mind is that try not to be on social media comparing try not to be on social media comparing yourself, and just be patient. Give yourself, and just be patient. Give yourself grace. Focus on what you need, yourself grace. Focus on what you need, not, you know, what so-and-so eats in a not, you know, what so-and-so eats in a day newly postpartum, or how so-and-so day newly postpartum, or how so-and-so works out newly postpartum. I just think works out newly postpartum. I just think it's hard not to get it's hard not to get you know, a mis- you know, a mis- misconception of like what a realistic misconception of like what a realistic postpartum postpartum postpartum body, diet, lifestyle looks like if body, diet, lifestyle looks like if you're on social media comparing you're on social media comparing yourself.

>> Yeah, and I think >> Yeah, and I think What did you say? What did you say? >> I said, "What would you say, Kate?" >> I said, "What would you say, Kate?" >> That >> That >> That everything you're experiencing everything you're experiencing is somewhat normal.

is somewhat normal. But, you should get the support But, you should get the support if it persists, and you don't have the if it persists, and you don't have the support. I think just support. I think just the hormone abruptly dropping after like the hormone abruptly dropping after like happy pregnancy is not emphasized also happy pregnancy is not emphasized also enough, and with the sleep disruption, enough, and with the sleep disruption, and the raising of the cortisol, these and the raising of the cortisol, these mood swings, this anxiety, irritability, mood swings, this anxiety, irritability, these brain fog, these these brain fog, these low libido, all this is normal low libido, all this is normal part of kind of physiologically what's part of kind of physiologically what's happening.

happening. happening. And And And there's a lot of support through there's a lot of support through nutrition, lifestyle, nutrition, lifestyle, people that can help you through it. So.

people that can help you through it. So. >> Awesome. Yeah, kind of what I heard you >> Awesome. Yeah, kind of what I heard you say is like, give yourself grace.

say is like, give yourself grace. >> Yeah. >> Yeah. >> Yeah. >> For things like things are crazy, but >> For things like things are crazy, but also don't just sit around doing it all also don't just sit around doing it all by yourself because you think it's all by yourself because you think it's all normal. Like, get yourself the support normal. Like, get yourself the support system. Maybe check in with people of system. Maybe check in with people of like, is this normal? Is this okay? Have like, is this normal? Is this okay? Have some sort of back and forth and and some sort of back and forth and and people who are really caring for you. So people who are really caring for you. So you're not having to shoulder all of it.

you're not having to shoulder all of it. >> Yes, exactly. Check-ins are great. >> Yes, exactly. Check-ins are great. >> Yeah. >> Yeah. >> Yeah. Well, I appreciate you being here so Well, I appreciate you being here so much. Where can people learn more about much. Where can people learn more about >> I always like don't talk cuz I think >> I always like don't talk cuz I think Where are you can go to moon Where are you can go to moon wellness.com online. You can go to we're wellness.com online. You can go to we're on Instagram at Moon wellness Moon on Instagram at Moon wellness Moon wellness.

wellness. wellness. We're on Pinterest, LinkedIn, Facebook, We're on Pinterest, LinkedIn, Facebook, Twitter, or I guess it's X now. And then Twitter, or I guess it's X now. And then we're in Apple Store and we're on Google we're in Apple Store and we're on Google downloads, so downloads, so and we do have a hello moon wellness.com and we do have a hello moon wellness.com email. So if anyone wants to reach out email. So if anyone wants to reach out and ask us about the app, they're and ask us about the app, they're welcome to do that as well.

welcome to do that as well. But But But yeah, thank you so much for having us. yeah, thank you so much for having us. It's been nice speaking with you.

It's been nice speaking with you. >> Yeah, such a pleasure and we'll link all >> Yeah, such a pleasure and we'll link all of the of the all the links in the show notes, too, so all the links in the show notes, too, so people can find you cuz I do feel like people can find you cuz I do feel like that's such a helpful It sounds like a that's such a helpful It sounds like a really helpful tool for women to even really helpful tool for women to even just be able to have those check-ins, just be able to have those check-ins, have that support at her fingertips, you have that support at her fingertips, you know, no matter how crazy things are know, no matter how crazy things are feeling or not. So yeah, and I really feeling or not. So yeah, and I really appreciate you coming here and and appreciate you coming here and and speaking to my community community like speaking to my community community like we were saying. I think it's we were saying. I think it's we need to be having more discussions we need to be having more discussions about postpartum and what really is about postpartum and what really is expected, what we should really be doing expected, what we should really be doing to support ourselves. So I appreciate to support ourselves. So I appreciate you kind of leading that that you kind of leading that that discussion.