Sawbones 220: Our Second Birth Story

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[theme music plays]

Justin: Hello everybody, and welcome to Sawbones: a marital tour of misguided medicine. I'm your cohost, Justin McElroy.

Sydnee: And I'm Sydnee McElroy.

Justin: Sydnee, welcome back to the saddle.

Sydnee: [laughs] Thank you, Justin.

Justin: The podcasting saddle. Also, I meant to tell you, I had saddles installed in this room. Got rid of all the chairs.

Sydnee: I wondered why this seat was so uncomfortable, and yet at the same time, I mean, I feel ready to like, go... head out on the trail?

Justin: On the range?

Sydnee: The range.

Justin: I guess?

Sydnee: I have ridden a horse once in my life, I have no, [laughs] I have very little reference for what a saddle is like or what that experience—

Justin: Yeah. Um, you know, it's for a horse.

Sydnee: Well, I know it's for a horse. But you know what I mean. I don't have, like, a great knowledge of horses or saddles or riding.

Justin: Luckily this episode will require none of that. This episode is— we did, after Charlie was born, we had a rough experience, I would say.

Sydnee: Mm hmm.

Justin: A difficult experience. And we wanted to share that because we had talked about pregnancy a lot leading up to it.

Sydnee: Right.

Justin: And we thought it would be— we had such a different experience this time. I would say, overall… easier, I would say.

Sydnee: Yes.

Justin: But different and interesting—

Sydnee: Definitely easier.

Justin: In different ways. And people responded to the last episode so much, and I think that these are stories that a lot of people don't share. And I think that because of that you have less of an idea of what to expect when you're… expecting.

Sydnee: [laughs] Or what— I don't wanna say what's normal, because there is no normal but—

Justin: There's no normal.

Sydnee: What is average, what tends to happen.

Justin: What can happen.

Sydnee: What can happen, what the extremes are and some of the things that maybe we don't talk about because they don't seem as important, but are gonna seem really important to you in the moment. And also, if we did a whole episode on Charlie's birth story on and we didn't on Cooper's…

Justin: Oh, it's a whole thing.

Sydnee: I feel like someday they're gonna be old enough that Cooper's really gonna be traumatized by that. [laughs]

Justin: It's a whole thing. And also folks, this one doesn't require research, and it's been a bit of a couple of weeks. [laughs] So, let's get into it. I didn't talk to you about this before, but I feel like maybe we structure it like, leading up to the birth, first half, ads, and then after birth. [laughs] Gross!

Sydnee: Afterbirth.

Justin: Afterbirth. That doesn't sound good.

Sydnee: Yeah. But the way, can I just say when people say the word "afterbirth", they mean the placenta.

Justin: Okay.

Sydnee: Can we all call it placenta? Because afterbirth… there's something about that that sounds…

Justin: Very yucky.

Sydnee: Yucky! But placenta doesn't.

Justin: Mm… agree to disagree. [laughs]

Sydnee: And either way, it's not yucky but for some reason the term afterbirth sounds— I don't know.

Justin: So Syd, how did we get pregnant?

Sydnee: Well… do you wanna ask— Charlie can inform you.

Justin: Yes.

Sydnee: As she did in the car the other day.

Justin: Yes. That the mommy has an egg and the daddy has nerves, which— [laughs]

Sydnee: Uh huh, and the nerve and the egg have to meet in the right place.

Justin: And then…

Sydnee: Boom.

Justin: Boom!

Sydnee: [laughs]

Justin: We've heard her tell this four times. Boom is always part of the story.

Sydnee: Then boom.

Justin: Boom. A baby.

Sydnee: There's a baby. And the doctor takes it out. So, we won't tell you how babies are made.

Justin: No.

Sydnee: No. You're gonna have to go ask a trusted adult. [laughs] Not me. But this was a very different leading up to having Cooper than it was with Charlie, I would say, because with Charlie I had very much planned on— well, first of all, I had expected a vaginal delivery, because that's what you expect. I mean, that's generally what most people think is gonna happen, unless they know for some specific reason they have to have a C-section. And I had kind of a birth plan. And, um, none of it happened the way that I wanted it to. [laughs]

Justin: Yeah. Do you think that you were less inclined to focus on a birth plan for this one, because we… ?

Sydnee: Yes. Very intentionally, I went in with zero expectations on that end. Because one, I knew that because Charlie was so big and she was not able to fit in terms of a vaginal delivery, I knew that one, Cooper was probably gonna be big, and two, I probably wasn't gonna be able to have a vaginal birth after caesarian, or VBAC, as you'll hear a lot of people call it. Even though it was an option that was given to me by our doctor.

Justin: This is— doctors.

Sydnee: By our doctors, yes.

Justin: Yeah, we'll touch on that in a second.

Sydnee: But it was an option. It was not, you know, a lot of people say, "Well doctors don't even offer that." No, we were offered that, for sure. It

was, no one told me I had to have a repeat caesarian, but it was definitely suggested that whatever we decided to do, it was likely to end in a caesarian.

Justin: And I wouldn't necessarily advise people for their first time to not have a plan. Like, I'm not saying that it's a better way.

Sydnee: No, I don't think so at all.

Justin: It's just we, I think we sort of saw, like, that it wasn't gonna be exactly what we had sort of initially hoped for and we were sort of more focused on some of the stuff that came afterwards.

Sydnee: Sure. And I think it's really important to know in my case, for like a repeat C-section, why did you have a C-section the first time? If there was some sort of emergency where, you know, the baby was on the monitor and the heart rate dropped and so they had to do a C-section really quickly because they were worried about the baby, you may be a great candidate to VBAC. To have a trial of labor for vaginal delivery the next time around. But if it is for the reasons that I had a C-section the first time around, if it's that your pelvis is shaped differently, or smaller, or the baby's just especially large and it never progresses, you never progress in labor, it never descends, then you may end up having another C-section.

Justin: So people can get an idea of where we're coming from, can you give a very quick summary of what happened with Charlie?

Sydnee: So, with Charlie, one, she was huge. What did— the one doctor we saw called her a "moose baby"?

Justin: A moose baby, yeah.

Sydnee: A moose. Uh, [laughs] she was very large. She was 9lbs 11oz. And my pelvis, as I have now been told by three different physicians who have examined me, [laughs] my pelvis is flat and small. And as one doctor put it, "not a 10lb pelvis".

Justin: And I love it just that way.

Sydnee: In reference to the fact that I was 10lbs at birth. Justin was 11lbs at birth.

Justin: We have big babies.

Sydnee: We have large babies. I don't have a good reason why Charlie was so large. Cooper was also large.

Justin: Yeah.

Sydnee: That can be associated with gestational diabetes.

Justin: Aw, you gave a spoiler, now they know that we had the baby.

Sydnee: Well, yeah.

Justin: Man. The second half.

Sydnee: We should have prefaced with everything turned out fine.

Justin: Everything's fine.

Sydnee: We did that with Charlie. Everything turns out fine at the end.

Justin: Yeah. And I think we were aware— okay, so you were still talking about Cooper.

Sydnee: Oh, so anyways—

Justin: Sorry, Charlie.

Sydnee: Because of that, Charlie never descended into the birth canal. She stayed floating around, the head was what we call "ballotable", meaning if you reached up and tried to, was the head engaged down in the pelvis, ready to start coming out, she was floating around in there. Never came down. So, C-section.

Justin: So, we did a C-section and then— just run through the rest of— because I don't wanna misspeak.

Sydnee: So, after the C-section, I had polyhydramnios, which means I had a lot of extra amniotic fluid in there. Again, I don't know why. The doctor didn't know why. Not sure. I didn't have anything of the things that usually predicts that. And Charlie had a lot of fluid in her lungs, aspirated some of that, and likely had some inflammation, and as a result had trouble breathing at first. So, she spent the first week of her life in

the NICU. I spent the first week of her life in the NICU with her. And it was arduous. She came out just fine. She is absolutely fine.

Justin: She's fine now, she's great.

Sydnee: But obviously it was not ideal. It was very scary.

Justin: Yeah, and I think that that—I'll say two things about that with regards to Cooper. One is that I think we tried to do things a little bit differently during the pregnancy. I think you were probably more active, and I think we probably tried to watch what we were both eating a little bit better.

Sydnee: I did. And I don't know, at the end of the day, all the doctors that I ended up seeing said that probably had nothing to do with it. But I still… I don't know. I think it's normal to kind of blame yourself if things don't go like you expect them to. Like, what did I do wrong? Um, and I'm not saying that I necessarily believe that as a scientist, but as a mom I'm always going to question did I do something wrong. So, I tried to have a healthier pregnancy.

Justin: Well, and I think that it's also, I think, very normal to look for things that you can control, because so much of this process is out of your control. Now, we've referenced multiple doctors. Maybe you could explain that a little bit at this point.

Sydnee: So, our wonderful doctor who delivered Charlie, who actually delivered me.

Justin: Delivered Travis and Griffin.

Sydnee: Yes. And both my sisters, Teylor and Rileigh, who I have known, obviously, for a very long time. He's just amazing.

Justin: One could say your entire life. [laughs]

Sydnee: Yeah, my entire life. First person to ever lay hands on me. So, he unfortunately got very sick right towards the end of our pregnancy.

Justin: He's an older fella, as you may have guessed from him delivering generations of people. [laughs]

Sydnee: Yeah. [laughs] And he's okay, thank goodness, but it was significant of an illness enough that he had to take a leave of absence from work, still is on absence from work, and not be available for the delivery, of course. Which I…

Justin: That was a rough day.

Sydnee: It was rough. But—

Justin: Mainly from, I should say, concern about him.

Sydnee: Yeah! I mean, I work there, too. So, he's a colleague as well as my doctor and I care about him a lot.

Justin: He's a sweetheart.

Sydnee: Thank goodness he is recovering, he's doing okay. But it was scary, that late in our pregnancy, we were in the… 30th? 31st, 32nd week? Something around there.

Justin: And Syd's in an extra weird position where there's a handful of doctors there that had they been the ones to deliver the baby, they were doctors that Sydnee, like, trained.

Sydnee: Yeah…

Justin: That were her former med students and stuff.

Sydnee: That was one thing, is luckily it's a big practice, there are a lot of other doctors available who were willing to take me as a patient right away, so I didn't have to worry about just finding a doctor.

Justin: And also, you, I think, have a little bit of a leg-up on other people because you have a podcast.

Sydnee: [laughs] That's why. That they all listen to. No, but I was… it is a little weird to be offered, like, there are multiple doctors and they were my students. I taught them as students. And they're great, and I'm sure they're great, but I kinda wanted somebody I had never taught. So, luckily we got switched to a different doctor in the practice who has been there a very long time, who I knew as well. And he was happy to take me on, thank goodness.

Justin: Yes.

Sydnee: And he was great, so no complaints about that.

Justin: Okay. So, let's see. You were pregnant for a while.

Sydnee: [laughs] And then I wasn't.

Justin: And then you weren't.

Sydnee: That's the whole show.

Justin: How was this pregnancy different from your last one?

Sydnee: I, like you said, I tried a lot harder to— the first time around, with Charlie, I think I thought, "Oh, I'm pregnant, I can eat anything now because I don't have to watch my weight." And that was silly and I'm a doctor and I should know better. Because you still wanna take care of yourself and eat healthy and exercise and, you know, I'm not gonna say there's a right amount of weight that you have to gain and everybody who gains less or more is wrong, that's not true.

But generally, there's like an average range that is best. And I gained twice that with Charlie. So, I tried to eat better, be healthier. I felt better this pregnancy. I didn't have a lot of the symptoms, a lot of the problems I had the first time around. Not nearly as much swelling, I didn't get carpal tunnel.

Justin: One of the big differences, I would say that came later on is the amount of protrusion from your stomach with regards to this child was absolutely mind-boggling.

Sydnee: [laughs] Yes.

Justin: It definitely looked like a scene from alien. It was wild.

Sydnee: It— yes. My stomach was very large.

Justin: No, I meant like when it would poke out. When she would, like, poke out of your stomach.

Sydnee: Oh yeah. Well, I was also very large.

Justin: But we found out why. Interestingly enough, this kid is in the 99th percentile for height. It is a big child.

Sydnee: Go figure, yeah. I don't know how— when I held her after she was out of me, I thought, "How did you fit?"

Justin: How did you fit?

Sydnee: How did you ever fit? Which makes sense, why I was always feeling limbs pushing both up and down. [laughs]

Justin: [laughs]

Sydnee: My bladder was constantly in pain and my diaphragm. I didn't know how that was possible, but it was.

Justin: We also decided to go a little it earlier than last time.

Sydnee: So, technically at 39 weeks you're still full term, so we didn't go too early, but we did go at 39 as opposed to waiting the full 40 weeks. That's when you're due date is, it's at 40 weeks. And we went at 39 and one day. Which was just because we were full term, I was measuring large, we knew she was gonna be large.

Justin: And there was a concern about the fluid too, right? We were trying to avoid a repeat of that scenario.

Sydnee: That and then, just her getting any larger that she already was. And there's been some interesting studies, and I won't get into the whole thing, about— and a lot of this has been done with people who are of what they call "advanced maternal age", meaning you're over 35 when you're pregnant.

And I'm not, but I'm close, and so there have been some interesting studies that have suggested, like, maybe inducing or doing something at 39 weeks in some cases is safer than going the full 40. Now, again, it's very situational, every patient is different, I'm not saying that's true across the board. But with all that in mind, and 39 we know being safe for the baby, we decided to go at 39 and one.

Justin: So, we arrived at the hospital for our C-section, and I can only speak from my experience and I want your perspective as well. First off, the thing that you are not ready for is, at least both times that we've

done it, there's a lot of waiting. We showed up probably four, I guess, by the time all was said and done, four hours before the actual surgery.

Sydnee: Mm hmm. It was delayed, of course— all surgeries, I feel like, are delayed. No matter what time they tell you, even if you're the first of the day, everything always gets pushed back.

Justin: That's good to know. It's good, I mean, like, don't have people show up late, but do let them know that they should bring a book. [laughs]

Sydnee: Yeah. Yeah, well, and if for no other reason than you're gonna lay there a while and get anxious. And just know you're gonna lay there a while probably. I dunno, maybe your hospital runs on a better [laughs] maybe you're more organized, but I tend to find that most surgeries, something happens. Stuff comes up, emergencies unfortunately occur. And thank goodness, we weren't the emergency. That's what I always try to keep in mind. If I'm being bumped for somebody, that person's probably pretty sick, and I just hope they're okay and I'm thankful that I'm not that emergency right now.

Justin: Right.

Sydnee: But we waited a long time, during which they pumped me full of IV fluids. [laughs]

Justin: Yeah.

Sydnee: And I had to pee many times.

Justin: Oh yeah, you couldn't eat or drink anything after…

Sydnee: 6am.

Justin: So you woke up—

Sydnee: I woke up at 5am and ate peanut butter crackers and drank water. [laughs] A bunch of water so that I wouldn't be dehydrated.

Justin: So, after all the waiting, which Sydnee complained that they were icing the kicker, we finally went into the room. The way it works, at least this is how it been for us, they take the pregnant person into a different room where they get a…

Sydnee: A spinal. It's the anesthesia.

Justin: The anesthesia, right.

Sydnee: So, I am numb and paralyzed from, you know, just above my belly button down, essentially.

Justin: And then they took you in and started the surgery, right?

Sydnee: Well, I was in the OR when they did the spinal.

Justin: Oh.

Sydnee: So, they take me back to the OR and get me prepped, meaning they do the anesthesia, lay me down, you know, put the catheter in, I'm naked. There's a sheet up at the point, so I don't have to think about everything that's going on down below.

Justin: They asked us if it was okay if med students in the room, and Sydnee was like, "….yeah, that's fine…" and I was like, "Sweetie, is it really fine?" and it was like, "Yeah, it's actually less fine."

Sydnee: This is my rationale. I don't care, I have let med students give me shots and do PPDs on me, those are TB tests you have to get every so often. I will let them examine me, I let them come in and talk to me when I am going to my doctor appointments, I have no problem. I'm a teacher, I work at an academic institution, I have no problem with medical students being involved in my care. The thing that was different about the C-section is that I knew I would be completely naked. And I have to lecture to these students and teach them and sometimes work with them one on one, and I just… once they've seen you naked I thought that would be kind of awkward. So I had no problem with residents, obviously, but I still teach those students and so I didn't want them to see me naked. I didn't care if they came in afterwards to do whatever post op checks and exams and all that stuff. But just the nudity.

Justin: How long had they started the surgery before I came in?

Sydnee: Just, I think all they'd done was open me up. Just a few minutes.

Justin: Yeah. So they open—

Sydnee: All I could feel, all you can feel, in case you've never had anything like this done, I can feel a lot of tugging and pulling and pressure, but there's no pain. So, it's a very weird sensation.

Justin: So, I as the non-pregnant person had to put on like, you know, hygienic garb, and then they walk you into the room. And they walked me past where the surgery was happening, so I kind of did this embarrassing, like, put my left hand up to shield my eyes so I could just focus on Sydnee's face and not at her gully works all…

Sydnee: And they don't want you to look. By the way, Charlie thought you looked like Mike Teavee, I think that's a good explanation for the outfit you have to wear.

Justin: Sure. And I was wrenched, I was gripped in— I didn't let it show, obviously, but I was gripped in sort of mind-boggling terror because of the last experience we had. And it was not how I felt the last time. Like, everything we'd heard up to that point about C-sections is like, you know, it's very safe, very predictable, you know, you—

Sydnee: It goes smoothly.

Justin: It goes smoothly, right. And then after the last one, it just turned into— like, they knew something wrong with Charlie immediately, and like, she wasn't—

Sydnee: She was whisked out of the OR before—

Justin: She wasn't the right color and we couldn't see what was happening with her and it was—

Sydnee: She wasn't crying.

Justin: I mean, like, I was already in therapy, but I was in, like, double-therapy after that.

Sydnee: [laughs]

Justin: It was very, it was traumatizing. And obviously, a lot of people had it a lot worse, not saying anything other than that, but that is the only thing that I could think about when we were in that room, when I was walking in, was like, I just don't know how I will handle it again. And also, the last time, um, Sydnee's mom was in the room with us.

Sydnee: That was, which you're not really supposed to have two people back, and I'm sure it varies place to place. But at our institution, you're only allowed to have one person back with you during the C-section.

Justin: But again, Sydnee has a podcast.

Sydnee: Well, no, and it wasn't even so much because I worked there. It was because my doctor knew my mom because he delivered me and both my sisters and had known her for a long time, and she just begged him and he said okay, fine. [laughs] And that was it.

Justin: Yeah,

Sydnee: So, it wasn't my pull.

Justin: So…

Sydnee: So, I was terrified too. And I had told everyone in the room that, actually, before you came in.

Justin: Really?

Sydnee: I'd told the resident and our doctor already knew that, and I had told the nurse anesthetist, and the nurse that I was working with. I told everybody what I was scared of. So, they all kinda knew going in how nervous we were and how important it was, which they did a good job of, as soon as Cooper came out— is it okay that I jump to that part?

Justin: Yes.

Sydnee: Which they had to actually use a vacuum to pull her out.

Justin: She did not wanna come.

Sydnee: Which is not typical during a C-section. But she was in there and she was big.

Justin: So glad I didn't know that.

Sydnee: Yeah. Yeah, I heard it—

Justin: It is terrifying if you're a layman in that scenario. Because the people doing the surgery are chatting to each other. And me, as a non-doctor, I'm trying to both listen and not listen because I know just

enough to be like, panicked about it. Like, I'm reading tones of people's voices, you know.

Sydnee: It doesn't help, let me tell you, to be the doctor who's laying there, it's not necessarily more helpful. Because when I heard, "There are a lot of adhesions to the bladder," I thought, "Oh crap!" Because I know what that means. [laughs]

Justin: What does it mean?

Sydnee: Uh, so after any kind of surgery that you've had, you can have adhesions, or like, places where stuff kinda sticks together, like extra fibrous tissue and stuff inside the abdomen. It's not scar tissue, but think about it, like, in that same light, that can form. And it can make things stick to each other than shouldn't. My bladder was kind of stuck to my uterus, and so they had to separate them, and then you risk, like, injuring the bladder, which is bad.

They didn't, everything was fine, but I heard that as they were talking about it, and then I heard the vacuum pop off of Cooper's head and I know that sound, so I said, "Are you using a vacuum?" [laughs] Cause I didn't, I mean, they didn't announce they were using one. Anyway, she came out, and she was screaming from the jump, which was already a good sign.

Justin: Best thing I've ever heard in my entire life.

Sydnee: And because we had, I think, been so nervous and I had told everybody that, immediately the nurse starts going, "She looks good, she looks good," and "Don't worry Mom, don't worry Dad, she looks good, APGARS are 9 and 9." Those are good scores, that means those are good scores for the baby. Everything was looking good. At first.

Justin: At first. And then, um, she started grunting. Which, like, again, I didn't think anything of it. She was just grunting and having difficulty, I guess, getting a good breath going. There was a lot of mucus, I guess?

Sydnee: A lot of fluid.

Justin: Fluid?

Sydnee: Yeah, which can happen. She was big, so as I mentioned, she was 9lb 1oz, she was 21 inches long, her head was 38cm, which is 99th percentile.

Justin: What's up! McElroy!

Sydnee: [laughs] Yeah. She's a big baby. And sometimes with these big babies who are C-section, they don't get squeezed through the birth canal, and so they have extra fluid still in their lungs. The birthing process can squeeze that out of them, but she didn't get that, so she had some fluid in her lungs and she was having some trouble getting it up so she was grunting, and they were about to call the NICU when our nurse anesthetist—

Justin and Sydnee: Cheryl.

Sydnee: I will never forget this woman.

Justin: I almost tried to pivot on the name. It's like, let's just call her Cheryl.

Sydnee: Yeah, Cheryl. She was amazing, and she said, "I got this," and she suctioned her out, did a deep suction, which not all nurses can do, but she's a nurse anesthetist so she's allowed to, and then when she was still grunting a little bit, instead of calling the NICU, she said, "Let's do skin to skin." Meaning they uncovered the top part of me and stripped Cooper down and wrapped her to my chest and covered us both in blankets. And within a minute, she was fine.

Justin: It was amazing. I'm never seen anything like it in my entire life. It was the closest to magic I've ever seen in my entire life.

Sydnee: I know it happens. I mean, academically I know that, but I've never witnessed it like that, And it was amazing.

Justin: We have a lot more to talk about in this experience, but we are going very long, so let's take a quick break to head to the billing department.

Sydnee: Let's go.

[ad break]

Justin: So, things were looking pretty good for us. We were able to take Cooper back to the room, and specifically we were able to take her back to the room and keep her there, which was kind of a new policy for y'all.

Sydnee: That's right. So, our hospital has been slow to adopt the rooming in, or what is also known as "baby friendly" hospital status.

Justin: You would think if there was a status called "baby friendly", that the hospital would wanna go for it, so that might be some marketing in there. [laughs]

Sydnee: [laughs] Yes. And there's a lot of controversy with that term, as you may imagine, because, exactly what you just said, it sounds like any hospital that doesn't adopt all these policies is baby unfriendly. [laughs]

Justin: Yeah, right.

Sydnee: And that sounds really bad. But as a result of the new policies, they encourage skin to skin, which means— and this is a good thing, by the way. Skin to skin, there's a lot of evidence that says taking a baby and putting it directly on the person who has just given birth's chest, skin to skin, can help stabilize their temperature and their glucose faster. Obviously, we saw some improvement with, like, the breathing rate right away. And there's also, like, a lot of good bacteria that you're putting on the baby. I know that sounds weird.

But we also delay the bath now. We don't bathe— we used to take them and scrub them down right away, and now we don't do that. We take them and put them on the person who's just delivered's chest. And that's good, and I got to keep Cooper there for a long time, and then we just were wheeled to our post-delivery room over on the other unit together, which was great.

And essentially, Cooper did not leave our room after that, with the exception of to get weighted and do the hearing screen. Only because the scale is, they said, too heavy to move from room to room. So, that was basically it. As opposed to previously at our hospital, and at a lot of hospitals, what would generally happen is the nurses would come in to, like, give you a break, was the thought. So, we'll take baby and put it in the nursery for a few hours and let you take a break, or like, every morning, routinely, they would come and get all the babies and put them in the nursery so that the doctors who were examining the babies can

come and check out the babies all in one place. And now, you know, the doctors who check out babies, they just come to your room and they will not take your baby to the nursery unless you specifically ask for it. And there's a lot of controversy over this.

Justin: Yeah, and please correct me if I speak out of turn. Um… it was really difficult, I think, for some— and I was someone who kind of had a different experience, because I wasn't allowed to stay in the NICU, so I couldn't sleep there. We had the room, you had a hospital room for the first couple of nights that I was able to hang out in with you.

Sydnee: Right. But once I was discharged and moved up to the NICU with Charlie, you had to leave.

Justin: And Charlie wasn't in there with us.

Sydnee: No.

Justin: So, when we— those first couple nights were like… it was rough. Cause not just, I mean, it's like… you're in a hospital, we were in a room where there was like a little bit of light coming, like, our window was out to the interior of the hospital.

Sydnee: Yeah. Looking into the atrium.

Justin: So yeah, there was always a little bit of light, and you're in a hospital, so you're not gonna sleep well anyway. I'm on like, a fold-out, whatever, which was great, I mean, I thought I was gonna sleep on the couch, so not complaining there. But like, she was waking up pretty much constantly, and you were recovering from surgery, and like, I was there. And luckily, like, we're fortunate enough that I have a job that gives me paternal leave and I could take the time to stay with you there, and we are also fortunate enough to have someone to watch our other child that she could stay with. So, we were able to that, but like, for a lot of people it's probably not an option.

Sydnee: It's really, I think that's the problem with it. And let me say, let me preface with, I'm in favor of encouraging rooming in as much as possible. I wanted that. And even if our hospital had not moved to that, I would have demanded it anyway. So, that is where I'm coming from, so that probably is a bias, so I just wanna get that out there. That being said, the problem is that I had a partner who was with me from the jump, and so when, for instance, I first got back to my room, I still couldn't

move my legs. So, if I had had to get up and down to get Charlie— I mean Cooper, out of her bassinette by myself, I don't know how I would've. I don't know what I would have done.

And I think that that can lead to a lot of problems with, we worry about, like, I'm breastfeeding and we worry about people falling asleep while they're breastfeeding and holding their babies. Well, how are you not gonna do that if you're exhausted, you're coming out of a C-section, and you don't have anybody to help you get the baby back and forth into the bassinette and you physically cannot walk yet, because you're still paralyzed? I think those are issues that we haven't figured out how to address. And I mean, you can, the nurse will tell you, you can call them every time to come put your baby back in and out and help you out, but they also have other patients to take care of, you know they're not gonna be able to come running at your beck and call, and you also feel like a burden saying, "Hey, can you help me again? Hey, can you help me again?"

Justin: Right.

Sydnee: Because you have no idea. I mean, sometimes, breastfed babies wanna feed every 30, 45 minutes, it feels like. And you can't, it's not feasible to call the nurse every time you need to get your baby back out.

Justin: Yeah. And we're not— a lot of the stuff with medicine we come at pretty hard from the perspective, like, I don't know the right answer. It's complicated.

Sydnee: It is because it really— in order to do rooming in, it assumes that you have a partner who can be with you 24/7. Now, we are very lucky, because we're in a position where Justin was able to stay with me the whole time. The only times he left, I had someone else there, my mom, you know, or my dad would come.

Justin: Yeah. If Sydnee needed to use the bathroom, for example. Like, her options are, one, leave the baby unattended, not good.

Sydnee: And what they tell you to do is just leave the bathroom door open and pull the bassinette as close to the bathroom door as possible.

Justin: [laughs]

Sydnee: Which, I mean, that's fine, I'm not saying that's bad.

Justin: Yeah.

Sydnee: It's just… there are moments where you'd like to just go to the bathroom and shut the door behind you and have five minutes [laughs] to do that. And you can't if you don't have someone else in the room with you. Or, you can call the nurse and say, "I have to go pee, will you take by baby?"

Justin: Right.

Sydnee: And they really, they make it sound like the nursery is really for, like, dire situations. You're not supposed to send them to the nursery because you want a break.

Justin: Right.

Sydnee: I mean, they don't explicitly say that, but that's kind of the underlying—

Justin: Implying, yeah.

Sydnee: Message. And so, I think it would be very hard if you didn't have a partner, or if you did but they couldn't stay with you. Like, we have family support, Charlie was able to stay with my parents while we were in the hospital. If you don't have family in town, or you don't have anybody who can watch, if you have other kids. Justin was able to take time off work. What if he couldn't have, you know? Not everybody is as lucky. As privileged as we were in this situation.

Justin: We were not completely out of the woods, though. We did have kind of an unnerving situation regarding Cooper's glucose levels. Could you talk about that? I mean, I could explain it extremely well, but I wanna give you some time.

Sydnee: [laughs] So, this would be a normal protocol for a baby that was as large as Cooper was, or for if I had had gestational diabetes, meaning diabetes during pregnancy. The worry is that these big babies are going to drop their glucose levels because while they were in utero, while they were inside, they were getting all this excess insulin from Mom. And so, once they're delivered, they still have those higher— they're also circulating higher levels of insulin themselves, and so they're

lowering their sugar more than they need to, because they're not getting all this excess glucose from their parent anymore. So as a result, their glucose drops. And Cooper's did, sort of.

They come in and check it every couple hours for a while, and it's very stressful because what we discovered was that when they came in and checked it and it looked kind of low, two things happen. One, they're doing it with this little heel stick, so they're getting like a capillary glucose level.

Justin: It's like, "Welcome to Earth."

Sydnee: Yeah. But then they have to send it down to the lab to actually get a plasma glucose, like an official lab. Which is more accurate. And while they do that, they tell you you have to give your baby formula. The first time, they gave me the option of breastfeeding her again, which I did. But then the second time, they told me the protocol is I have to give her formula, and so you err on the side of caution, better safe than sorry, you don't wanna— hypoglycemia can be deadly, you don't wanna mess around with that. But what you're risking is what happened to us, which is once the plasma glucose level came back, it was actually normal. So she wasn't ever hypoglycemic.

Justin: Which we were bummed about, but it was really— I mean, like… this is not— it's mainly for the being able to say that's all she's had, you know what I mean? Like, it's not gonna hurt her getting some formula, there's no—

Sydnee: It doesn't hurt, there's nothing wrong with—

Justin: Nothing wrong with formula.

Sydnee: No. There's nothing wrong with formula, it didn't hurt her to have those 20mls of formula. I think the only thing that frustrated me is I am— I breastfed Charlie. I feel very comfortable doing it, I feel very knowledgeable about it, and I was not worried about breastfeeding Cooper. And I really don't think there's anything anyone there could have said to sway me to do anything else. So, when we started, luckily, again, I've been very lucky, I've had an easy time breastfeeding both my children so far, it has been not a problem for me. I haven't any of the difficulties some people face.

That being said, I think if you were struggling a little bit, or you didn't have a lot of support for it, or you didn't know a lot about it, and there isn't a tradition of it in this country very well established, and somebody comes in and tell you, "You're not giving your baby enough sugar, you've gotta give them formula right now," I think you would be very inclined to say, "Aw, forget this, I'm just giving them bottles." So, I think that that kind of policy is hard if you're trying to breastfeed and you're not sure if you're doing it right and you're scared, and you're new at it. For me, it was easy to say, "Okay, well I'm just gonna wake her up and make her breastfeed more," because I feel confident that I can do that. I think I am a rare person in that regard, though.

Justin: And I think that we probably could have pushed harder the second time, but honestly, this is me speaking for myself, we were still kinda gun-shy after the last time. Like, I think we were, on some level, we were paranoid that if we made too much of a fuss they would take her away. I mean, like, I don't—

Sydnee: I was scared about that. I mean, and that, some of that's irrational.

Justin: Sure, of course. Yeah, no question.

Sydnee: But I was scared after the first go-round of that, and I— obviously, you know, my doctor brain and my mom brain don't always communicate well. And so, I err on the side of just listening to what other people are telling me when it comes to my children. Because I get nervous about trying to use my own doctor brain. Cause it doesn't work as well.

Justin: You could have leaned on my doctor brain a little bit more.

Sydnee: [laughs] Do you have one?

Justin: I've heard a good portion of this podcast.

Sydnee: [laughs] It was hard and no harm was done. So what? She got some formula. No big deal, she was fine. That's the most important thing. But it was— I don't know. That's part of what we talk about with baby friendly hospitals. Part of that initiative is like, more support for breastfeeding for people who want to, and to not just automatically, like, they used to just put formula in all the rooms. Like, you had your baby, here's your complimentary package of formula. And like, they've stopped

doing that. Which is, again, double-edged sword. I don't need it, you know, there are a lot of people who might benefit from not having formula pushed on them. But on the flip side, it's sure nice if you've already made the decision you're not gonna breastfeed.

Justin: Sure, right.

Sydnee: It was probably nice to get that formula right away. So, there's pros and cons in general. I would want my kid with me the whole time, no matter what. But again, if you hadn't been there, I don't know, especially in that first five or six hours after surgery, I don't know what I would 'a done.

Justin: I think what we're hitting on, though, is— and stop me if I'm wrong on this, but I think what we're hitting on is a lot of these things we're saying, like, there isn't a right or a wrong or a one-size-fits-all solution for some of these issues.

Sydnee: No, it's gotta be individualized.

Justin: It's gotta be individualized, but the problem with the system that we have currently is it's all dictated by—there's very little room for Cheryls in the system that we have now.

Sydnee: Yes.

Justin: Who are able to use their own judgement and say, "I am familiar with this situation, here's what I think would work for this exact scenario." It is literally so dictated by one-size-fits-all, like, these are the policies that we have in place, that there's not a lot of room for individualization and I think that, like, some of that's good. I've met a lot of people, and some of them I wouldn't necessarily trust to be making big decisions like that. [laughs]

Sydnee: [laughs]

Justin: Sorry, I know I'm kinda undercutting myself here, but like, I think that that's what we're kinda bumping up against. Is that it is a system. And like, because of that, there are going to be things that fall through the cracks, like, and I mean, this is obviously, again, not a big deal, but like giving your baby formula that it didn't need. You know, that kinda thing.

Sydnee: Which, again, I am not— I don't want this to sound like we're knocking on formula. Cause thank goodness formula was created for situations where breastfeeding can't or isn't desired, or whatever, thank goodness we have formula.

Justin: Absolutely. But we're taking this for all of this, right? Like, thank goodness there is a NICU, even though we didn't wanna go there. I'm not, like…

Sydnee: Well, I just don't, that's such a… it's such a tricky topic, because you know…

Justin: I'm not dunking on anything, except, like, allowing daylight in the system for common sense and good rationale and, you know, instinct and parenting instinct. You know? Like, you knew that Cooper was eating fine. Like, you knew she was.

Sydnee: Uh huh.

Justin: But again, like, that's a pretty serious thing to be messing around with.

Sydnee: Right, which is— yeah. No, it's hard. And I think that the key to it is you have to be able to assess each situation and do what's best, and protocols don't allow for that. And when you're dealing with a newborn, there's so much that you're better safe than sorry. You know, there's so much that you'd rather err on the side of, well, just do the safer thing.

Justin: Especially because you're not gonna have physicians who are trained in this sitting in every room all night long.

Sydnee: No.

Justin: It's just not gonna happen, you know? Like, that's not the world we live in. And speaking as somebody who's married to a physician, not necessarily the world I wanna live in. I live having you at home.

Sydnee: [laughs] But I think this whole situation with rooming in, I think that it's a good idea, moving in that direction, because the hospitalization of birth, there was a lot of negative stuff that came with it. Which is, like, this idea that the baby does not need to really be with the person who just gave birth to them for a while. Like, that that's fine, we'll just separate them and go do a bunch of stuff to the baby and you can chill

somewhere else. I mean, the reintroduction of skin to skin and encouragement of breastfeeding, these are great things. These are important, wonderful things. But full-time rooming in, I mean, one decision I made after this delivery was not to take any pain medication other than ibuprofen. I didn't want anything that would affect my thinking, affect my mental status.

Justin: Because HQ, Sydnee plays twice a day and she has to be fast on the buzzer.

Sydnee: [laughs] After Charlie was born, I was talked into taking one of the pain medications which are standard after surgery. I mean, and I felt very fuzzy and foggy and I couldn't think straight, and I blamed myself after for stuff happening in the NICU that I wasn't aware of, not being, like, me being behind. I kept coming up and finding out that things had happened as opposed to knowing what the next step was. And I blamed me being kind of fuzzy on the pain medication that first 24 hours for that. And whether or not that's fair or true, I'd already made the decision I'm not taking it this time around.

And I didn't, and I'm not saying that's right for everybody, but I do think that it was a lot easier for me to one, be up all night feeding my child and not fall asleep and not have to worry about, you know, the dangers of falling asleep while you're breastfeeding your kid in the middle of the night, which is a huge problem and it happens a lot, and we're hearing more often happen in hospital where we're rooming in, because I didn't have any pain medication in my system. Now the flip side was, oh, I mean, it hurts.

Justin: [laughs]

Sydnee: [laughs] I mean, I had surgery and you know, it hurts. And ibuprofen is good but it's not everything.

Justin: Right.

Sydnee: So, I'm not saying you need to do that, but I think my decision to do that facilitated this, and not everybody's going be able to. You know.

Justin: But in the end, we got her home. Took her home. All is well, except she doesn't sleep.

Sydnee: No, she doesn't.

Justin: She's actually not slept.

Sydnee: No—[laughs]

Justin: Which is weird, you would think that she would need to, as a human, she would need to eventually.

Sydnee: She sleeps in the day.

Justin: She loves— like a vampire.

Sydnee: She's asleep right now.

Justin: She's asleep right this second.

Sydnee: Yeah. But at night, she doesn't like to sleep so much. So, um, that's unfortunate.

Justin: That part is too bad.

Sydnee: But, you know, that's normal. We'll adjust.

Justin: You know, babies. That's not a medical issue.

Sydnee: We're fine. Charlie loves her little sister.

Justin: Yep.

Sydnee: She adores her. Charlie, by the way, wore little hot pink scrubs that said "big sister".

Justin: So cute.

Sydnee: It's so cute. On the delivery day. But they are getting along well.

Justin: Trying to assassinate her occasionally.

Sydnee: She tries to hug her and then smoosh her, and we've had to work on that. She told me that she might cut her hair, but she wouldn't commit to saying she wouldn't cut her hair. [laughs]

Justin: Yeah.

Sydnee: Cooper's full name, by the way, is Cooper Renee. I don't know if that's—

Justin: And she's named for, uh…

Sydnee: Well, Renee is my mom's middle name.

Justin: Right, but the Cooper comes from both Betty and Dale, I'd say.

Sydnee: Yeah. Equal parts. [laughs] And also just cause we liked the name.

Justin: Jimmy Buffet asked me if it was for D. B. Cooper, which I think we should work in there somewhere.

Sydnee: Who's that?

Justin: It was a name they gave to a guy that hijacked a Boeing 727 back in the 70s, early 70s.

Sydnee: Oh.

Justin: Never got him.

Sydnee: Wow.

Justin: Yeah, it was wild. Wild story.

Sydnee: Well, no. Not for…

Justin: Not for D. B. Cooper.

Sydnee: And also not for Cooper from the Trolls movie, as Charlie keeps insisting.

Justin: Yes, that's not the ace either.

Sydnee: [laughs]

Justin: Um, folks, that is gonna do it for us. Thank you for indulging us and letting us share this story with you. And we hope you got something

out it and we'll be back to our usual grind in the future, assuming we can at some point sleep.

Sydnee: We will.

Justin: Yeah, we will.

Sydnee: We're gonna get back on it.

Justin: I wanna say thank you to The Taxpayers for letting us use their song "Medicines" as the intro and outro of our program. Thanks to the Max Fun network for having us as part of their extended podcasting family. And thank you to you for listening and indulging us also in the hiatus that we had to breathe new life into this world.

Sydnee: [laughs]

Justin: But we will return to you next week. So, until then, my name is Justin McElroy.

Sydnee: I'm Sydnee McElroy.

Justin: And as always, don't drill a hole in your head.

[theme music plays]

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