Pre & Postnatal vitamins, diet, and supplementation with Stephanie Canale

Episode 178 · May 28, 2020 · with Dr. Stephanie Canale

IN THIS EPISODE

Dr. Stephanie Canale returns to join Dr. Elliot Berlin, DC for a practical look at pre and postnatal vitamins, diet, and supplementation. A Los Angeles-based family medicine doctor and founder of Lactation Lab, Dr. Canale explains what breast milk testing reveals about a mother's own depleted stores, why moms so often put themselves last — her remedy is the "mommy checkup" — and which nutrients actually change with diet, from vitamins A and D to B12, iron, protein, and DHA. Plus: why the average prenatal delivers only a fraction of what breastfeeding moms need, galactagogues from fenugreek to beer and cookies, corporate wellness and "presenteeism," milk for NICU babies, and honest talk about going back to work and not doing it all.

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DR. ELLIOT BERLIN, DC: Welcome to the informed pregnancy and parenting podcast I'm your host dr. Elliott Berlin with a returning guest who you might remember from our episode called what's in your breast milk She's a Los Angeles based medical doctor originally from Canada she earned her undergraduate and medical degrees from McGill University and then Completed her residency training in family medicine at UCLA She enjoys seeing patients of all ages, especially families with young babies and young adults today We're talking about postpartum diet and supplementation. Dr. Stephanie can only welcome back to the podcast. Thank you It's nice to be here. I love even after we recorded your previous episode

DR. ELLIOT BERLIN, DC: I was thinking about it for a long time and since then have had several patients come to her office and really have significant concerns about what's in their breast milk and I love that I have a place to send them to get a thorough analysis and

DR. STEPHANIE CANALE: Actionable information. Well, I think it's great. You know, I started that from my own experience and how I struggled so much with that Actually a funny story I was telling a

friend of mine that if I had developed a test about how diet affects sperm That would be so empowering and everyone would think that it would not at all cause any anxiety fear or stress And there's not a guy in the world who would think that information could be stressful or anxiety provoking So I'm all about information data and science and bringing this all to the 21st century Because I think that looking at milk and seeing how your diet affects your milk Especially after you have a baby is one thing that moms can actually have control over

DR. STEPHANIE CANALE: It's one thing that they can put their finger on one thing at a time when there's so many other things that are so Uncertain, you know motherhood is not necessarily what everybody reads about sure

DR. ELLIOT BERLIN, DC: But and like you said it would be so frustrating if you are trying to breastfeed your baby and they're not thriving or they're not Reacting like you would expect them to then you've got to be sitting there scratching your head saying why not? What's going on? What's in here that shouldn't be in here? What's not in here that should be in here? And now we have the answers to that. Yep, and that's exactly what happened to me

DR. STEPHANIE CANALE: It was very frustrating and I felt like I was feeling and my message now to moms is that you know There's 10 to 15 percent of babies will be failure to thrive on breast smoke alone And it's not about just breast is best and clearly you have to feed your baby And it's all about supporting mom postpartum in whichever way we can Not every child is going to thrive with breast smoke alone And I think now we have tools to help those moms understand why it's really powerful and helpful. Thank you

DR. ELLIOT BERLIN, DC: We're talking about nutrition and supplementation today in the postpartum phase. What are your thoughts on nutrition in general? What's your approach not even just postpartum, but overall?

DR. STEPHANIE CANALE: Well, I think it's a very interesting question because I think that there's a lot that I was told at least when I was growing Up that certain foods were very healthy for you And that's what we're supposed to have part of our diet and that food pyramid that I was taught I don't really agree with anymore However, I think there's a lot of misinformation out there And that's why I'm very grateful to be here tonight because I think that when it comes to postpartum Nutrition diet breastfeeding. There's so many blogs. There's so many Facebook groups But to actually Have some sources of information that are credible at looking at some scientific papers and so forth. They're hard to find

DR. STEPHANIE CANALE: I think that in general it's easy to say eat a well-balanced diet and Exercise and do everything but it's interesting what we found with our breast milk testing kits Is that we actually end up replenishing? mom's stores because it's an interesting psychology postpartum. You know, if you tell a mom you need to take ABCD, some do, some don't. You're sleep deprived, you're so tired, you're just trying to hold it together. But if you were able to show a mom, oh my gosh, well if you take ABCD, this is how it affects your milk, and then it's for baby, it's interesting how everyone not only complies, but then feels better. Because if there's, let's say, really low iron or really low B12 in milk, well

DR. STEPHANIE CANALE: chances are mom's stores are actually quite depleted. And so this is another tool we can use to replenish mom's stores. So we all-

DR. ELLIOT BERLIN, DC: But is this a postpartum problem in general? Because what I think I hear you saying is that if you tell her that it's for herself, she may or may not get to it. But if you tell her that it's for the baby, she's much more likely to get to it.

DR. STEPHANIE CANALE: Yeah.

DR. ELLIOT BERLIN, DC: Is that part of a culture of putting herself last?

DR. STEPHANIE CANALE: I think it's absolute. I mean, I think a lot of moms suffer from that. I actually call, because I'm a family doctor, right? So when I see moms, I call it the mommy checkup. I'm like, you're here, we're taking advantage, we're doing everything we can today. Because it's not uncommon that kids are up to date, they have their checkups on point. Immunizations can be up to date, school forms are all filled out. But a mom says, my gosh, I can't believe it's three or four years since I've had a checkup, since I've seen the doctor, since I've done anything. And so I think it's just a common thing that I see is that kids take priority, and I think that's honestly a big risk factor for just postpartum anxiety, depression, and isolation.

DR. STEPHANIE CANALE: Because once baby arrives, everyone focuses on baby, and then mom's kind of left to just pretend to cope with what's supposed to be natural and easy. With little, not enough self-care.

DR. ELLIOT BERLIN, DC: So, I mean, that's what I see in the office also. I see people during pregnancy, and during pregnancy, partially for themselves, partially for the baby, right, they're all contained in one package. Doing a lot of things to take care of herself, nutritionally, exercise, meditation, all sorts of different things. And coming, especially when there's aches and pains and discomfort, it's coming to take care of those during pregnancy. But sometimes postnatally, something will come up, and it'll be months before she has a chance to take care of it, even if it's getting worse and worse and worse. Practically, I get it, it's harder to get out of the house. But I think there's an emotional component, too,

DR. ELLIOT BERLIN, DC: where there's a feeling sometimes that I can't take care of myself right now. I have to take care of everyone else. But at the same time, taking care of yourself is taking care of everyone else because everyone's dependent on you.

DR. STEPHANIE CANALE: Right, it's just hard to see that when you're a new mom. When you're in it. When you're in it, when you're in the thick of it. I mean, it's easy to say, I eat a well-balanced diet and exercise every day. But I think for a lot of moms, physically, they're not healed for at least a couple of months. And so to say, go exercise, they barely shower every day. And get dressed and leave the house. I mean, that's enough to do for some moms, it seems overwhelming. And I think I'm grateful to have the opportunity to talk about this stuff. Because for me, it was not easy, I have two kids. And I think that the more we need to talk about that the reality is that for a lot of moms, it's not easy being a mother, period. And whatever that may mean.

DR. STEPHANIE CANALE: So then talking about diet and exercise, those things will last to come.

DR. ELLIOT BERLIN, DC: Right.

DR. STEPHANIE CANALE: But they're important.

DR. ELLIOT BERLIN, DC: Today's conversation is in the back burner. So that was a little side point about implementation. But in order to implement, you have to have good information to begin with. And you're saying good information is hard to come by.

DR. STEPHANIE CANALE: Well, I think so. I mean, if you look at the recommended daily intake or recommended daily allowance of what vitamins you're supposed to take and how those needs change during lactation. The data is a little questionable because a lot of these studies, people actually haven't looked and measured what is actually in the milk. Or what is actually how a mother's blood levels actually correlate to what is in her milk and so forth. What we do test is basically only what is affected by maternal diet. But it's interesting that there's these general statements that are made. For example, eat more protein. Well, we actually even have on our website that there's actually a protein calculator, so you can get an idea.

DR. STEPHANIE CANALE: And to just talk about protein, for example, like if you take an average woman who's, let's say, 5'2", 120 pounds. She'll, on average, need about 70 grams of protein a day when she's breastfeeding. And that's a lot.

DR. ELLIOT BERLIN, DC: What is that based on?

DR. STEPHANIE CANALE: Based on how much will go in her milk and how much more she needs because of her body when she's nursing.

DR. ELLIOT BERLIN, DC: Does it matter what the source of the protein is?

DR. STEPHANIE CANALE: I think it always matters what the source of the protein is, just like the same thing with fat. We know that fats get into her milk. Everyone talks about DHA because it's been a well studied omega-3 fatty acid. And how it's important in concentration with milk. And it's been correlated to cognitive development. And there's been some studies to suggest higher IQ. And then again, the recommendations are the American Academy of Pediatrics says, okay, it should be 200 to 300 milligrams. We suggest 400 milligrams of omega-3 fatty acids, mostly in the form of DHA. for breastfeeding moms because this directly correlates with what is in their milk. Another one that I find really interesting is B12

DR. STEPHANIE CANALE: because a lot of people I think start to pay more attention to it after having a baby because low B12 levels also correlate with fatigue. But it's interesting that in milk what we've seen it's the vegetarians and vegans who actually have most likely the normal to higher levels because they're just aware of the fact that they could potentially have a lower level so they're the ones taking supplements and you know the whole idea of supplements and the whole it's just it's it's really interesting and I think that in and of itself is overwhelming for moms. The idea of adding a supplement or trying to figure out what? Trying to figure out which one you should take

DR. STEPHANIE CANALE: I mean there's been a lot of articles in the news recently about prenatal and postnatal vitamins having heavy metals in them looking at where they're manufactured what are

they manufactured with and the reality is I think that there's a lot of similarities out there. So for example like B12 and the average vitamin whether it's pre or postnatal will have 8 to 12 micrograms of B12. It's not really going to do anything for anybody. Not enough? No, not nearly enough.

DR. ELLIOT BERLIN, DC: I mean in general it seems like the amounts per category in a multi supplement like that are

DR. STEPHANIE CANALE: minimalist, but why is that? Because it's chemically stable to make. I actually looked at this a long time ago I was like I'm gonna create my own vitamin based on what we're finding in milk and first of all it's really expensive to do. Second of all I had probably about a dozen chemists tell me that it's chemically not stable to manufacture what we thought should be in there. Oh the ratios and quantities of what would be most beneficial don't play well together? Right and the average mom's not gonna want to take ten different capsules. Could it be done as a powder like a shake? I think it has to do with absorption so a lot of the fat soluble and you know the oils and stuff. I don't think that would work out very well.

DR. ELLIOT BERLIN, DC: All right, I sense another as often happens on the podcast I sense another shark tank idea.

DR. STEPHANIE CANALE: Oh, I don't think that one's gonna come from me.

DR. ELLIOT BERLIN, DC: Everything's doable. It's just a matter of finding the way. I'm gonna take a quick break We're gonna come right back and get a little bit deeper into understanding what are the postnatal nutritional needs and how we can actually meet them. Don't go anywhere. We'll be right back. Welcome back to the Informed Pregnancy Podcast. We are just getting knee deep into a conversation about postnatal diet, nutrition and supplementation with Dr. Stephanie Canale. Okay, let's make it simple. Let's talk about postnatally. And also, it's kind of interesting that people just keep taking their prenatal vitamin postnatally, because the needs change.

DR. STEPHANIE CANALE: The needs do change, and I don't think the markets really address that yet. So based on if we had a minute to just come up with the, you know, we can talk in a world of rainbows and unicorns where this magical vitamin pill would exist of all the supplements that are needed, I mean, one big one is vitamin A. A lot of people don't talk about vitamin A, but it's necessary in milk too, so we would recommend 5,000 international units of vitamin A. Vitamin D, interesting because I actually talked to the world-leading researcher in vitamin D, and when his daughter was pregnant, he put her on a very, very high amount, almost 10 times higher than what the actual recommended dose is, because he was testing her milk and saw what was in there.

DR. STEPHANIE CANALE: So we'd actually recommend 4,000 international units of vitamin D for a breastfeeding mom. But, you know, because this recommendation is a little higher, a lot of the American Academy of Pediatrics is recommending a vitamin D supplement directly to baby.

DR. ELLIOT BERLIN, DC: Oh, like drops?

DR. STEPHANIE CANALE: Yeah.

DR. ELLIOT BERLIN, DC: Okay.

DR. STEPHANIE CANALE: Yeah. Calcium's a big one.

DR. ELLIOT BERLIN, DC: Is there E and K? Once we're talking about A and D.

DR. STEPHANIE CANALE: Yeah. So vitamin K, the E and K, there is enough in a prenatal vitamin or postnatal.

DR. ELLIOT BERLIN, DC: So they're not deficient?

DR. STEPHANIE CANALE: They're not deficient. No.

DR. ELLIOT BERLIN, DC: Okay. Just to round off the fat solubles.

DR. STEPHANIE CANALE: Yeah. So the water solubles, so vitamin C is a big one, and especially during cold and flu season, we recommend 1,000 milligrams a day of vitamin C. The average woman, 500 milligrams a day. And, you know, you just pee out the excess of that, so that's not a big deal.

DR. ELLIOT BERLIN, DC: Because they're water soluble.

DR. STEPHANIE CANALE: Exactly. B12 is, again, a really important one. The average vitamin will have 8 to 12 micrograms. We recommend 1,000 micrograms of B12.

DR. ELLIOT BERLIN, DC: Wow.

DR. STEPHANIE CANALE: And that's different from B complex. B12 alone.

DR. ELLIOT BERLIN, DC: Okay.

DR. STEPHANIE CANALE: Yeah.

DR. ELLIOT BERLIN, DC: B complex, meaning a bunch of B's together?

DR. STEPHANIE CANALE: A bunch of B's together.

DR. ELLIOT BERLIN, DC: So you're just saying B12 by itself, 1,000 micrograms.

DR. STEPHANIE CANALE: B12 by itself. Yeah. Well, in case reports, it's kind of scary to think that if a mom is significantly deficient that there's irreversible neurocognitive development issues with baby if B12 is not given. And again, it's also water soluble, so should you be having too much, for the most part, you would just eliminate.

DR. ELLIOT BERLIN, DC: Well, the compound of B12 can be toxic at very high levels, but that would have to be injected.

DR. STEPHANIE CANALE: Right.

DR. ELLIOT BERLIN, DC: So you're not going to get it from some oral?

DR. STEPHANIE CANALE: No. You're just not going to absorb as much orally.

DR. ELLIOT BERLIN, DC: Dose. Okay. So 1,000 is enough.

DR. STEPHANIE CANALE: Right.

DR. ELLIOT BERLIN, DC: And not too much.

DR. STEPHANIE CANALE: Exactly.

DR. ELLIOT BERLIN, DC: And what other vitamins?

DR. STEPHANIE CANALE: The other one I think is really important is iron to talk about. So the average vitamin will have 8 to 10 milligrams of iron. It's recommended to take up to 30 milligrams. Now, you can get a lot of iron in your food, and it doesn't necessarily have to come from meat. So dark green vegetables are a great source of iron. Iron is really hard to absorb, and I think that it's very hard to be compliant with because for a lot of women, it causes an upset stomach, constipation. So there are different forms of iron, and what we're learning is that whether it be ferrous, gluconate, sulfate, citrate, it's absorbed differently, and it transfers to the milk differently. So more to come on the iron and breast milk and what formulation is best.

DR. STEPHANIE CANALE: Still researching.

DR. ELLIOT BERLIN, DC: Still researching on that one. Okay. So we talked about vitamin A and D, vitamin C, vitamin B12, and iron as some of the ones. Are you listening to these because these are the ones that tend to show up a little deficient in the milk?

DR. STEPHANIE CANALE: I'm saying these are the ones that we know that is affected by mom's diet and mom's stores. So for example, I'm not talking about zinc. I'm not talking about other minerals because they're not affected by mom's diet in breast milk. Now, the reality is that the most important thing that a mom needs to do, especially if she's breastfeeding postpartum, is to, number one, I tell all moms, do not diet. This is not the time to go on a crash diet to try to get back to your pre-pregnancy weight quickly. The average mom can burn up to 500 extra calories a day by breastfeeding, but it's not the time to cut back. So I tell everyone to drink the equivalent of eight 8-ounce glasses of water a day.

DR. STEPHANIE CANALE: It doesn't have to be water, it can be flavored something, but fluids. Pump and feed the baby often for those moms that are feeding their baby with formula. Then again, it's still important to eat and drink. It's not the time to be on a crash diet because it's just going to deplete their stores even more. Most women continue bleeding for six to eight weeks after having a baby. That's where the iron's important.

DR. ELLIOT BERLIN, DC: Oh, you're losing.

DR. STEPHANIE CANALE: Yeah.

DR. ELLIOT BERLIN, DC: For all these different vitamins and some minerals, is it possible to get them from food or is it necessary to supplement?

DR. STEPHANIE CANALE: I think for the vitamin A, unless someone consumes a lot of dairy and milk, which is fortified with vitamin A, it's hard to get. Vitamin C, very easy to get from food, but again, a lot of citrus fruits will have a lot of vitamin C and it just can be irritating to one stomach, but yeah,

absolutely. That's why I think it's important to make sure that a mom is eating plenty of vegetables, ideally three different servings of dark green vegetables and two to three servings of orange vegetables every day. And you know, there's many other sources and lots of, and you know, what's interesting too is we've done the research that's shown that vegans and vegetarians, their diets

DR. STEPHANIE CANALE: are actually quite sufficient to breastfeed and sometimes a little bit better than the carnivores of the world.

DR. ELLIOT BERLIN, DC: That seems to be happening more and more in terms of breaking myth that you have to eat animal protein in order for certain things to happen, like in order to be able to build muscle and compete. But then, I don't know if you saw there's a new movie out, The Game Changers, and it's just like, wow, that guy.

DR. STEPHANIE CANALE: I know.

DR. ELLIOT BERLIN, DC: Strongest guy in the world.

DR. STEPHANIE CANALE: Strongest guy in the world.

DR. ELLIOT BERLIN, DC: And they ask him, how do you get that strong, like you're like strong like an ox without eating meat. And he had the most brilliant answer.

DR. STEPHANIE CANALE: Yeah.

DR. ELLIOT BERLIN, DC: So do you ever see an ox eat meat? Yeah.

DR. STEPHANIE CANALE: No, I think it's brilliant. And I think it just goes to show. I mean, it's interesting because we've done these studies where, you know, a lot of vegetarian moms or vegan moms, it's a concern, but the reality is when we look at the milk, I'll be honest with you, it's more concerning in the meat eaters, because the people without the dietary restrictions, and I think when they don't have those restrictions, they just think they're getting everything they need. And the reality is there's some stuff that could be a little bit better.

DR. ELLIOT BERLIN, DC: So is there a way to tell if you need to supplement and for which nutrients?

DR. STEPHANIE CANALE: By testing the milk, you mean, or by?

DR. ELLIOT BERLIN, DC: Is that the only way to really know?

DR. STEPHANIE CANALE: Well, to know within the milk, yes, but otherwise, no. We just recommend that moms on average, you know, again, don't diet, eat on average anywhere between 500 to 1000 calories extra per day. Target at least 50 grams of protein a day, which is, again, not easy to do. So that is an easy shake to do. There's a lot of postpartum shakes that are on the market right now, too. So that's an easy one to do in a smoothie. And some of them are vegan.

DR. ELLIOT BERLIN, DC: And some of them are vegan.

DR. STEPHANIE CANALE: And we know that's not a problem. But yeah, and I think, again, I, you know, I'm all about like supporting mom and understanding that it's not easy. And so I'm a big fan of meal delivery services, too, to anything that can help, you know, to take one less thing off the to-do list.

DR. ELLIOT BERLIN, DC: If someone's deficient nutritionally, does that have an impact on their ability to

DR. STEPHANIE CANALE: produce sufficient milk? Well, it's interesting. I think that takes us to another topic, which is how do women increase their milk supply and is there a way to increase milk supply? So there's a group of supplements called galactagogues or lactagogues, which are basically in human nature have been found to increase milk supply. The most popular one out there is fenugreek.

DR. ELLIOT BERLIN, DC: Fenugreek?

DR. STEPHANIE CANALE: Yeah.

DR. ELLIOT BERLIN, DC: The cookies.

DR. STEPHANIE CANALE: They make cookies with fenugreek.

DR. ELLIOT BERLIN, DC: Yeah. It's like maple flavoring. Delicious.

DR. STEPHANIE CANALE: I couldn't agree more. I wasn't a fan of the teas, but I'm not a big tea drinker. I'm more of a coffee drinker myself.

DR. ELLIOT BERLIN, DC: Just a fan personally for the flavor of it or the taste or the effect?

DR. STEPHANIE CANALE: I'm just not a tea person.

DR. ELLIOT BERLIN, DC: Oh, you're just not a tea person.

DR. STEPHANIE CANALE: Yeah. But of course, I'm from Canada and from Quebec. So I love maple anything. Right. It's just ingrained in our blood, right? The fenugreek is interesting because all of these supplements, as you know, are not so closely regulated like drugs. So fenugreek and fennel are actually the only two that have generally regarded as safe by the FDA. But there's a lot that are out there. There's milk thistle, blessed thistle, and there's, I can't tell you how many different kinds of teas, cookies, lactation bars that are out there. There's even beer.

DR. ELLIOT BERLIN, DC: There's even beer.

DR. STEPHANIE CANALE: I know. It's wonderful. There's the liquid gold.

DR. ELLIOT BERLIN, DC: Exactly, which works.

DR. STEPHANIE CANALE: Although there's, as of yet, no Molson milk.

DR. ELLIOT BERLIN, DC: Not yet.

DR. STEPHANIE CANALE: I think we have to watch for what's to come on the horizon here.

DR. ELLIOT BERLIN, DC: From Canada.

DR. STEPHANIE CANALE: From Canada.

DR. ELLIOT BERLIN, DC: Exactly. So are you saying that there's evidence that those things work?

DR. STEPHANIE CANALE: Absolutely. Brewers used to be no. I mean, if you have an average mom takes a couple sips of beer, any beer, you actually have an increased let down. You can feel your breast getting full. So the supplements actually do work. But we wonder, too, how much of it is a supplement or just by taking it? So for example, fenugreek tea, some of the recommended servings are three to four to five cups of tea a day.

DR. ELLIOT BERLIN, DC: Wow.

DR. STEPHANIE CANALE: So back to the whole thing about volume and just fluid intake. You've got to wonder. Fenugreek, I should mention really quickly that people with thyroid conditions, animal studies have found that fenugreek interacts with the T3 levels. And so people should be cautious about using fenugreek if they're on any type of thyroid medication.

DR. ELLIOT BERLIN, DC: OK, that's good to know. I mean, I always wondered why it was beer and cookies.

DR. STEPHANIE CANALE: I think there's a good reason for that. I would add donuts to the list, too, because I'm a donut fan, too. But it's not the time to cut calories. Enjoy the beer. There's a new study that was published, new. I say it was maybe a year or two ago. You don't necessarily need to pump and dump every time you have a sip of alcohol. So I'm like, enjoy your glass of wine, enjoy your beer, have some cookies, have some donuts, don't cut the calories, don't count calories.

DR. ELLIOT BERLIN, DC: Yeah, I follow all of that already.

DR. STEPHANIE CANALE: So do I. Personally.

DR. ELLIOT BERLIN, DC: And it's been working for me. Let's take a quick break. We'll be right back with Dr. Stephanie Connolly. Welcome back to the Informed Pregnancy Podcast. We're talking to Dr. Stephanie Canole. Let's talk about, since we're on the topic of breastfeeding, one of the things that I think inhibits people's ability to breastfeed is when it's time to go back to work.

DR. STEPHANIE CANALE: I couldn't agree more. I think things are a little backwards in this country where the average maternity leave is six to eight weeks, depending if you have a vaginal delivery or C-section. Most women can barely even walk and are expected to go back to work and exclusively breastfeed. Because the World Health Organization now is saying exclusively breastfeed for the first six months with American Academy of Pediatrics and CDC, and ideally now until age two.

DR. ELLIOT BERLIN, DC: Wow. Not exclusively. You're saying to continue breastfeeding.

DR. STEPHANIE CANALE: Right. After six months. Ideally, it's exclusive for six months, which is still really hard to do. So at Lactation Lab, we launched our corporate wellness program because we were able to show through our research that, again, back to the whole idea of when a mom learns what's in her milk and how she then takes her vitamins, her stores are replenished, she feels better.

So basically then breastfed babies actually are sick less, so these moms, they miss work less often, so they have less absenteeism. And then my favorite word I have to say that I've learned in the HR research world is that a mom, even if her hemoglobin is normal, if her iron stores are replenished, she has greater presenteeism at work.

DR. ELLIOT BERLIN, DC: Presenteeism?

DR. STEPHANIE CANALE: Yes. And I love that word.

DR. ELLIOT BERLIN, DC: I never heard that word. I need to have more presenteeism in my life.

DR. STEPHANIE CANALE: Who doesn't need more presenteeism?

DR. ELLIOT BERLIN, DC: I don't know. I think I'm not presenteeish enough. Yeah. If I could figure out a way to create more presenteeism, I think there you go. I'm struggling to figure out what the opposite of presenteeism is.

DR. STEPHANIE CANALE: Some type of-

DR. ELLIOT BERLIN, DC: Absenteeism?

DR. STEPHANIE CANALE: Being there but not present, I don't know. So I thought that was interesting. So we actually launched our corporate wellness program and shout out to Hulu. And Hulu is our biggest corporate client. They have amazing benefits.

DR. ELLIOT BERLIN, DC: I think I want to go work at Hulu.

DR. STEPHANIE CANALE: Really? Yeah. So they provide our kits, before and after two kits per mom so they can learn what's happening. And then so we're able to show that when a mom-

DR. ELLIOT BERLIN, DC: Oh, that's what you mean by corporate wellness program?

DR. STEPHANIE CANALE: Yeah.

DR. ELLIOT BERLIN, DC: They give people breast milk testing kits from lactation lab.

DR. STEPHANIE CANALE: Yeah. The employer pays for breast milk testing because we were able to show that for every 5% increase in general, if you can get 5% of American women to increase breastfeeding, it saves the country $400 million, which is insane.

DR. ELLIOT BERLIN, DC: What?

DR. STEPHANIE CANALE: And if you can get one mom to breastfeed for one month longer while at work, the crazy thing, $4,000 in healthcare claims saved because the kids get sick less. Breastfeeding, as we know, is moms are less likely to have breast cancer, ovarian cancer, diabetes, metabolic syndrome, all this stuff. And taking into all that into consideration, plus loss productivity, absenteeism, and of course more presenteeism.

DR. ELLIOT BERLIN, DC: Presenteeism.

DR. STEPHANIE CANALE: And then breastfed babies tend to have a higher IQ. So I just want to make the point that I think what's going on right now, postpartum, is really stressful for women because you're being told exclusively breastfeed. Social media is making it think that this is the easiest, most natural, enjoyable thing to do, which for a lot of people, including myself, is not.

DR. ELLIOT BERLIN, DC: Right.

DR. STEPHANIE CANALE: Not every child's gonna thrive with breast milk alone. That's a fact. And there's very little tools in science. So yes, people can say breast milk is this magical bodily fluid, and it's just wonderful and great. But at the same time, I think it's time that we actually bring science to the forefront here and actually use tools to help moms. The crazy thing is almost 40% of moms will leave the workforce in their first year back at work because they don't feel supported. Because you're trying to do it all. You're trying to have your career that you work so hard for, exclusively breastfeed, cuz that's what you're told to do, right? And be productive and eat right and exercise. I mean, it's really overwhelming for a lot of people.

DR. ELLIOT BERLIN, DC: So when you say exclusively breastfeed, you're saying supply exclusively breast milk.

DR. STEPHANIE CANALE: Yep.

DR. ELLIOT BERLIN, DC: Cuz if you're going back to work, you're pumping, yeah. I'm a big fan of pump milk, and pumping milk is breastfeeding in my world. Yeah, I mean, most of us drink pump milk.

DR. STEPHANIE CANALE: Yep, that's exactly right.

DR. ELLIOT BERLIN, DC: And then also, I just wanted to catch something that you said with your corporate wellness program, two kits before and two kits after?

DR. STEPHANIE CANALE: Sorry, they take one kit before and after. So two kits per mom, so that they test a month apart.

DR. ELLIOT BERLIN, DC: Before and after what?

DR. STEPHANIE CANALE: So they test once, they learn what's in their milk, they take their supplements, they tweak their diet, and then they can see the effects in their milk a month later.

DR. ELLIOT BERLIN, DC: And then if you test again and things are still not quite, do you get a second set of recommendations?

DR. STEPHANIE CANALE: Yeah, absolutely.

DR. ELLIOT BERLIN, DC: And then potentially test a third time?

DR. STEPHANIE CANALE: Yeah, absolutely. We launched our subscription model, but in the corporate world. It's two kits per mom. Subscription means you can keep learning. You can do it once a month with us on our website.

DR. ELLIOT BERLIN, DC: Wow.

DR. STEPHANIE CANALE: Yeah.

DR. ELLIOT BERLIN, DC: How long does it take to get the results?

DR. STEPHANIE CANALE: It's about three to five business days. And as we're moving into the UCLA Magnify programs, we're moving our whole lab over there. It should be quicker turnaround time. Even faster. Yep.

DR. ELLIOT BERLIN, DC: Is this helpful for NICU babies?

DR. STEPHANIE CANALE: Breast milk is the standard of care for NICU babies. So I'd like to see that there's human milk analyzers at the bedside of every NICU. We're not there yet, but I would like to see the day that a mom can just pump out even a couple of drops of milk. We know from studies that a couple of drops make a difference. And even if the baby's, you know, fortified with formula or human milk fortifier, whatever it may be, a couple of drops make a difference. It changes the microbiome. They're exposed to good bacteria, but, you know, all the great stuff, so a couple drops help. And ideally, we'd be able to know what's in that milk right away, right at the bedside.

DR. ELLIOT BERLIN, DC: Do you have other ideas on when somebody does go, because, I mean, you've definitely pointed out the challenge of somebody who is raising a baby and raising a career at the same time. Do you have ideas on how they can better juggle that?

DR. STEPHANIE CANALE: I actually do. I think the first and most important thing is talking about not doing it all and being okay with not doing it all. It's something I struggle with, too, and I actually want my kids to know that I worked very hard for my career and I studied for a long time. And everything we have is because we worked hard. And it's kind of a funny story. My daughter, a couple of years ago, she said to me, I ran into a friend of mine who's a doctor, and I said, oh, he's a doctor like Mommy, you know, and she looked at me and she said, well, how can he be a doctor if he's a boy? And you know, at that moment, I was kind of like, huh, where did that come from? But then I realized she's had a lot of medical issues, and so every doctor she's

DR. STEPHANIE CANALE: seen, every pediatric specialist has been a woman. So she thought, you have to be a mom, you're a woman, to be a doctor. And I'm like, this is okay with me right now. But the reality is that I think that you can't do it all. You can't be a good wife, great partner, great employee, exclusively breastfeed, exercise daily, eat a perfectly well-balanced diet, come home, clean the house, make sure homework's done. I don't know a single person who does it all by themselves. And if they do think or say that they're doing it all by themselves, I really don't believe them.

DR. ELLIOT BERLIN, DC: They're certainly not doing it in a presenteeism fashion.

DR. STEPHANIE CANALE: That's where, I know, if I could only come up with a higher presenteeism, that would be great. But the higher presenteeism will come with delegating some of these things.

DR. ELLIOT BERLIN, DC: Oh, interesting.

DR. STEPHANIE CANALE: You know, like, you don't have to do the dishes every day. Have someone else do the laundry. Have someone else clean the house. And I think that's what's tough for a lot of women, especially Taipei moms, is that you want to be in control. You want to do it all yourself, because that's what you're used to. And that's another part of just being a mom I think is really, it can be really unsettling, is the lack of control.

DR. ELLIOT BERLIN, DC: I have this equation in life that the amount of stuff that you have to do in the numerator over the amount of time that you have to do it in the denominator equals pressure. So if you have a ton of stuff and not that much time, you have a lot of pressure. If you decrease some of the things or increase the amount of time that you have to do them, both of those decrease pressure on you. So I think that in the numerator for a new mom, there's a ton of stuff and not that much time. You're not even on your own schedule.

DR. STEPHANIE CANALE: That's exactly right.

DR. ELLIOT BERLIN, DC: And so delegation is brilliant if you can get rid of some of the things from your numerator.

DR. STEPHANIE CANALE: Yeah, and prioritizing too.

DR. ELLIOT BERLIN, DC: So if the dishes aren't done, that's fine.

DR. STEPHANIE CANALE: Yeah, I'm okay with it. Yeah. The to-do list will never, there's always a to-do list. Welcome to motherhood and parenthood, I should say. There's always something on the to-do list.

DR. ELLIOT BERLIN, DC: Yeah, it's really hard. I feel like, instinctually, maybe I will get feedback for this that is not so positive. However, I feel like instinctually, my instinct, I can at least say, is every time I have a baby is to go out and hunt and gather some more. And my wife's instinct has always been stay home, be around the nest, and be around the babies, and give them what they need in the home. And I think that for lots of others, it's similar that the male energy just feels like going out and hunting and gathering. And oftentimes, the female energy feels comfortable nesting. But in today's society, while men get to go out and hunt and gather, women are somehow supposed to be around the nest and go hunt and gather at the same time.

DR. STEPHANIE CANALE: Well, it's interesting you bring that up, because in our household, I'm the breadwinner. And for when I went back to work when my daughter was five weeks old, it was partially choice, but partially pressure to go back to work. And it's hard to be the provider, but I also think that I had this eye-opening experience one day when I was trying to juggle things around, move patients around to make sure that I was going to parent-teacher conference on time and thinking about what we're gonna do for dinner, because it was the one day that I didn't have a food delivery service coming. All this stuff, and I remember saying to myself, well, I don't think my husband is as concerned about getting everything done.

DR. STEPHANIE CANALE: So I also think that with women, there's this innate pressure we put on ourselves to have a very long to-do list. And if we say no, or if we say, my gosh, I'm not gonna make dinner tonight, it's a sign of weakness. When the reality is, it's like you just gotta keep it. Try to keep

things together, so.

DR. ELLIOT BERLIN, DC: Stay afloat.

DR. STEPHANIE CANALE: Stay afloat.

DR. ELLIOT BERLIN, DC: I think, yeah, I'm generalizing, but I do think, at least in our relationship, I got to follow my instinct, which was to go hunting together. more, whereas for a period of time, my wife was doing both, and I didn't realize how much going against her nature of wanting to be home was really draining her at an alarming rate. So, I don't know. I don't know the solution for that. Not everybody has the options to, you know.

DR. STEPHANIE CANALE: I think it's about, you know, I think, well, one thing I struggle with as a mom is just even now, I mean, my kids are seven and nine, is realizing that I'm not going to be able to do everything, and that's okay. I'm not there for every award my kids get, or, you know, especially being present at school, I'm like, of course they're present at school, my mom's got to work, but the —

DR. ELLIOT BERLIN, DC: I try to get my kids to aim low so that they won't get awards, and then I feel better.

DR. STEPHANIE CANALE: Every kid at our school gets an award, so you know what's going to happen. It's one of those. You just show up, you get the award, but, you know, I'm not going to be there for everything. I'm not going to be there for every soccer practice. I'm not going to be driving them to every hockey practice. That's okay. And it sucks sometimes. It really does.

DR. ELLIOT BERLIN, DC: I was telling you right before we started recording that my son is just starting to drive now, and I'm really excited to be there driving with him because I was not there for so many firsts that he had when I was out just trying to focus on hunting and gathering. And so —

DR. STEPHANIE CANALE: And providing, yeah.

DR. ELLIOT BERLIN, DC: And providing. And so, you know, he's the one who actually told me one time on vacation he's such a great kid, he's like a dream, and he never has behavioral issues. Like, since he was three, he outgrew them. And really, I mean, never. We go to parent-teacher conferences. We're like celebrities on campus.

DR. STEPHANIE CANALE: Oh, my God.

DR. ELLIOT BERLIN, DC: You're the Berlin kids' parents. I'm like, you know, thanks. So on vacation one time, right around the time he was 13, he just was acting out and doing all sorts of things totally out of character. And I'm like, is something bothering you? And he's like, I don't want to talk about it. And I said, is something bothering you? He just — you could tell. Something was really grinding at him. And I said, look, obviously something's bothering you. I know you don't have the words for it right now, but I'm here. I'd love to hear about it. Tell me when you get a chance. I'm out sitting in the sun just enjoying myself. And he comes out maybe two hours later out of no place and just yells at me.

DR. ELLIOT BERLIN, DC: And he says, why do I even have a father if you're never going to be home?

DR. STEPHANIE CANALE: Right.

DR. ELLIOT BERLIN, DC: And I was like, as soon as I take this dagger out of my heart —

DR. STEPHANIE CANALE: I know.

DR. ELLIOT BERLIN, DC: After it's been twisted a few times, yeah. Well, then he did keep twisting. And he's like, I know we need money, but do we need this and do we need that? Can't we not have those things and then have less need for money and you could be home more? And he had just had his bar mitzvah. He's like, I have bar mitzvah money. How much do you cost? I'll buy your time.

DR. STEPHANIE CANALE: Oh, my gosh.

DR. ELLIOT BERLIN, DC: And I was like, stop twisting the dagger. And it was a real eye-opening moment for me. I really took a step back. And that year just cut a whole bunch of things that I was working on. We closed offices. We closed several offices. And I've been — he was really wise. He said, I'm 13. I'm not out of the house yet. And there's still time.

DR. STEPHANIE CANALE: Wow. That's pretty powerful.

DR. ELLIOT BERLIN, DC: I'm deeply forever grateful for the whole experience because I've cut a lot and I've been home a lot more with having these amazing experiences. And it's just like, I'm juggling a little better.

DR. STEPHANIE CANALE: Yeah. Well, I think that's what we all have to kind of aim for, right, is why are we doing all of this? What's the bigger picture, you know?

DR. ELLIOT BERLIN, DC: Yeah. I just, at the end of the day, you've got to look at your numerator and denominator and figure out what you can cut from the numerator and how you can buy yourself more time in the denominator.

DR. STEPHANIE CANALE: I think that's the best advice I've heard in a long time.

DR. ELLIOT BERLIN, DC: Thanks. Our time's up, but I love hanging out with you.

DR. STEPHANIE CANALE: As do I.

DR. ELLIOT BERLIN, DC: I love your passion for what you do.

DR. STEPHANIE CANALE: Thank you.

DR. ELLIOT BERLIN, DC: And I know it's personally driven, which makes it even more powerful, but it's really valuable service that you provide and you're forever exploring and figuring out how you can take what you do and get even more useful data and solutions. And I'm grateful for that.

DR. STEPHANIE CANALE: Well, thank you for having me.

DR. ELLIOT BERLIN, DC: Where can we find you online?

DR. STEPHANIE CANALE: At lactationlab.com.

DR. ELLIOT BERLIN, DC: That's pretty easy. It's not like galactagog727 at info.org. OK, lactationlab.com. Thanks for being here and at home. Thanks for listening to us. If you would like more media about pregnancy, postpartum, and parenting, check us out on Instagram at Dr. Berlin, D-O-C-T-O-R-B-E-R-L-I-N.

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